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Inclusive education as a trauma-responsive practice: research-based considerations and implications

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The article draws interdisciplinary insights from research on trauma to theorize the ways in which inclusion can be enriched and diversified by incorporating a trauma-informed perspective that is equity-oriented and can facilitate the process of inclusive education reforms. Despite the existence of a significant body of research documenting the ways in which trauma can create, compound, and exacerbate disabilities and special educational needs, these empirically validated causal links have not informed inclusive education theories, policies, and practices. Trauma- and its varied configurations and manifestations- is a constituent element of oppression linked to, *inter alia*, human rights violations and social inequities and as a result, it should inform understandings of the genesis and exacerbation of children's special educational needs and disabilities. This is an issue that highlights the imperative of developing theories of inclusion that acknowledge and address the intersections of disability, impairment and trauma and their impact on educational accessibility, participation and achievement.

Introduction

Inclusive Education has become embedded in policy rhetoric and legal mandates advocating the need to create effective, non-discriminatory and least restrictive learning environments to meet the needs of learner diversity on the grounds of disability (UN 2008). Inclusive education reforms have, nevertheless, been monopolized, quoting Artiles (2020, 289), by 'the reliance on a technical standpoint to effect change- e.g. train teachers, make accommodations in the curriculum and assessment procedures, adjust classroom spaces'. This perspective, however, 'disregards longstanding structural inequalities' (*ibid*: 289), which plague the lives and educational trajectories of a sizable percentage of students. Inclusion can thus be cited as an example of a policy development that has been slow in addressing inequity, human rights violations, social injustices and transforming professional practices (Allan and Tolbert 2019).

Notwithstanding legal, policy and administrative endorsements of the disability rights and social justice dimensions of inclusive education, dominant understandings of inclusion have also remained fixated on a special education paradigm (Haug 2017).

This preoccupation has informed theorizations of inclusive education and as a result, ‘inclusion as an idea and practice in its own right’ (Haug 2017, 213) has remained largely unexplored. Along similar lines, Artiles and Kozleski (2016) encourage the development of future research agendas ‘that include sharpening inclusion’s identity’ (2). ‘Such research’, according to them,

needs to explore the trajectories of disabling condition(s) in a person’s biography (e.g. is it a temporary condition? was it present at birth?) and engage with the “active silences” (Erevelles, 2011b) that are revealed in the intersections of disability with race, social class, language, ethnicity, gender, and so forth. (15)

Hence the necessity of developing an informed understanding of ‘the trajectories that many of the students entering inclusive programmes are coming from’ (Artiles and Kozleski 2016, 12), and how these trajectories interweave with, and emanate from traumagenic social milieu (Sezli 2019; Thomas-Skaf and Jenney 2020; Williamson and Qureshi 2015). Childhood trauma has increasingly become a prevalent phenomenon and characterized as a ‘hidden health crisis’ which cannot be addressed, unless ‘the importance of preventing childhood trauma’ (Thomas, Crosby, and Vanderhaar 2019, 424) is acknowledged and embedded in theoretical, policy and practice-based dimensions of inclusive education. Inclusive theories should, therefore, acknowledge, inter alia, the ‘disabling condition(s)’ of traumatic experiences linked to social inequities, power imbalances and human rights violations and their impact on creating, confounding, and exacerbating disabilities (Tuchinda 2020; Winder 2015).

Despite the existence of a significant body of research on the ways in which trauma can create, compound, and exacerbate disabilities and special educational needs, which began more than a decade ago and was widely endorsed by medical professionals, it is still the case that education policies do not ‘recognize trauma as a source of or contributor to disability’ (Tuchinda 2020, 815). While perspectives on inclusive education that highlight the imperative to use evidence-based pedagogical practices to meet the needs of students designated as having special educational needs and/or disabilities abound (e.g Mitchell 2014), empirically validated links between trauma and disability have not informed education theories, policies, and practices (Miller and Santos 2020; Tuchinda 2020; Winder 2015). Thus, even though inclusive education promulgates the imperative to precipitate ideological and organizational reforms to meet the needs of learner diversity, the traumagenic conditions that contribute to the emergence and exacerbation of these ‘needs’ have remained undertheorized.

Trauma has many configurations and manifestations ranging from somatic/medicalized, psychological, sexual, cultural, historical, trans/intergenerational, structural (e.g. racism, disablism) and so on dimensions that precede, coexist with and are the result of disability and impairment. Trauma can be considered as a dimension of ‘impairment effects’ (Thomas 2013), due the ways in which it has been empirically proven to impair physiological, cognitive and psychological functioning (Levenson 2017; Williamson and Qureshi 2015), as well as a social construct (e.g cultural trauma) that is embroiled in and constituted by power inequities, social injustices and human rights violations (Butler and Critelli 2019; Carello, Butler, and Critelli 2019). Cultural trauma can also be the result of somatic trauma linked to disability and impairment, as exemplified in autobiographical accounts of the ways in which corporeal trauma and its ‘impairment effects’ interact with culturally mediated dimensions of trauma linked to disablism and homophobia, for example (e.g Torrell 2016). Cultural trauma can also be the antecedent of mental and physical health problems that can result in loss of functionality especially in minorized populations (Subica and Link 2022).

Trauma is not only conceptualized in terms of its ‘individual’ dimensions, but also in terms of its ‘collective’ and ‘chronic’ dimensions (Smallwood et al. 2021) in ‘specific cultural, political and historical contexts’ (Visser 2015, 263). Even though the ‘temporal period of oppression’ embodied in colonialism has ceased to exist (Zembylas 2020, 1), the ‘baggage of colonial(ism/ity)’ (Abdulrahman et al. 2021, 47) is an omnipresent phenomenon that spans across Southern and post-colonial Northern localities, and is reified through social practices that conceal, legitimize, and perpetuate social inequalities and subjugating regimes (Elder and Migliarini 2020). Underwood, Ineese-Nash, and Haché (2019, 22), for example, highlight the ways in which ‘Diagnoses that are attributed to individual pathology may in fact be caused by trauma related to intergenerational impacts of colonization’.

The various configurations and dimensions of trauma can be reciprocally related and constituted; hence the need to develop a ‘unifying’ understanding of trauma’s impact (Subica and Link 2022, 2), with a view to understanding the ways in which individuals might experience cumulative and overlapping forms of trauma (e.g. individual and collective forms of trauma). Trauma is a constitutive element of intersectional oppression experienced by individuals whose developmental and life trajectories have been sabotaged by health disparities, human right violations, bigotry, colonial structures of power, social inequalities and extreme poverty amongst others. These interdisciplinary perspectives on trauma need to be incorporated in inclusive education

scholarship, with a view to providing a more fine-grained and context-sensitive framing of the disability, impairment and trauma nexus and its implications for inclusive education policy and practice.

In order to address this theoretical gap, the article draws insights from cross-disciplinary research on trauma to theorize the ways in which inclusion can be enriched and diversified by incorporating a trauma-informed perspective that is equity-oriented (Crosby, Howell, and Thomas 2018; Wolf, Prabhu, and Carello 2019) and can facilitate the process of socially just change (Bringhouse 2010). While being wary of potential tensions, incongruities and paradoxes, Artiles and Kozleski (2016, 18) encourage the development of this kind of ‘strategic alliances’ among equity-oriented agendas to strengthen ‘inclusion’s intellectual and methodological resources’.

Trauma-informed theories of inclusive education

Inclusion has become a ‘semantic chameleon’ as it has been theorized and interpreted in differing ways and has occasionally been reduced to a special education artefact. In this respect, the social justice and rights-based dimensions of an inclusive education reform agenda have been silenced (Slee 2018, 2019), while the ‘industry of special education’ (Tomlinson 2012) has expanded and consolidated deficit-oriented and stigmatizing categorical ascriptions. The latter obscure a complex web of power asymmetries and social inequities that are embroiled in the emergence of traumatic experiences that can create or exacerbate disabling conditions, and cause (re)traumatization through the process of stigmatization and labelling (Williamson and Qureshi 2015; Thomas-Skaf and Jenney 2020; Sezli 2019).

In parallel with sociological theories aimed at exemplifying the ways in which disability categories silence power asymmetries and social injustices that are played out in the ‘construction’ of disability labels (Graham 2010; Tremain 2005; Kozleski 2020; Tomlinson 2012), trauma-informed theorizations can foreground the ways in which disability categories silence the social antecedents of traumas that create or exacerbate disabilities and special educational needs (Williamson and Qureshi 2015; Thomas-Skaf and Jenney 2020; Sezli 2019). Graham (2006, 2010), for instance, sought to deconstruct the ways in which the diagnostic label of ADHD (Attention Deficit Hyperactivity Disorder) is an arbitrary educational fabrication in order to protect the institutional equilibrium of schools. In addition to these theorizations and the ways in which “(t)he growth of ADHD ... leads to the medicalization of childhood’ (Goodley 2012, 147), the analytical edge should also focus on the examination of ‘the traumatization of childhood’ and the

vectors of power inequities and social injustices that are implicated therein; There is, for instance, a wealth of research evidence documenting the trauma-induced nature of ADHD and the ways in which a single traumatic experience between ages five and nine can double the likelihood of a child to receive an ADHD diagnosis (Tuchinda 2020). Hence, the need to interrogate the traumagenic social conditions that contribute to and are responsible for the emergence of ADHD, as well as other trauma-induced disability labels such as learning difficulties, challenging behaviours, mental health difficulties or communication and language difficulties or learning difficulties. As pointed out by Winder (2015, 634): ‘Trauma impacts the lives of countless children and recognizing this impact should be a part of the way special education is perceived’. These children might have experienced varied dimensions of trauma that have engendered, contributed to, and exacerbated their disabilities and special educational needs (Sweeney et al. 2018).

Several scholars such as Butler and Critelli (2019), Bowen et al. (2019) and Wolf, Prabhu, and Carello (2019) have theorized the ways in which human rights violations intersect with traumatic experiences. These theorizations are particularly relevant to inclusive education and its human rights and social justice foundations and orientations (Artiles and Kozleski 2016); A trauma-informed inclusive education reform agenda places a pronounced emphasis on interrogating ‘the ways in which the human rights of these children have been violated’ (Bowen et al. 2019; Sezli 2019; Sweeney et al. 2018), and how these human rights encroachments- linked to social injustices, poverty, substandard child care, stigma-induced violence and other social adversities and their intersections- have triggered, compounded, and worsened students’ disabilities and special educational needs (e.g Sweeney et al. 2018; Williamson and Qureshi 2015). These theorizations are instrumental in problematizing the socially mediated character of diagnostic categories such as ‘mental disabilities’ that can be the outcome of one traumatic event or a series of such events or social injuries that impacted an individual’s life (Sweeney et al. 2018; Sezli 2019).

Notwithstanding these considerations, inclusive education reform efforts, as discussed earlier, have largely been informed by ‘a technical standpoint’ (Artiles 2020), thereby limiting the scope of inclusion to an ‘a posteriori’ attempt to accommodate students’ special educational needs and/or disabilities; As a result, inclusive education programmes and services tend to ‘treat the symptoms of traumatic events or human rights violations after they occur’(Bowen et al. 2019, 58), rather than addressing the root causes and of traumatization and its disabling effects on learning and behaviour. Thus, even

though there has been a paradigm shift from the biomedical and individual model of disability and the question of ‘what’s wrong with the person’ to the question of ‘what’s wrong with this society’, research on inclusive education has not focussed on the question of ‘what happened to the person’ and ‘how their human rights have been violated’ (Bowen et al. 2019; Sezli 2019; Sweeney et al. 2018; Williamson and Qureshi 2015). The lack of this kind of research inadvertently reinforces individual and deficit-oriented perspectives that are validated through the unfettered expansion of diagnostic categories and calibration tools to identify and assess individual deficits (Slee 2019), while silencing the role of trauma in disability politics and professional practice (Tuchinda 2020; Winder 2015). Recognizing that trauma disables learning and behaviour can have significant implications for policies, assessment procedures and pedagogical practice.

Simultaneously, ‘broad’ definitions of inclusion (Ainscow et al. 2006), albeit focusing on the needs of learner diversity, run the risk of silencing the role of ‘impairment effects’ in meeting disability related needs. The effects of these indiscriminate and all-encompassing understandings of inclusion ‘could be to dissolve disability issues in education into a wider more amorphous inclusive education’ (Norwich 2002, 493). Even though disability is a social identity analogous to race/ethnicity and gender, it differs from other markers of difference, due to the embodied dimensions of disability experience and the centrality of ‘impairment effects’ in discussing the corporeal, cognitive, and emotional dimensions of disability experience (Corker and French 1999; Crow 1996; Thomas 1999).

As an antidote to the domineering role of the biomedical and individual model of disability, sociological analyses of disability have focused on exploring the disembodied and political dimensions of disability experience captured through the social model of disability (Oliver 1990), a theoretical perspective that received scathing criticism by feminist scholars who foregrounded the role of ‘impairment effects’ in understanding the complexity and multiplicity of disability experience. Feminist narratives -grounded in and stemming from the ‘lived experience of disability’- exemplified the ways in which disabled people might experience pain, fatigue, as well as functional limitations; hence the need to adopt a social relational approach to understand the interaction of social, corporeal, and psychological dimensions of disability experience (Thomas 1999, 2013; Corker and French 1999). Moving beyond binary conceptualization of the disability and impairment couplet- and their respective dichotomous theorizations of the political and embodied dimensions of the ‘lived’ experience of disability- some scholars foregrounded

the social origins of impairments and the ways in which accidents and other social adversities can cause impairments. The ‘social model of impairment’ has provided new theoretical sensibilities to understand the reciprocally related, complex, evolving, fluid and socially mediated and contingent nature of impairments (Thomas 2013).

The notion of trauma has been glaringly absent from these theorizations (Borg 2018; Morrison and Casper 2012), and the ways in which they exacerbate and compound their experience of ‘impairment’ and ‘disablement’ (Morris 1996). Even though not all disabled children have experienced trauma nor every child who has been traumatized has experienced disability and special educational needs (Berberi and Antolin 2016), disability and trauma interweave and are constitutive elements of disability experience (Borg 2018).

Theoretical insights from trauma can thus be eclectically utilized to capture hitherto silenced dimensions of disability experience (Borg 2018). This theoretical cross-fertilisation provides new analytical lens to articulate more ‘sophisticated’ and ‘nuanced’ understandings of disability experience (Goodley et al. 2019, 974), while bringing to the fore theoretical ‘counter narratives’ to interrogate disability categories that obscure the disabling role of trauma on students’ learning and behaviour (Tuchinda 2020; Winder 2015). A trauma-informed perspective can also address the tension between ‘commonality’ and ‘differentiation’ perspectives captured through the ‘dilemma of difference’, whereby inclusive education should balance complex and, in some cases, mutually exclusive values of ‘equality and common provision’ and ‘respect for individual differences’ (Norwich 2002).

Trauma is an issue of equity and human rights that disproportionately affects disenfranchised people (Crosby, Howell, and Thomas 2018; Wolf, Prabhu, and Carello 2019) and as such, it needs to inform theorizations of inclusive education with a view to understanding why certain groups of students need to be ‘included’ in the first place. As it was rightly pointed out by Graham and Slee (2008, 280) more than a decade ago, ‘Perhaps the question now is not so much how do we move “towards inclusion” ... but what do we do to disrupt the construction of centre from which exclusion derives?’ Hence, an inclusive education reform agenda involves acknowledging and challenging the existence of this ‘centre’, and its exclusionary forces targeting, by and large, students who have been exposed to traumagenic events linked to social inequalities and human rights violations that triggered or contributed to the genesis and propagation of their ‘disabilities’ and ‘special educational needs’

Trauma as a precursor and consequence of disability and implications for trauma-informed inclusive policies and practices

There is a wealth of empirical evidence documenting the ways in which trauma impairs children's brain and limbic development and creates or enhances the risk of developing disabilities and special educational needs, while exposure to trauma quadruples the likelihood of the affected child to receive special educational services (Miller and Santos 2020). Acute or cumulative traumatic events in a child's life can adversely affect, *inter alia*, executive functioning skills, memory, speech and language, language and auditory processing, ability to read, understand and manage emotions, ability to process verbal information, engage in mathematical and problem-solving activities. Trauma-induced brain impairments can also trigger anxiety, impulsivity and fear and undermine self-regulation and problem-solving abilities, decision-making, and ability to process environmental stimuli (Levenson 2017; Pechtel and Pizzagalli 2011; Williamson and Qureshi 2015). Some studies have also provided evidence documenting the trauma-mediated nature of IQ; For example, a study provided evidence to suggest that traumatized six- and seven-year-old children score significantly lower on IQ tests (Delaney-Black, 2002), while other studies provided evidence to suggest that trauma can cause mutation in an individual's genetic makeup and increase the likelihood of disabilities and comorbid conditions such as cardiovascular disease, mental health, and diabetes (see Winder 2015).

Social inequalities such as poverty have also been empirically proven to enhance the risk of experiencing trauma and creating a vicious circle of polytraumatization and disablement (Halfon et al. 2017). As suggested by the findings of the seminal study on Adverse Childhood Experiences, that laid the foundations for the development of studies on the disabling effect of trauma, every additional adverse childhood event experienced by a child between the ages of three and five, increases the likelihood of experiencing disabling conditions such as ADHD, Autistic Spectrum Disorders and Down Syndrome by 21%. Similar results have been extrapolated for older children and adults (Kerker et al cited in Tuchinda 2020, 788–789).

The empirically validated causal links between trauma and disability have been supplemented with research-based evidence documenting 'that trauma-responsive education, services and accommodations help children to overcome those disabilities' (Tuchinda 2020, 781). These complementary empirical findings should inform policies, organizational and pedagogical decision-making in order to promote early intervention in terms of trauma-responsive specialized instruction and intersectoral support services; the aim being to

‘leverage the expertise of multiple disciplines to address a child’s needs in holistic, individualized, and coordinated manner’ (ibid: 824), thereby ameliorating and eradicating the root causes of trauma and its disabling impact on learning and behaviour. Currently, the availability of trauma-responsive service delivery and trauma-informed services and practices is reported to be scarce, due to financial constrain, inadequate school policies and lack of or insufficient school staff training. As a result, the disabling effects of trauma on children’s communication, cognitive and socio-emotional development escalate (Miller and Santos 2020).

Traumatization can also be the result of disability experience; Even though all people can experience and be variously affected by trauma (Sweeney et al. 2018), persons with disabilities are more likely to experience traumatic events due to the vulnerability status assigned to them. Hence, not only do traumatic experiences create or exacerbate disabling conditions, but they also cause (re)traumatization through the process of stigmatization and labelling (Williamson and Qureshi 2015; Thomas-Skaf and Jenney 2020; Sezli 2019). For example, children with an Intellectual Developmental Disabilities (IDD) are more likely to have experienced traumatic events than those without an IDD (e.g Cook and Hole 2021). The vectors of disability, power and identity coalesce and increase their vulnerability to experience a process of perpetual (re)-traumatization (Torrell 2016). Individuals with disabilities often experience a gradual escalation and proliferation of traumatic events, while their exposure to ‘invisible traumas’ in the form of microaggressions and harassment can lead to more severe forms of traumatization and hate crimes (Healy 2020).

The caveat of ‘early intervention’ to meet children’s needs promulgated in policies advocating inclusive forms of provision, should thus be supplemented with traumainformed approaches to prevent and mitigate the effects of trauma on children’s developmental and educational trajectories. Screening and assessment processes along with trauma identification checklists (Winder 2015) are crucial in assessing trauma’s impact on creating and exacerbating students’ impairments, as well as monitoring students’ progress to identify deteriorating social and academic behaviours; the aim being to act in proactive and preventive ways, while moving away from a ‘wait to fail’ model that preempts the need for some students to be ‘included’. Early intervention processes, should, therefore, be informed by a multi-perspectival approach to capture the poly-traumagenic conditions that create, exacerbate, and confound disablement.

Function-based assessments, informed by a trauma-responsive perspective, can contribute to the development of data-driven decision making aimed at devising and implementing trauma-specific interventions and supports that can supplement and make more effective the implementation of multi-tiered approaches to learning and behaviour (Thomas, Crosby, and Vanderhaar 2019). For example, the effectiveness of multitiered whole school approaches to promote positive behaviour in learning and social interactions such as SWPBS (School Wide Positive Behaviour Supports) can be further enhanced by incorporating trauma-informed practices both in terms of universal and targeted forms of interventions needed by children with disabilities. Conventional positive behaviour support programmes that are not trauma-sensitive can be ineffective and even counterproductive for traumatized children who are, ‘motivated by relationship, not attempts to control their behaviours’ through rewards and smiley faces (Tuchinda 2020, 830). Several studies have documented the positive impact of trauma-informed multitiered models on students’ behaviour, concentration, and learning (see Diggins 2021).

Specialized instruction, as part of a multi-tiered and graduated approach to meeting students’ needs in the context of inclusion, should also focus on developing traumatized students’ resilience to mitigate the effects of trauma, as well as trauma-responsive disability accommodations that can nurture safe, stable, empathetic relationships, belonging, resilience and self-esteem. The development of trauma-informed individualized plans and specialist forms of support such as speech and language therapy can be instrumental in enabling children affected by trauma to improve trauma-induced impaired social executive functioning, self-regulation, language impairments and interpersonal skills. Moreover, as part of the process of devising and reviewing an individualized educational plan, educational professionals can organize visits and meetings in a child’s home; an alternative to school-based approaches that has been proven to be beneficial for children and their families who might feel alienated from their school communities. Family-focused interventions such as counselling can, in parallel, develop parents’ knowledge and skills to understand and address children’s trauma-induced disabilities (Tuchinda 2020; Winder 2015).

Developing trauma-responsive inclusive education practices presupposes relevant professional knowledge and expertise that is not only research-based (Thomas, Crosby, and Vanderhaar 2019), but is also informed by the values of empathy, advocacy, empowerment, safety, collaboration (Harris and Fortney 2017; Keesler 2014; Sweeney et al. 2018). Trauma-focused training can

empower and support teachers to develop a reflective and reflexive understanding of the disabling effects of traumagenic social dynamics on learning and behaviour. This understanding can challenge the ideological bases of disablism manifested in the ways in which problems of learning and behaviour are attributed to students' pathology, and to develop an informed understanding of the emancipatory potential of their professional practice to create trauma-sensitive inclusive education policies, practices, and services (Morgan et al. 2015; Thomas, Crosby, and Vanderhaar 2019).

The above forms of educational provision cannot, however, be effective unless they are informed by an intersectional paradigm aimed at interrogating the disability/trauma grid and deconstructing the raced, classed, and other dimensions of trauma and disability and acting in proactive and preventive ways. Children' experiences of trauma can be cumulative and overlapping and variably associated with individual and collective/historical forms of trauma, hence the need to use an intersectional lens to better understand the trauma and disability dyad. Yoon (2019, 422) for example, discusses the ways in which 'disabilities are constituted by transgenerational trauma from contact with colonizing and racist institutions' thereby providing new analytical lens to interrogate the vectors of power and trauma that interweave and are played out in the construction of disabled students identities. The diagnostic label of EBD (Emotional and Behavioural Difficulties) is thus reconceptualized, 'as unacknowledged suppression of hauntings from transgenerational trauma – legacies of institutional racism, poverty, and attempts at dehumanization' (Yoon 2019, 410).

An intersectional lens captures the 'ghosts of trauma' (Yoon 2019, 421) embodied in and emanating from the nexus of disability, trauma, power, and identity, and privileges a systemic approach to aligning concerns about mobilizing an educational reform agenda with wider concerns about reducing poverty, extreme malnutrition, bigotry, social exclusion, discrimination, colonialism and other social 'determinants of trauma and violation', which are inexorably linked to 'oppression and discrimination' (Bowen et al. 2019, 38). This approach embodies what Bringhouse (2010, 49) calls a 'broader and bolder' approach to targeting inequities and injustices. This approach seeks to prevent and eliminate the social antecedents of trauma and their intersectional dimensions by creating trauma responsive communities through the adoption of inter-sectoral communitybased approaches; the aim being to prevent and mitigate the traumagenic effects of inequitable and unjust social dynamics that plague the lives and educational trajectories of some students. As it is appositively pointed out with reference to 'multiply-marginalized students'

with disabilities (Elder and Migliarini 2020, 1856), ‘intervention at the socio-political level is necessary in order to ameliorate the conditions that are the cause of some childhood disability’ (Underwood, Ineese-Nash, and Haché 2019, 28). Community based approaches to (mental) health promotion, for example, are instrumental in proactively addressing and mitigating the social and cultural determinants of trauma, while adopting a critical stance towards the role of ‘traumatized cultures’ (Berger 2004, 14–15) in creating the conditions within which social inequities, human rights violations and power imbalances contribute to traumatization. Inclusive education policy developments should, therefore, be informed by an intersectional and traumainformed paradigm to address differential individual and community needs, and to identify and mitigate the genealogy of trauma.

Conclusions

Despite the abundance of empirical evidence documenting the ways in which ‘trauma’ can be responsible for the creation and exacerbation of special educational needs and disabilities, this body of research evidence has not yet informed the development of inclusive education policies and practices that acknowledge the role of trauma in education and disability politics (Tuchinda 2020; Winder 2015). The analytical edge has been limited to theorizing the ways in which schools can become more ‘inclusive’ for students who have or are at a higher risk of developing disabilities, without problematizing traumagenic social conditions that have been accountable for and contributed to the genesis, propagation and confoundment of their ‘difficulties’ and ‘needs’. Schools, in this respect, become sites where wider social injustices and power inequities remain unchallenged through ‘inclusive’ processes that adopt a unidimensional approach to changing the organizational and cultural bases of schooling to meet students’ special educational needs without problematizing and targeting the genealogy and traumagenic root causes of these ‘needs’. Notwithstanding the conceptual shift from an individual pathology perspective to an organizational pathology one that focuses on the ways in which ‘the school system itself contributes to the students’ failures’ (Haug 2017, 208), this perspective is still amiss, as it silences the prodigious impact of ‘traumatizing cultures’ (Berger 2004, 14–15)-and their social exclusion ramifications- that are reproduced and perpetuated in the social ecology of schooling.

Inclusive education is a complex and evolving concept that needs to be reviewed and reconceptualized considering emerging evidence-based insights documenting the traumatic antecedents and social determinants of disabilities

and special educational needs. The human rights foundations and orientations of inclusive education should not be limited to treating the disabling effects of traumagenic events or human rights violations after they occur through curricula and organizational arrangements to accommodate students' 'special educational needs'; Rather, the primary aim should be to prevent and mitigate these traumatic events and their disabling effects on students' learning and behaviour; hence the need to develop a better understanding of the ways in which research on trauma constitutes a justice-oriented force that can strengthen the moral and legal bases of inclusive education, and contribute to the process of socially just change.

The shift from a 'what's wrong with the society' to a 'what happened to the person' paradigm, can offer new analytical sensibilities to acknowledge, address and alleviate the role of acute or cumulative and intersectional traumas in the 'politics of disablement'. Breaking the vicious cycle of (poly)traumatization experienced by students with disabilities necessitates adopting a sensitive approach to understanding students' past and current experiences of trauma and their disabling effects on learning and behaviour. The trauma and disability nexus should permeate the development and enactment of trauma-informed and intersectionality-based inclusive education policies, assessment tools, intervention, and support strategies, as well as services and accommodations that address, prevent, and mitigate the trauma-induced nature of disabilities and special educational needs.

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