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Breaking the Cycle: Trauma-Informed Policy and Interventions for Vulnerable Youth Affected by Domestic Violence and Mental Health Issues in the United States

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Abstract

The United States faces a key public health crisis at the intersection of domestic violence exposure and youth mental health. Between 3.3 million and 10 million children witness adult domestic violence annually, with 27.7% experiencing physical violence among parents aged 18. Nearly one in five young people experience major depressive episodes and 31.9% suffer from anxiety disorders. This study investigates trauma-informed policies and interventions for vulnerable youth affected by domestic violence and mental health issues, with emphasis on equity and systemic violence considerations. A narrative literature review was conducted across PubMed/MEDLINE, PsycINFO, CINAHL, ERIC, Cochrane Library, Campbell Collaboration, Scopus and Web of Science, which yielded 275 sources meeting inclusion criteria. The findings revealed that trauma-focused treatments such as Trauma-Focused Cognitive Behavioral Therapy effectively reduce psychiatric symptoms, though access remains significantly limited for marginalized populations. The results also showed that school-based mental health interventions and integrated care models demonstrate substantial promise when properly implemented with adequate resources. The findings further revealed that child welfare and juvenile justice systems are beginning to integrate trauma-informed practices, yet rigorous evaluation of system-level changes remains insufficient. The results also showed that culturally responsive interventions tailored to specific community contexts yield better engagement and outcomes than standardized approaches. The study concludes that effective interventions must be theoretically grounded, culturally responsive, coordinated across systems and address structural impediments alongside individual trauma, which requires fundamental reforms to systems perpetuating inequalities among vulnerable youth populations.

Keywords: Domestic violence; Youth mental health; Trauma-informed care; Trauma- and violence-informed care; Vulnerable youth; Adverse childhood events; Structural violence; Intervention research

1. Introduction

The United States is facing a growing dilemma at the intersection of domestic violence and youth mental health issues. Every year, between 3.3 million and 10 million children encounter adult domestic violence (Mandal, 2022), and 27.7% of U.S. children experience physical violence among parents by the age of 18. This exposure takes place within a larger context of childhood adversity, with roughly half of all children experiencing at least one traumatic event early in life (Chudzik et al., 2023). Nearly one in every five youth (18%) has a major depressive disorder occurrence each year (Weinberger et al., 2018). In contrast, anxiety disorders influence an estimated 31.9% of youth in the United States (Zatrahadi et al., 2023). These figures do not reflect isolated clinical situations, but rather a generation whose developmental trajectories are increasingly influenced by trauma within fragmented and uneven care systems.

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The effects of domestic violence exposure go far beyond immediate safety concerns. According to a neurobiological study, young people who have experienced chronic domestic violence have brain patterns like those seen in combat veterans (Daugherty et al., 2024), which demonstrates the influence of ongoing threat on developing neural systems. Psychological exposure to domestic violence is strongly associated with an elevated risk of post-traumatic stress disorder (PTSD), with prevalence estimates of approximately 8% by age 18 (Ressler et al., 2022). Among youth who have experienced trauma, PTSD affects an estimated 15%, with a reported prevalence of about 6% among males; however, these figures are widely considered underestimates due to persistent challenges in diagnosis, disclosure, and access to mental health care (Woolgar et al., 2022). Comorbid depression further compounds these outcomes, as exposure to early trauma disrupts developmental processes and creates enduring psychological vulnerabilities that frequently persist into adulthood (Murphy et al., 2022).

Domestic violence exposure also serves as a gateway to a variety of overlapping hardships. Over the last year, 60% of youth in the United States have been exposed to violence, criminality or abuse in their homes, schools or communities, with approximately 40% being direct victims of two or more violent incidents (Finkelhor et al., 2015). Youth living in households affected by intimate partner violence are at heightened risk of direct maltreatment, behavioral and academic difficulties and increased involvement with the child welfare and juvenile justice systems (Mazza et al., 2021). These overlapping forms of exposure often result in poly-victimization, which compounds harm and leads to more severe and enduring outcomes than exposure to any single form of adversity alone (Ogle et al., 2024). Many afflicted youth face poverty, housing instability, caregiver substance abuse and community violence all at the same time, producing stacked vulnerabilities that severely limit rehabilitation unless comprehensive and coordinated assistance is provided.

Notwithstanding increasing evidence, institutional responses remain distributed and inequitable. Interventions for domestic violence and youth mental health are frequently conducted in isolation, failing to acknowledge the interconnected nature of these events. This fragmentation disproportionately affects underprivileged youth, who are more exposed to family and community violence and experience larger challenges to receiving mental health services (Mendez et al., 2012). These gaps indicate structural violence ingrained in policy and institutional systems, where poverty, racism, housing insecurity and limited access to healthcare actively affect both harm exposure and support access (Beech et al., 2021). Addressing this situation requires more than just gradual reforms. Trauma and trauma-informed care provide an equity-centered framework for understanding how violence, power and systemic factors influence development and recovery. The study examines trauma-informed policies and interventions for vulnerable youth in the United States. The study finds that breaking cycles of violence and psychological distress requires coordinated, system-wide approaches grounded in trauma awareness and structural change.

2. Conceptualizing Youth Experiences of Domestic Violence and Mental Health

2.1. A Social-Ecological Framework

Understanding the effects of domestic violence exposure on adolescent mental health requires moving beyond simple cause-and-effect explanations. It calls for analytical frameworks that capture the complexity of young people's lived experiences. The social-ecological model, endorsed by the World Health Organization's Violence Prevention Alliance and widely applied in public health approaches to violence prevention, provides such a framework (Tekkas Kerman & Betrus, 2022). This model conceptualizes youth outcomes as the result of ongoing interactions across multiple levels, including the individual, relationship, community and society. At the individual level, responses to violence are shaped by developmental stage, temperament, prior trauma exposure and coping capacity (Ungar et al., 2022). Relationship-level influences include family functioning, peer relationships, and the quality of connections with supportive adults (Ling et al., 2022). Community-level factors encompass neighborhood safety, school climate, access to services and exposure to community violence (Boyd et al., 2022). At the societal level, structural conditions such as poverty, racism, gender inequality and weak social safety nets contribute to both the emergence and persistence of violence (Jackson & Sadler, 2022).

This ecological perspective is essential for understanding the experiences of vulnerable youth exposed to domestic violence. A child who witnesses repeated violence between parents does not encounter this harm in isolation. Such exposure often co-occurs with poverty, food insecurity, under-resourced schools, residence in violence-affected neighborhoods and broader societal stigma directed at marginalized families. These overlapping conditions interact and accumulate over time, intensifying developmental risk.

Empirical evidence indicates that adverse childhood experiences (ACEs) are widespread. Between 23% and 64% of adolescents report at least one ACE (Kumar et al., 2024). National data further show that approximately three-quarters of high school students have experienced at least one ACE, while one in five report exposure to four or more (Swedo, 2024). The concept of poly-victimization captures this pattern of exposure to multiple forms of violence, such as domestic violence in the home, bullying in school settings and violence within the community. Research demonstrates that such cumulative exposure produces more severe and enduring harm than any single form of victimization alone (Ogle et al., 2024).

Adverse childhood experiences rarely occur in isolation. Exposure to domestic violence is frequently intertwined with parental substance use, mental health challenges, economic hardship and other forms of family dysfunction. Together, these conditions generate cascading risks that underscore one another across developmental stages, thereby amplifying long-term psychological and social consequences.

The social-ecological framework also provides insight into how institutional violence operates. Structural violence occurs when societal arrangements, laws and organizations systematically injure specific populations by limiting their access to resources, opportunities and rights (Jackson & Sadler, 2022). For youth, structural violence manifests itself in inadequate funding for schools in low-income neighborhoods, a lack of affordable housing that forces families into dangerous living situations, a lack of accessible mental health services, child welfare systems that traumatize rather than protect, and criminal justice responses that criminalize rather than support troubled youth (Clark, 2022). These are not unfortunate but rather neutral situations. They represent purposeful policy choices and resource allocations that disproportionately hurt specific groups of young people, particularly those who are poor, black, indigenous, immigrant, or otherwise marginalized (Formby, 2023). When we grasp how institutional violence fosters interpersonal violence while restricting access to healing tools, we may see why individual-level treatments are insufficient.
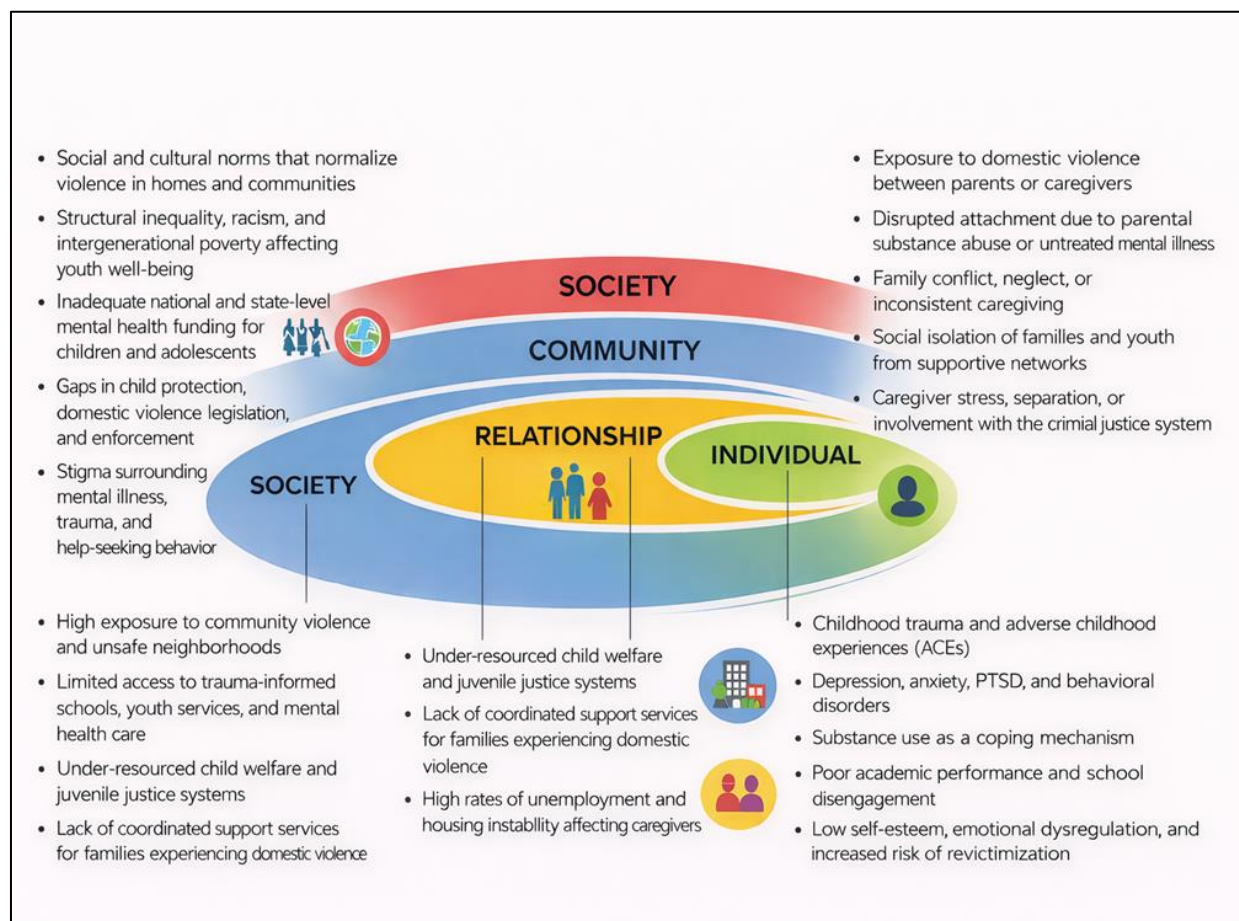
(Adapted from the WHO-VPA Ecological Model)

Figure 1 Trauma-Informed Ecological Model for Vulnerable Youth Affected by Domestic Violence and Mental Health Challenges in the United States

2.2. Understanding Trauma and Its Developmental Impacts

Trauma occurs when an individual is exposed to an overwhelming threat that exceeds their ability to manage, resulting in long-term alterations in perceptions of safety, emotional regulation and relationship functioning (Briggs et al., 2024). These effects manifest throughout important times of neurodevelopment in children and youth, which makes trauma especially severe. Adverse childhood events, such as domestic violence, abuse, neglect and household dysfunction, affect several developmental processes (Quiñones et al., 2022). Childhood adversity has been linked to structural changes in brain regions, which are important for executive functioning and emotional regulation, such as lower prefrontal cortex, hippocampus and amygdala sizes. The Adolescent Brain Cognitive Development study, which followed approximately 12,000 youth aged 9 to 13, found that adverse experiences are associated with altered white matter connectivity across multiple neural pathways (Herting et al., 2024), demonstrating how trauma becomes biologically embedded in the developing brain.

These neurological changes result in observable functional implications. Youth who have experienced Domestic violence usually suffer with emotional regulation, which can manifest as increased reactivity, hypervigilance, or dissociation (Berg et al., 2022; Higgins, 2022). Attention, working memory, planning and decision-making difficulties are also common, with research showing links between adverse childhood experiences and perceived cognitive impairment in high school students, even after controlling for mental health symptoms (Iverson et al., 2024). Importantly, these tendencies are adaptive reactions to stressful circumstances, not intrinsic weaknesses. In the context of ongoing and unpredictable threats, hypervigilance and emotional detachment function as adaptive survival strategies. Difficulties arise when these responses persist after the threat has subsided, disrupting learning, interpersonal relationships, and everyday functioning.

The mental health consequences of early and chronic trauma exposure are significant. Clinical research has found a 30-fold increase in learning and behavioral problems among youth with high adverse childhood experience scores compared to those without (Webster, 2022), as well as higher rates of depression, anxiety, post-traumatic stress disorder, substance abuse and self-harm. Large cohort studies demonstrate that exposure to practically all types of adversity is linked to poorer mental health and lower cognitive functioning at a youthful age (Menacho, 2024). The time and duration of exposure influence risk, with trauma occurring at sensitive developmental phases and repeated or extended adversity producing more severe effects. However, trauma does not determine destiny. Protective elements at all ecological levels, including supportive adult relationships, safe communities and accessible services, significantly mitigate risk (Easterbrooks et al., 2024). Recognizing resilience alongside vulnerability emphasizes that rehabilitation is not an individual responsibility, but rather the result of environments that promote healing and healthy development.

2.3. From Trauma-Informed Practice to Trauma- and Violence-Informed Care

Recognition of trauma's pervasive developmental and psychological impacts gave rise to Trauma-informed practice, which is an approach that has significantly changed the way human services are thought and delivered. Trauma-informed care is a strengths-based approach that assumes that most people have experienced trauma and that these experiences influence how they interact with services, providers and organizations (Comiskey, 2024). The Substance Abuse and Mental Health Services Administration identifies six guiding principles, like safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, cultural, historical and gender considerations, that collectively shift practice from asking, "What is wrong with you?" to "What happened to you?" (Fisher, 2024). These reframes occur as a natural reaction to overwhelming situations rather than proof of personal disease.

This perspective has important practical implications for vulnerable youth. Oppositional, disengaged, or noncompliant behaviors are often adaptive responses to prior damage. A teen who becomes angry when asked about their family situation may be responding to a perceived threat shaped by previous disclosures that ended in punishment or denial (Forkey & Griffin, 2024). Similarly, withdrawal or inattention at school may indicate chronic hypervigilance or dissociation rather than a lack of motivation. Trauma-informed practice enables providers to view such behaviors through the perspective of safety and meaning, reacting with empathy rather than punishment and fostering environments that promote regulation and trust. This approach is especially important considering that around 46% of children under the age of 18 report experiencing at least one traumatic incident, emphasizing the need for trauma-informed frameworks in primary care, education and social service settings (Forkey & Griffin, 2024).

Traditional trauma-informed approaches often focus on individual experiences and care, with little attention to the structural factors that create and sustain trauma. Trauma- and violence-informed care (TVIC) expands this view by

addressing structural violence, power and equity (Wathen & Mantler, 2022). TVIC recognizes that racism, poverty, housing insecurity and discriminatory laws are forms of violence that worsen interpersonal trauma and make recovery harder.

TVIC is guided by core principles: understanding trauma and violence, promoting safety in all settings, supporting connection and choice and building on strengths. These principles require practitioners and institutions to look beyond individual histories to the larger social and structural environments that shape them. For youth affected by domestic violence, therapy alone may not resolve depression if housing is unstable. Similarly, behavioral problems at school may result from both home trauma and experiences of racial exclusion. Effective practice follows SAMHSA's trauma-informed principles while also including anti-racist commitments, partnerships with youth, and attention to cultural and structural realities (Kisiel et al., 2024).

3. Method

This paper will conduct a critical narrative literature review of trauma-inspired policy and intervention in relation to vulnerable youth in the United States that experienced domestic violence or have a mental health issue. Since the literature on the topic of trauma- and violence-informed care is extensive and diverse, a traditional systematic review methodology was considered inappropriate. In this respect, a targeted and dynamic search strategy was used to address the complexity of the topic of interest. Based on databases like PubMed/MEDLINE, PsycINFO, CINAHL, ERIC, Cochrane Library, the Campbell Collaboration, Scopus and Web of Science, peer-reviewed qualitative, quantitative and mixed-method studies, theoretical texts and high-quality gray literature were filtered. Key words used in search included terms that were related to youth and domestic or intimate partner violence, trauma-informed practice, and mental health, as well as context-specific terms, including schools, child welfare, juvenile justice and healthcare environments. Corpus was further extended through reference chaining and Google Scholar searches. Inclusion criteria included the need to support young people who had survived domestic violence, specifically addressing the topic of the use of trauma-informed methods and structural inequalities. Finally, there were 275 sources that met these criteria. The findings derived were discussed in terms of a social-ecological and equity-based perspective that sheds light on the interplay between multiple determinants such as race, poverty, gender identity and structural marginalization to bring about vulnerability and access to culturally relevant and effective interventions.

4. Findings

The review findings are presented as a narrative synthesis of evidence based on various types of treatments throughout the preventative spectrum for vulnerable youth experiencing domestic violence and mental health issues. The findings of systematic reviews were prioritized, with general effectiveness summarized first, followed by a discussion of how trauma-informed and trauma- and violence-informed components have been handled in each intervention domain.

4.1. Identifying and Screening for Exposure and Risk

Recognizing adolescent and young adult victims of domestic violence is an essential initial measure toward helping them to fit into the supportive resources; however, empirical studies prove that screening alone is not sufficient to have sufficient results. Although systematic screening enhances the process of identification, it has been shown that it fails to consistently yield outcomes or increased service utilization unless accompanied by well-defined referral pathways and follow-up (Gold et al., 2023). As the example of the ACEs screening program in California shows, the integration of identification into support frameworks can be effective. Medical providers have been receiving training, clinical advice, and reimbursement to screen children and youth through adverse childhood experiences since 2020, which has led to over 1.5 million screenings in February 2024 (Negriff et al., 2022). At the practice level, this approach reflects a shift from standalone, checklist-based screening toward integrated, trauma-informed identification models that are embedded within structured referral, follow-up, and support systems.

At the practice level, there has been a shift away from universal screening toward trauma-informed inquiry. This approach emphasizes safety, trust and rapport before asking sensitive questions and recognizes that children may delay or avoid disclosure due to fear, family loyalty, or prior negative experiences with professionals (Thackeray et al., 2023). Within trauma- and violence-informed care, effective identification extends beyond confirming exposure to violence to understanding the broader conditions shaping young people's lives, including ongoing structural violence such as poverty, racism and limited access to basic resources. In schools, this perspective is reflected in trauma-informed Multi-Tiered Systems of Support, which combine universal supports with targeted and intensive interventions based on student need (Mullin et al., 2024). At the community level, effective approaches emphasize proactive identification, cross-sector collaboration, trust-building with youth and caregivers and timely access to trauma-informed services.

These strategies acknowledge that identification without a coordinated response offers limited benefit and increases frustration and disengagement among families navigating fragmented systems (Thackeray et al., 2023).

4.2. Mental Health Treatment Interventions

The evidence base for mental health interventions addressing trauma-related symptoms in youth exposed to domestic violence has grown significantly, with trauma-focused cognitive behavioral therapy (TF-CBT) emerging as the most thoroughly tested strategy. A meta-analysis of 60 randomized controlled trials involving 5,113 participants discovered that TF-CBT and eye movement desensitization and reprocessing (EMDR) were effective in reducing post-traumatic stress symptoms, along with other supported modalities such as cognitive behavioral therapy and play therapy (Mavranezouli et al., 2020). TF-CBT integrates cognitive, behavioral and physiological tactics to help people regulate their emotions, build trauma narratives and improve family communication and safety plans. Evidence suggests significant and sustained improvements in mental health outcomes from pre-treatment to 12-month follow-up, implying benefits that last beyond the acute treatment period (McGuire et al., 2021).

Notwithstanding the substantial scientific base, there are still significant questions about access, cultural relevance and equity. Many evidence-based therapies were created and tested predominantly with middle-class white populations, which raises concerns about their relevance to underprivileged young people who are exposed to more trauma while facing larger barriers to care. Integrated care models provide a potential option, with a comprehensive analysis finding that the empirical studies revealed higher decreases in depressive symptoms than treatment as usual, as well as consistent increases in overall functioning (McHugh et al., 2024). Nonetheless, individual psychotherapy, no matter how beneficial, is frequently out of reach due to high costs, transportation difficulties, restricted provider availability and inadequate insurance coverage. These limits highlight the importance of treatments that go beyond manualized therapy but include culturally appropriate interventions, school- and community-based delivery, case management and concrete supports that address persistent safety concerns and structural barriers to recovery.

4.3. Child Welfare System Interventions

Youth involved in the child welfare system experience high levels of trauma and related mental health difficulties. Rates of post-traumatic stress disorder and emotional distress among these youth are higher than those in the general population (Modrowski et al., 2023). Many enter the system after exposure to abuse, neglect, or domestic violence. The investigation process, court involvement and repeated placement changes can also be traumatic (Herrenkohl et al., 2022). In response, efforts to integrate trauma-informed approaches into child welfare systems have increased in recent years. Programs such as Connecticut's CONCEPT initiative show the value of system-level change by combining workforce training, trauma screening, policy reform, expanded access to evidence-based treatment and ongoing evaluation (Bethell et al., 2023). Evaluations of the CONCEPT report improved staff knowledge, confidence and use of trauma-informed practices, suggesting broad system improvements rather than isolated changes in practice (Bethell et al., 2023).

The intersection of domestic violence and child welfare presents distinct challenges. Historically, child welfare responses emphasized child removal and often penalized non-offending caregivers for a perceived failure to protect. In contrast, newer collaborative models offer a more effective approach. These models embed domestic violence specialists within child welfare agencies and courts to support assessment, safety planning and coordinated services for both children and caregivers (Garcia et al., 2024). From a trauma- and violence-informed care perspective, however, meaningful reform must extend beyond service coordination to address the systemic conditions that shape child welfare involvement and sustain harm. Poverty, racism and limited social supports increase the likelihood of system contact (Garcia et al., 2024). At the same time, child welfare practices such as removal, coercive interventions, repeated questioning and restricted family voice can replicate the dynamics of interpersonal trauma. A truly trauma-informed child welfare system, therefore, requires survivor-centered and equity-focused policies that value family knowledge, minimize unnecessary separations, and address both the interpersonal and structural sources of trauma.

4.4. School-Based Interventions

It has been demonstrated that schools play a unique role in assisting vulnerable youth. Almost every child goes to school and spends a significant part of their developmental time in school; therefore, forming an inherent place of intervention (Miklósi & Kovács, 2024). Decades of solid research demonstrate that high school connectedness is a protective element that reduces the risks of unfavorable mental well-being, suicidal ideation and actions, drug abuse and violence. Apprenticeship initiatives like the thorough training of staff, inclusive groups managed by students, officially allocated safe spaces and strict implementation of anti-harassment policies all contribute to a strong sense of belongingness at schools, which here strengthens this protective impact (Ramazanova, 2024). The effectiveness of school-based

interventions in the form of trauma is also highlighted by empirical research. A meta-analysis of 15 studies, the majority of which were conducted in the United States and utilized randomized controlled trials, showed that all interventions resulted in partial or full improvements in symptoms occurring after the trauma (Roberts et al., 2019).

Nine different interventions were identified in the review; five were based on cognitive-behavioral therapy and delivered by qualified mental health workers in collaboration with trained school staff (Wichmann et al., 2023). More empirical research indicates that maintaining schools as trauma-informed requires more than single programs. Implementation research has demonstrated the critical need for policy requirements, sufficient funding, organizational culture, institutional readiness and staff capacity (Mullin et al., 2024). According to the trauma- and violence-informed care view, a thorough analysis of institutional practices that can result in harm should also be part of an effective school-based intervention. Disciplinary policies based on a zero-tolerance approach disproportionately affect students of color and those with a history of trauma (Ford, 2021). Police overactivity in schools may only result in increased fear rather than safety, especially among Black and Brown students. Academic standards and high stakes testing often ignore the effects of trauma on learning. Therefore, trauma-informed schools must combine individual-level support with holistic analysis and change of policies and systems that continue to provide some with unequal educational experiences and outcomes.

4.5. Juvenile Justice System Interventions

Youth involved in the juvenile justice system have extremely high levels of trauma exposure and associated mental health issues, with most having faced various adversities such as community violence, abuse, neglect and traumatic loss (Hamilton et al., 2024). Growing awareness of the harms associated with punitive justice responses has fueled calls for evidence-based, trauma-responsive solutions that prioritize rehabilitation over punishment (Day et al., 2023). In the United States, the Office of Juvenile Justice and Delinquency Prevention's Building Local Continuums of Care to Support Youth Success initiative reflects this shift by funding state and local efforts to create community-based continuums that prioritize prevention, diversion, treatment and positive youth development (Harvell et al., 2019). The literature shows that trauma-informed, cross-system approaches within these continuums improve mental health outcomes and reduce justice system involvement, but the strongest evidence is still focused on trauma-focused clinical interventions, particularly for reducing post-traumatic stress symptoms, with less evidence supporting system-level organizational change (Vivrette et al., 2020; Malvaso et al., 2024).

The empirical evidence highlights both the potential and complexities of trauma-informed reform in juvenile justice settings. Studies examining trauma-informed milieu interventions reveal mixed results, with decreases in facility-level violence occurring only when a significant number of adolescents and staff are meaningfully engaged, emphasizing the necessity of implementation intensity and fidelity (Baetz et al., 2021). Evidence also suggests that trauma-focused staff training has a greater impact on Black children, which indicates the potential for such interventions to reduce attacks in racially diverse settings (Wilson et al., 2015). Conceptually, effective change from a trauma and violence-informed care perspective must directly challenge structural racism ingrained in juvenile justice policies and practices, given the continuous overrepresentation of Black, Indigenous and Latinx youth at every decision point (Piper et al., 2022). Furthermore, because justice-involved youths are frequently exposed to threat rather than isolated prior trauma, therapies must address both individual symptomatology and the damaging character of system engagement itself. Creating environments that prioritize safety, empowerment and connection above control and punishment is thus essential for promoting recovery, resilience and long-term desistance (Koslouski et al., 2023).

4.6. Integrated and Coordinated Care Approaches

Integrated and coordinated care approaches are increasingly seen as vital in addressing the overlapping issues of Domestic violence exposure and juvenile mental health (Stylianou & Ebright, 2021). These models seek to improve care continuity and responsiveness by minimizing service fragmentation through methods such as multidisciplinary collaboration, information sharing, service co-location, coordinated safety planning and structured referral and follow-up (Couturier et al., 2023). Federally funded initiatives, such as Family Violence Prevention and Services Program demonstration projects, show how formal collaboration among domestic violence agencies, family-serving organizations and clinical mental health and substance use providers can improve cross-system coordination (Humphreys et al., 2022).

However, studies suggest that integration goes beyond logistical alignment to include shared theoretical frameworks, explicit equity considerations and coordination of clinical and material assistance that address structural barriers to recovery. Although cross-sector collaboration among education, health and social protection systems is widely supported (Graf et al., 2023), clearer theories of change and more rigorous evaluation are required. To determine whether integrated approaches produce meaningful improvements in youth safety, mental health and functioning,

marginalized youth who face the greatest barriers to accessing comprehensive services must be supported (McHugh et al., 2024).

5. Discussion

The results of the research revealed that there were a number of patterns that were observed to be consistent across the areas of intervention studied. Trauma-specific interventions, in particular, trauma-focused cognitive behavioral therapy, showed the most evidence of post-traumatic stress symptom reduction in the event of fidelity. System-level trauma-informed reforms, in turn, despite their prevalence and conceptual attractiveness, had little empirical evidence of direct impact on youth outcomes (Malvaso et al., 2024). Such a gap highlights one of the key shortcomings of the field in that clinical interventions are backed by rigorous trials, but organizational and system reforms are not usually assessed similarly. Successful interventions had a number of similar functions. They were based on the thorough interpretation of neurobiological, psychological and social aspects of trauma as opposed to generic behavioral approaches. Meta-analytic data have shown direct interventions involving traumatic memories and beliefs, including cognitive restructuring and trauma narrative, to be more effective than those that did not touch upon the contents of trauma (Olaghere et al., 2021). Effective programs also adopted an ecological approach and recognition of the effects of family, school, community and structural conditions on the mental health of the youth. Those interventions that never considered housing instability, school disruption, or continuous exposure to violence were likely to have short-term effects. Effective programs were further characterized by cultural responsiveness and significant and substantive youth and family engagement, yet lots of evidence-based models were created in mainly White, middle-income communities. Combined efforts with a strong and long-lasting effect were seen in cases when the clinical treatment was incorporated into coordinated systems to overcome structural obstacles to recovery. The most transformative ones, according to the view of trauma- and violence-informed care, were those that were able to address both institutional violence and interpersonal trauma. Individual therapy has been sufficient to work against the day-to-day experience of poverty, discrimination and instability. Sustained change thus demanded trauma-informed clinical practice with wider-scale reforms to the housing, healthcare, education and justice systems since only the most efficient interventions with individuals were much needed yet inadequate without systemic change (Han et al., 2021).

6. Conclusion

The research concludes that youth who have experienced domestic violence and mental health challenges face risks shaped by both interpersonal trauma and structural inequality. The evidence reviewed shows that effective responses cannot rely on individual treatment alone but must also address the social, economic and institutional conditions that create and sustain harm. Trauma- and violence-informed care offers a clear framework for this approach by linking the developmental effects of trauma with explicit attention to systemic forces such as poverty, racism, housing instability and fragmented service systems. Breaking intergenerational cycles of violence and psychological distress, therefore, requires coordinated, equity-focused reform across policies, institutions and practices, alongside trauma-informed professional care. Such an approach is essential to ensure that vulnerable youth have real opportunities to heal, develop resilience, and thrive.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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