

Educators & Parents: Talking to Children About Trauma

One out of every four school-aged children has been exposed to trauma that can negatively impact learning and/or behavior, according to the

National Child Traumatic Stress
Network (NCTSN). While experiencing occasional challenges can help children grow and learn valuable

children grow and learn valuable lessons, traumatic events have a more profound impact and warrant a proactive and thoughtful response from school educators and parents. Examples of traumatic events and adverse childhood experiences (ACEs) children include:



- + Involvement in a severe weather event or natural disaster
- + Physical or sexual abuse
- + Living with a parent or family member who is struggling with addiction
- + Witnessing a violent event, either on television or in person
- + Involvement in a violent event, such as a car accident or fight
- + A loved one battling a lifethreatening illness or injury
- + The death of a loved one
- + Witnessing police activity involving a friend or family member
- + Having a family member attempt or die by suicide
- + Living in a consistently chaotic or financially unstable household
- + Abandonment or neglect by a parent or caregiver
- + Bullying at home or school



Recognizing the Signs

In the aftermath of a traumatic incident, an affected child may experience changes in their behavior and/or presentation. Sometimes, these changes are healthy and are the child's way of coping. Other times, a child may express unhealthy or even maladaptive changes following the event. These changes may indicate trouble coping with the incident.

Here are some potential warning signs of unhealthy coping:

- Extroverted individual now appearing introverted
- + Substance use/abuse
- + Fighting
- + Showing verbal or physical aggressiveness
- Being sullen/withdrawn
- + Drastic changes in physical appearance including extreme weight gain or less
- + Decrease in school/work performance
- + Attendance issues

- + Thoughts or attempts to harm or kill self
- Becoming obsessive with thoughts or actions
- Attempting to control others
- + Lying
- + Stealing
- + Becoming promiscuous
- + Increase or decrease in sleeping habits
- Expressing thoughts/feelings of survivor's guilt

NCTSN provides potential signs of emotional or physical distress that traumatized children may display:

- + Physical pains like headaches and stomachaches
- + Difficulty regulating emotions
- + Poor or inconsistent academic performance
- Impulsive behavior
- + Overreacting (or underreacting) to sudden sounds, movements or lighting
- + Extreme reaction when faced with reminders of a traumatic event

Explaining Trauma to a Child

NCTSN encourages educators and parents to communicate openly and honestly with children who have experienced trauma. Other recommendations include:

- + Creating a safe space for the child to ask questions about their trauma and share concerns by encouraging open discussions.
- + Providing direct yet simple answers to a child's questions, making sure to clarify any distortions. If the timing of the discussion is not appropriate, set aside a clear time and place to speak with the child.
- + Offering increased levels of encouragement and support and bringing in additional help from a counselor or another mental health professional if needed.
- + Firmly yet gently reminding the child of behavioral guidelines for school or home, developing logical (not punitive) consequences and remaining mindful that trauma-related behavior issues may be short-lived.

Helping Children Deal with Trauma

There is no one ideal way to help a child cope with trauma, but there are evidence-based steps educators and parents can take to set the child up for success following a traumatic experience.

Steps For Educators

In a school setting, educators and staff can:

- + Maintain the child's school routines as much as possible to help re-establish a sense of normalcy.
- + Provide a warning before doing something out of the ordinary, such as turning off the lights or making a loud noise.
- + Give the child choices (when appropriate) to provide him or her with an increased sense of control.
- + Be mindful of environmental cues that can trigger a reaction in a traumatized child—for example, thunder in the distance can bring up memories of a destructive tornado.
- Avoid engaging in theological or religious conversations regarding the trauma and instead refer to a counselor or another support provider.
- + Take note of other students' reactions to the traumatized child and the subject of their conversations, stepping in to protect the child from the curiosity of others when necessary.



Steps For Parents

At home, parents, family members and other caregivers can:

- + Assure the child that he or she is safe at home, verbalizing what steps have been taken to prioritize his or her safety.
- + Familiarize themselves with common reactions and behaviors of traumatized children.
- + Reach out to a mental health professional if the child's stress lasts for more than a few weeks.
- + Remind the child that they are not responsible for the traumatic incident.
- + Maintain regular routines at home to help re-establish a sense of normalcy.
- + Let the child express his or her concerns through play or storytelling, which is a normal part of the recovery process.

Be patient and allow the child to work through his or here motions over the course of weeks or months, avoiding any "just get over it" language.

The <u>American Psychological Association</u> also offers advice for parents of traumatized children, including:

- + Turning off news programs and disconnecting from online news sources to limit the amount of "real-world" information in the home.
- Encouraging the child to voice their thoughts, only interrupting to gently correct misconceptions or inaccuracies about the traumatic event.
- + Being mindful of the adult conversations the child is exposed to regarding the trauma.







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