



# Educators & Parents: Talking to Children About Trauma

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# 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 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 life-threatening 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- + Being sullen/withdrawn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 her emotions over the course of weeks or months, avoiding any "just get over it" language.



The [American Psychological Association](#) 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.