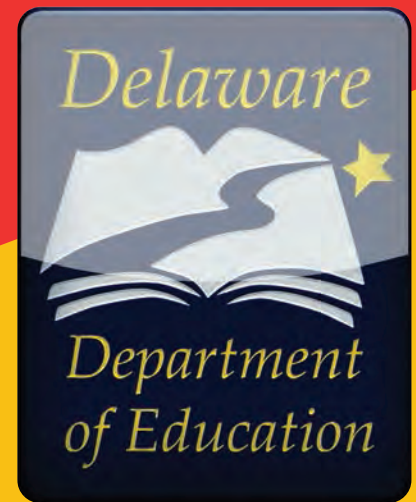


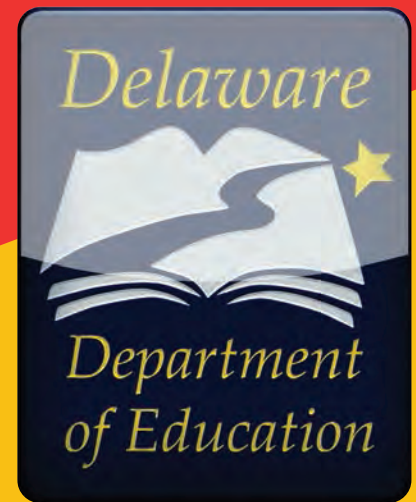
# Delaware Trauma Recovery Toolkit



Trauma Health Recovery InnoVation & Engagement



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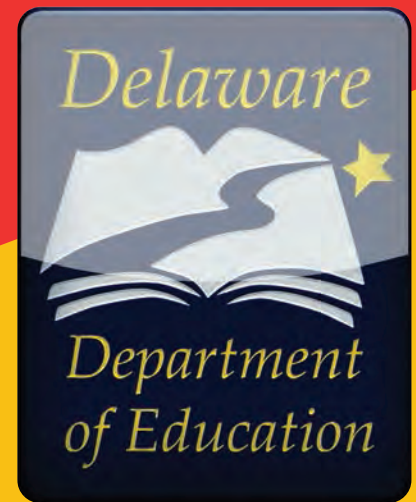


PROJECT  
**THRIVE**

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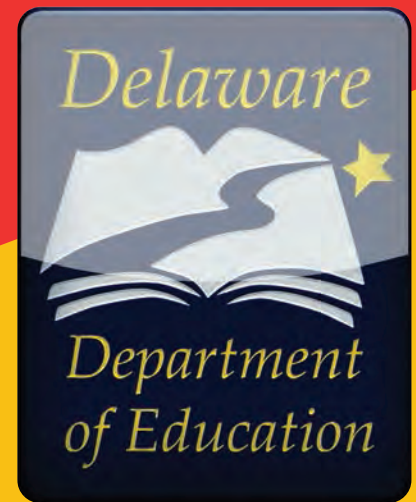


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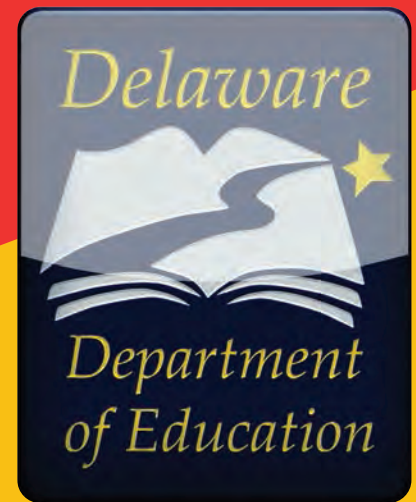


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# Delaware Trauma Recovery Toolkit



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# STAGE 1

## MAKING DELAWARE A TRAUMA INFORMED STATE

### MAKING DELAWARE A TRAUMA INFORMED STATE



On October 17, 2018, Governor John Carney signed Executive Order 24, to make Delaware a Trauma-Informed state. The Executive Order addresses the impact of various kinds of trauma across the lifespan and multiple life domains.

Through a generous grant from the **Delaware Department of Education**, **Project THRIVE** was created to help children suffering **Adverse Childhood Experiences (ACEs)** receive Trauma Informed support from their schools, community and caregivers.







## WHAT ARE ADVERSE CHILDHOOD EXPERIENCES?

When a child feels intensely threatened by an event they’ve experienced or witnessed, that event is traumatic. In clinical terms, it is known as “Adverse Childhood Experiences,” or ACEs for short. ACEs can take on many forms and affect children of any socioeconomic status.

To clarify, trauma does not include every “upsetting experience.” All children experience unpleasant and scary events that affect them—such as their parents’ divorce—but that does not necessarily mean those events are traumatic. On the flip side, experiences that are considered just part of everyday life for an adult—e.g., ongoing stress, living in a bad neighborhood, bullying, etc.—can potentially have lasting negative effects on a child.<sup>2</sup>

In this toolkit, we take an indepth look at:

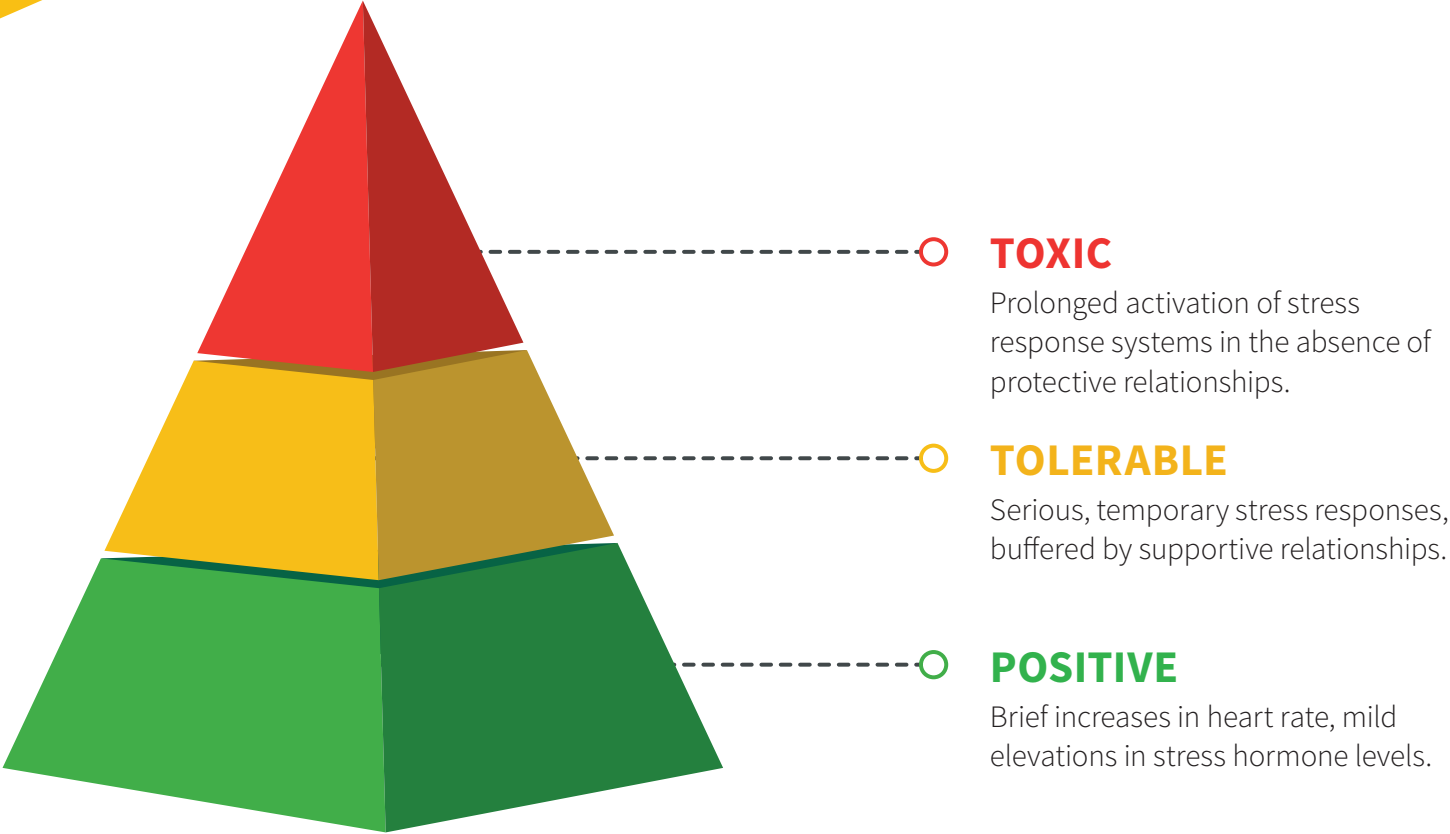
- **Types of childhood trauma.**
- **How each type can affect a child’s confidence and development.**
- **Warning signs to keep watch for.**

Most importantly, it includes the tools to help both yourself and the child practice coping and resilience.

Project THRIVE is an initiative supported by the Delaware Department of Education to help children suffering from toxic stress—due to severe and ongoing trauma—learn resilience, strength and coping strategies.

## WHAT IS TOXIC STRESS?

From an evolutionary standpoint, stress is a good thing. In fact, stress and the “fight or flight” response associated with it are what have allowed humans to survive and flourish for millenia. However, toxic stress, or the “strong, frequent or prolonged activation of a person’s stress response system,”<sup>30</sup> can have long lasting effects on a child’s health, behavior and ability to learn.



When a child is constantly exposed to maltreatment or abuse, their stress response system is triggered more frequently and for longer periods of time. Living in a consistent state of extreme stress can actually change a person’s brain structure—leading to a slew of physical, emotional, developmental, behavioral and societal problems.

## WHAT DOES TRAUMA INFORMED MEAN?

Trauma-Informed means we train our teachers, guidance counselors and other DDOE staff to assume that when a child is acting out or behaving inappropriately, they are more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in a child’s life—teaching our staff the life-long benefits of positive child protective factors and behaviors.

The next section in this toolkit will give you a Trauma Informed overview of different types of ACEs, signs to look out for, and ways to help. If you would like more information about any of the information presented in this toolkit, you will find a list of resource links at the end of this document.

# STAGE 2

## RECOGNIZING & SUPPORTING SURVIVORS OF TRAUMA



## TYPES OF TRAUMA

There are 15 distinct and recognized types of childhood trauma.<sup>1</sup> To learn more about each, click on the icon to be taken directly to that section.







# BULLYING

Bullying takes on many forms. All are equally dangerous and damaging.

## Physical Bullying

- Kicking
- Hitting
- Punching
- Slapping
- Shoving
- Other physical acts.<sup>4</sup>

## Verbal Bullying

- Relentless insults
- Demeaning language
- Belittling others

## Relational Aggression

- Ostracization
- Manipulative situations
- Rumors and sabotage

## Cyberbullying

- Online threats
- Posting hurtful pictures
- Making derogatory comments
- Sending hurtful emails and/or texts

## Sexual Bullying

- Harmful and humiliating actions that repeatedly target a person’s sexuality
- Vulgar gestures
- Uninvited touching
- Being forced to look at pornographic materials
- Sexual propositioning
- Crude comments
- Sexual name-calling

In extreme cases, sexual bullying can open the door to sexual assault.<sup>4</sup>



*Remember to continually encourage the child, and direct them toward positive influences and activities that will help them rebuild the confidence that their experiences with bullying may have chipped away.*

## EFFECTS AND SIGNS OF BULLYING

- Stress, anxiety, depression and feelings of loneliness and isolation
- School avoidance and/or poor academic performance
- Becoming easily angered or frustrated
- Separation anxiety
- Low self esteem or feelings of rejection that could lead to self harm
- Health complaints and/or eating disorders
- Poor relational skills
- Suicidal or homicidal ideations or actions

## HOW TO HELP

Always take bullying seriously and turn to teachers, counselors and other school officials for help. Remember to continually encourage the child, and direct them toward positive influences and activities that will help them rebuild the confidence that their experiences with bullying may have chipped away.

## RESOURCES

For more information, please refer to these resources:

<https://www.stopbullying.gov/bullying/what-is-bullying>



# COMMUNITY VIOLENCE

This type of trauma is the result of hostile and violent surroundings in which the child lives and is defined as “exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim.”<sup>7</sup> Examples of adverse childhood experiences (ACEs) associated with community violence are witnessing fights between rival gangs, robberies, shootings in public areas, terrorist attacks, drug violence and other “war like conditions,” which children very susceptible to experiencing ongoing toxic stress.<sup>8</sup>

## EFFECTS AND SIGNS OF COMMUNITY VIOLENCE

Many children can become:

- Withdrawn
- Depressed
- Untrusting
- Violent

Repeated trauma can lead to major changes in personality and behavior<sup>8</sup> and PTSD symptoms can have significant negative impact on:

- Learning and development
- Mental and emotional wellness
- Behavior
- Physical health

## HOW TO HELP

Be a safe presence the child can rely on. This includes having a safe and reliable home routine as well as teaching children the areas that are safe versus those that are not safe, encouraging them to hang out with others who are good influences and making sure they know of the resources available to them through Project THRIVE.

## RESOURCES

For more information, please refer to these resources:

<https://www.samhsa.gov/trauma-violence>

# COMPLEX TRAUMA

Children learn about the world through the experiences they have with their caregivers. It is through their caregivers they learn to regulate their emotions, control their actions, trust others and interact with the world around them. These interactions shape their perception of that world and their place in it. Children with neglectful or abusive caregivers believe the world is a scary, terrible place and that they must be bad for this neglect and abuse to be happening to them.

## EFFECTS AND SIGNS OF COMPLEX TRAUMA

When family relationships are unstable or unpredictable—if the child is regularly neglected, exploited, abused or assaulted by a caregiver or caregivers—children quickly learn they cannot rely on them for help. As such, many abused and neglected children find it difficult to develop healthy relationships with or attachments to others.

Effects and signs of complex trauma can be:

- Physical
- Emotional
- Academic

## HOW TO HELP

Seeking help for the child begins by seeking help for their caregiver/abuser. Fostering healthy communication, self-regulation and positive experiences are all things a counselor or social worker can help with. Don’t be afraid to reach out for help.

## RESOURCES

For more information, please refer to these resources:

[https://video.search.yahoo.com/search/video;\\_ylt=AwrEzeb5sZFgZF4AuJRXNyOA;\\_ylu=Y29sbwNiZjEecG9zAzMEdnRpZANDMTYwOV8xBHNIYwNzYw--?p=complex+trauma+in+schools&fr=mcafee](https://video.search.yahoo.com/search/video;_ylt=AwrEzeb5sZFgZF4AuJRXNyOA;_ylu=Y29sbwNiZjEecG9zAzMEdnRpZANDMTYwOV8xBHNIYwNzYw--?p=complex+trauma+in+schools&fr=mcafee)



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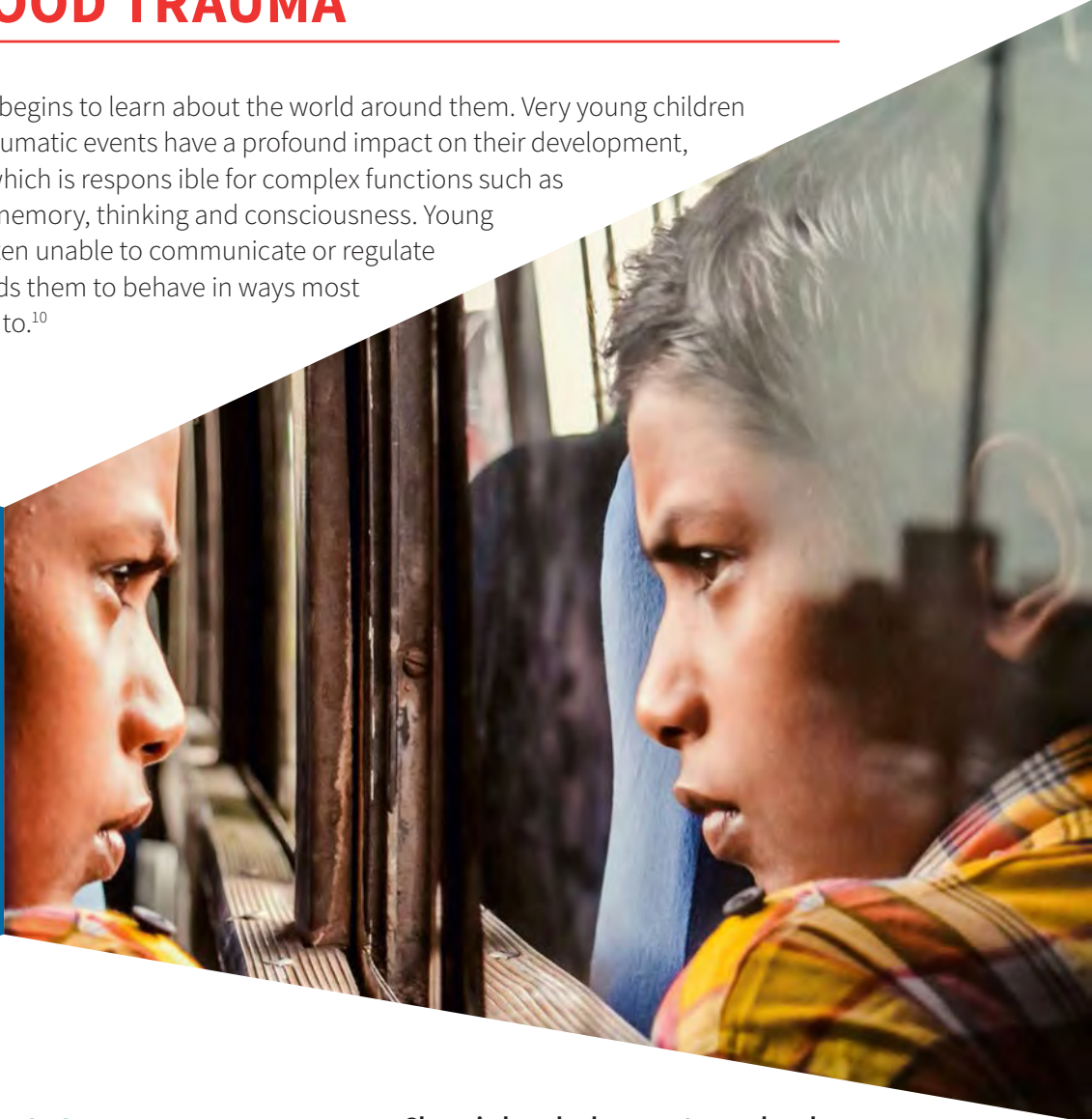




# EARLY CHILDHOOD TRAUMA

From the moment of birth, a child begins to learn about the world around them. Very young children have rapidly developing brains. Traumatic events have a profound impact on their development, specifically on their brain cortex, which is responsible for complex functions such as language, perceptual awareness, memory, thinking and consciousness. Young children exposed to trauma are often unable to communicate or regulate their actions or emotions. This leads them to behave in ways most adults are ill-equipped to respond to.<sup>10</sup>

*Young children exposed to trauma are often unable to communicate or regulate their actions or emotions.*



## EFFECTS AND SIGNS OF EARLY CHILDHOOD TRAUMA

### Infant to 2-year-olds:

- Screaming or crying incessantly
- Poor appetite, low weight or digestive problems
- Poor verbal skills
- Memory and cognitive problems

### Three to six-year-olds:

- Lack of impulse control / lashing out
- Lack of self confidence / self blame
- Difficulty focusing or learning (possibly developing learning disabilities)
- Trust issues / inability to form friendships

- Chronic headaches or stomach aches
- Imitating the abuse

## HOW TO HELP

The good news is children are resilient. But, that resilience only has a chance of developing when a childrens’ caregivers are positive, caring and protective, consistent, dependable and safe. Encourage children to talk to you about their experiences, and always reassure them of your—and the other adults in their lives—ability and desire to keep them safe.<sup>10</sup>

## RESOURCES

For more information, please refer to these resources:  
<https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma>

*The number one thing you can do to help a child in the event of a natural disaster is to be preemptive and as prepared as possible for one.*



# NATURAL DISASTERS

Natural disasters, known as Acts of God, can be horrific and devastating. They can lead to many adverse effects for entire communities, including children.

Examples of natural disasters include:

- |                           |              |               |
|---------------------------|--------------|---------------|
| • Floods                  | • Landslides | • Tsunamis    |
| • Extreme Heat/Drought    | • Avalanches | • Earthquakes |
| • Winter storms/Blizzards | • Tornadoes  | • Wildfires   |
| • Hurricanes              | • Windstoms  |               |

## EFFECTS AND SIGNS OF NATURAL DISASTERS

While most children have shown their resilience after natural disasters, those who suffer greater losses—e.g., their homes, a family member, displacement—may experience PTSD. Let your child know it is okay to feel scared and that there are people in their life to help and support them.

## HOW TO HELP

The number one thing you can do to help a child in the event of a natural disaster is to be preemptive and as prepared as possible for one. Offer them comfort and reassurance, letting them know everything will be okay.

## RESOURCES

For more information, please refer to these resources:  
<https://www.psychologytoday.com/us/blog/somatic-psychology/201004/the-trauma-arises-natural-disasters>





## INTIMATE PARTNER VIOLENCE (IPV)

Also known as domestic violence, intimate partner violence (IPV) occurs across all races, sexual orientations, socioeconomic statuses, backgrounds and education levels. It is the physical, emotional, financial, sexual, spiritual or verbal abuse against a current or former intimate partner to exert power and control. Victims can be harassed, terrorized, humiliated, manipulated, injured, or isolated—but it is often children who are the silent victims of such treatment.<sup>11</sup>

No longer a “family problem,” IPV is now identified as a significant legal and public health issue.<sup>12</sup> As such, there is a litany of resources available to help victims of IPV get the help they need—from finding safety and shelter, to therapy and advocacy, to navigating the legal system.

### EFFECTS AND SIGNS OF IPV<sup>38</sup>

Children who continually experience domestic violence, even if not the physical victim of the abuse, can experience severe psychological impacts from the abuse including:

- **Fear of abandonment**
- **Guilt and/or shame for not stopping the abuse witnessed**

- **Increased anxiety**
- **Inability to experience empathy**
- **Emotionally distancing themselves**
- **Fear of the future or lack of a positive outlook**

### HOW TO HELP

For proper recovery and development, it is essential child victims of domestic violence have a strong relationship with the non offending parent. Strengthening this relationship may include various types of interventions, such as group, individual, or one-on-one therapy.

If you are the victim of domestic violence, or suspect you know someone who is, you can reach out to local programs or turn to Project Thrive for help.

### RESOURCES

For more information, please refer to these resources:

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html>



## MEDICAL TRAUMA

Rather than just being afraid of the doctor or getting shots, medical trauma is an intense reaction, which can vary from functioning to disruptive, to the subjective experience—more so than the objective severity—of a medical event. These feelings are typically present in the patient receiving treatment, but could just as intensely manifest in the patient’s parent, sibling, or child.

### EFFECTS AND SIGNS OF MEDICAL TRAUMA

Behaviors to watch out for include complaints of feeling sick that are not connected with their illness (e.g., phantom headaches or stomach aches), seeming disconnected or “spacey,” or continuing to develop new or worsening fears as is related to medical events or procedures.

A child experiencing medical trauma may also exhibit one or more of the following signs:

- **Re-experiencing**
- **Avoidance**
- **Hyper-arousal**

### HOW TO HELP

Hospitals are scary places, especially for a child. Remember to be patient and understanding. Oftentimes, it is the idea of the unknown that is most frightening, so do your best to help keep the child informed. Be honest about everything that is happening and explain how it will help them feel better. You should introduce them to the hospital staff and encourage them to ask questions.

As children are generally more affected by medical trauma when left alone, try to make sure a family member or other familiar, trusted adult is with them at all times. If you need to leave them unattended, be sure to let them know you’re leaving, why, and when you will be back. Encourage your child to talk about their feelings. Remind them that it is okay to feel sad or scared and that you’re there to support them.<sup>13</sup> programs or turn to Project Thrive for help.

### RESOURCES

For more information, please refer to these resources:

<https://www.nctsn.org/what-is-child-trauma/trauma-types/medical-trauma>

[https://www.youtube.com/watch?v=dI\\_w5B6cwU8](https://www.youtube.com/watch?v=dI_w5B6cwU8)





## PHYSICAL ABUSE

The second most common form of child maltreatment, physical abuse is when a parent or caregiver commits an act that results in the physical injury of a child.<sup>16</sup> Injuries include bruises, marks, welts, cuts, sprains, fractures and broken bones.<sup>15</sup>

Parents and caregivers are supposed to make children feel safe, loved, protected and provided for. However, if that core relationship is marred by violence, the effects it has on children can be profound—both physically and mentally.<sup>14</sup>

### EFFECTS AND SIGNS OF PHYSICAL ABUSE

Victims of physical abuse can experience effects that reach well into adulthood, including hearing loss and brain damage. These effects can lead to cognitive delays and emotional issues, leaving them more at risk for developing a mental illness, becoming homeless, or engaging in criminal activity.<sup>14</sup>

#### Physical signs

- Injuries to the child that are common or frequently occurring (without the child appearing to be excessively clumsy or accident prone)
- Implausible explanations or changing/conflicting excuses for injuries
- Injuries that do not seem to be healing or to have been given medical care
- Recurring or compounding injuries
- Habitual tardiness or extended absences without credible reasons/explanations
- Wearing long-sleeved or otherwise unseasonable articles of clothing to conceal and hide injuries
- Awkward movements, limps, pain or discomfort from repeated injuries



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#### Emotional/Mental Signs

- Inability to form friendships or make connections with others.
- Hostility toward others, even friends and family members.
- Trouble concentrating
- Depression
- Suffering academic performance
- Low self-esteem
- Apathy or an air of not caring what happens to them
- Inability to effectively communicate or awkward responses to basic social cues
- Aggression

#### HOW TO HELP

If you suspect a child is suffering from physical abuse, take action as soon as possible. The longer the abuse continues, the more likely the child will suffer from toxic stress—which could lead to PTSD and a slew of other physical, emotional and societal effects. The number one concern is to ensure the child’s safety and provide medical care if necessary. Child protective agencies and pediatricians are trained to properly handle these situations and ensure both the child and the abuser get the help they need to end the cycle of violence and engage in positive interaction strategies.

#### RESOURCES

For more information, please refer to these resources:

<https://www.nationwidechildrens.org/conditions/physical-abuse-trauma>







## REFUGEE AND MIGRANT TRAUMA

A migrant is someone who has temporarily left their home in search of work and better opportunities. A refugee is someone who is outside their home country.

In addition to experiencing horrors, atrocities and/or poor conditions in their own home countries, many refugees and migrants are overwhelmed and uniquely stressed while trying to adapt to their new lives in America.

### EFFECTS AND SIGNS OF REFUGEE TRAUMA

While all children react to trauma in their own ways, a preschooler is going to behave and react differently than a grade schooler or teenager. Examples of these different behavioral issues include:

#### Preschoolers:

- Behaving aggressively by biting, kicking, punching, throwing or hitting
- Temper tantrums
- Being needy or having trouble being away from parents
- Behavior regression, including thumbsucking or bedwetting
- Trouble making friends
- Reenacting the abusive or traumatic events in play

#### Grade Schoolers:

- Extreme mood swings or irrational behavior, like lashing out in anger or withdrawing from others in sadness
- Trouble academically and socially with peers
- Constantly anxious or fearful that something bad will happen to them or their parents

#### Pre-teens and high schoolers:

- Feelings of guilt or shame that they couldn't do more to help in the situation



*Remember to continually encourage the child, and direct them toward positive influences and activities that will help them rebuild the confidence that their experiences with bullying may have chipped away.*

- Inability to see a future for themselves as well as feelings of helplessness
- Loss of faith or changes in their perception of the world
- Relationship issues with family, friends, peers and authority figures

### HOW TO HELP

When assessing the health—mental or physical—of a refugee child, it is important to get a thorough trauma history and to understand the role that culture plays in behavior. Bringing those behaviors into the discussion can help direct the conversation toward the differences or disabilities that may be impeding their progress.

### RESOURCES

For more information, please refer to these resources:

<https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>

<https://www.refugeetrauma.org/>

<https://www.jfsdelaware.org/>





## SEXUAL ABUSE

There are many definitions of sexual abuse as it is a pernicious, varied and an insidious type of abuse that takes many forms. Generally, it is agreed that sexual abuse is any sexual act, overt or covert, between a child and adult (or older child, where the younger child’s participation is obtained through seduction or coercion) in which the child is used for sexual stimulation of the perpetrator or observer.<sup>19</sup> The abuse can include touching or non-touching behaviors.<sup>20</sup>

### Touching Behaviors

- Sexual kissing
- Fondling of genitals
- Touching
- Oral/anal/or vaginal intercourse

### Non-touching Behaviors

- Genital exposure or flashing
- Verbal pressure for sex
- Forcing children to watch pornography
- Exploitation for prostitution, trafficking or pornography

About 30 percent of all child sexual abusers are relatives of the victim, with strangers only accounting for about 10 percent. Most sexual abuse is perpetrated by men; however women are perpetrators as well, with

*About 30 percent of all child sexual abusers are relatives of the victim, with strangers only accounting for about 10 percent. Most sexual abuse is perpetrated by men; however women are perpetrators as well, with sexual abuse cases committed by women being 14 percent against boys and 6 percent against girls.<sup>21</sup>*



sexual abuse cases committed by women being 14 percent against boys and 6 percent against girls.<sup>21</sup>

## EFFECTS AND SIGNS OF SEXUAL ABUSE

As with many of the other types of trauma outlined in this toolkit, children who experience sexual abuse may exhibit the following behaviors or characteristics:<sup>22</sup>

- Withdrawn behavior
- Angry outbursts
- Inability to sleep well, often suffering from nightmares
- Anxiety and/or depression
- Play re-enactments of the abuse
- Sexual behavior, knowledge or language that does not match the child’s age
- Not wanting to be near or alone with certain persons

Sexual abuse can be very confusing for children.<sup>22</sup> Some may think it is their fault the abuse is happening, and that something must be wrong with them. Most children know that the sexual abuse is wrong and often experience fear, anger, disgust and shock. However, some children—especially those without a loving or dependable primary caregiver—may confusedly enjoy the attention and closeness that they do not receive in other parts of their life.<sup>21</sup>

## HOW TO HELP

While many children do exhibit the signs of abuse outlined above, not all show signs of distress. The most important thing you can do is teach your child about body health, safety and boundaries. Having open and honest conversations with your child about sexual matters will enable them to recognize safe-touching versus what crosses the line and makes them feel unsafe or uncomfortable. These conversations are meant to educate and empower your child and can prevent them from falling victim to sexual predators.<sup>22</sup>

If you know or suspect a child in your life has experienced sexual abuse, the first course of action is to ensure the child’s safety. Turn to Project Thrive or other local programs and resources that can help you get the child the help they need and deserve.

## RESOURCES

For more information, please refer to these resources:

<https://www.nationwidechildrens.org/conditions/sexual-abuse-trauma>

<https://www.goodtherapy.org/learn-about-therapy/issues/sexual-abuse>



# SEX TRAFFICKING

A severe form of sexual abuse, child sex trafficking is the giving or receiving of anything of value (e.g., money, food, shelter, clothing, drugs, etc.) to any person in exchange for a sex act with someone under 18-years-old.<sup>23</sup> It includes the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person under the age of 18 for the purpose of a commercial sex act.<sup>24</sup> Child sex trafficking is also known as Commercial Sexual Exploitation of Children or CSEC.<sup>24</sup> However, there does not have to be a third party that benefits from the transaction for it to be child sex trafficking.

Because it is called “sex trafficking,” many associate it with children being kidnapped by scary-looking strangers and smuggled across borders—constantly moved around from place to place to avoid detection. However that is rarely the case—even though it can happen that way.<sup>24</sup> The sad fact is that most of the children in these circumstances are more likely to know or even be related to their exploiters.

## WHO IS AT RISK

Sex trafficking can and does happen among all socioeconomic classes, races, ethnicities and gender identities.<sup>25</sup> It can also happen anywhere—in cities, suburbs, small rural towns and tribal communities. However, there are factors that put children at greater risk to be targeted by sex traffickers. They often target children with a history of abuse and/or who have low self-esteem and who don’t have a strong social support system.<sup>32</sup>



## EFFECTS AND SIGNS OF SEX TRAFFICKING

In many cases, children aren’t aware they’re being trafficked, so it’s important to know the signs to look for.<sup>33</sup> Some warning signs are children who:

- Aren’t enrolled in/don’t attend school
- Don’t talk about where they live or who they live with
- Seem to give a rehearsed story about where they live and who they live with
- Have possessions that are uncommon or are in possession of a lot of money
- Are unaware of where they are
- Spend an unusual amount of time doing household chores
- Live in substandard conditions at home

Sex traffickers often use convoluted manipulation tactics and a combination of various forms of abuse—such as verbal, physical, emotional, isolation, frequent uprooting, starvation, surveillance—to destroy a child’s will to escape.<sup>33</sup> The effects of child sex trafficking, from the manipulation to the exploitation, are detrimental to the victims, socially and psychologically. Some effects are:

- PTSD
- Dissociating
- Damaged sense of self

- Problems with emotional regulation
- Impaired cognitive function
- Nightmares or flashbacks
- Depression or anxiety

The sense of hopelessness child sex trafficking victims can experience also leave them more susceptible to abuse drugs and alcohol, commit suicide, or live their lives in social isolation.<sup>49</sup>

## HOW TO HELP

Sex trafficking can happen to anyone. These predators prey on children they believe are lonely or feel unloved so never miss an opportunity to remind your children how much you value them. In addition, practice vigilance and monitor your kids’ social media. Help them understand privacy and boundaries, and teach them not to share everything on social media. Children whose posts indicate that they are looking for attention make them a very easy mark for predators.

## RESOURCES

For more information, please refer to these resources:

<https://humantraffickingsearch.org/the-role-of-trauma-in-human-trafficking/>

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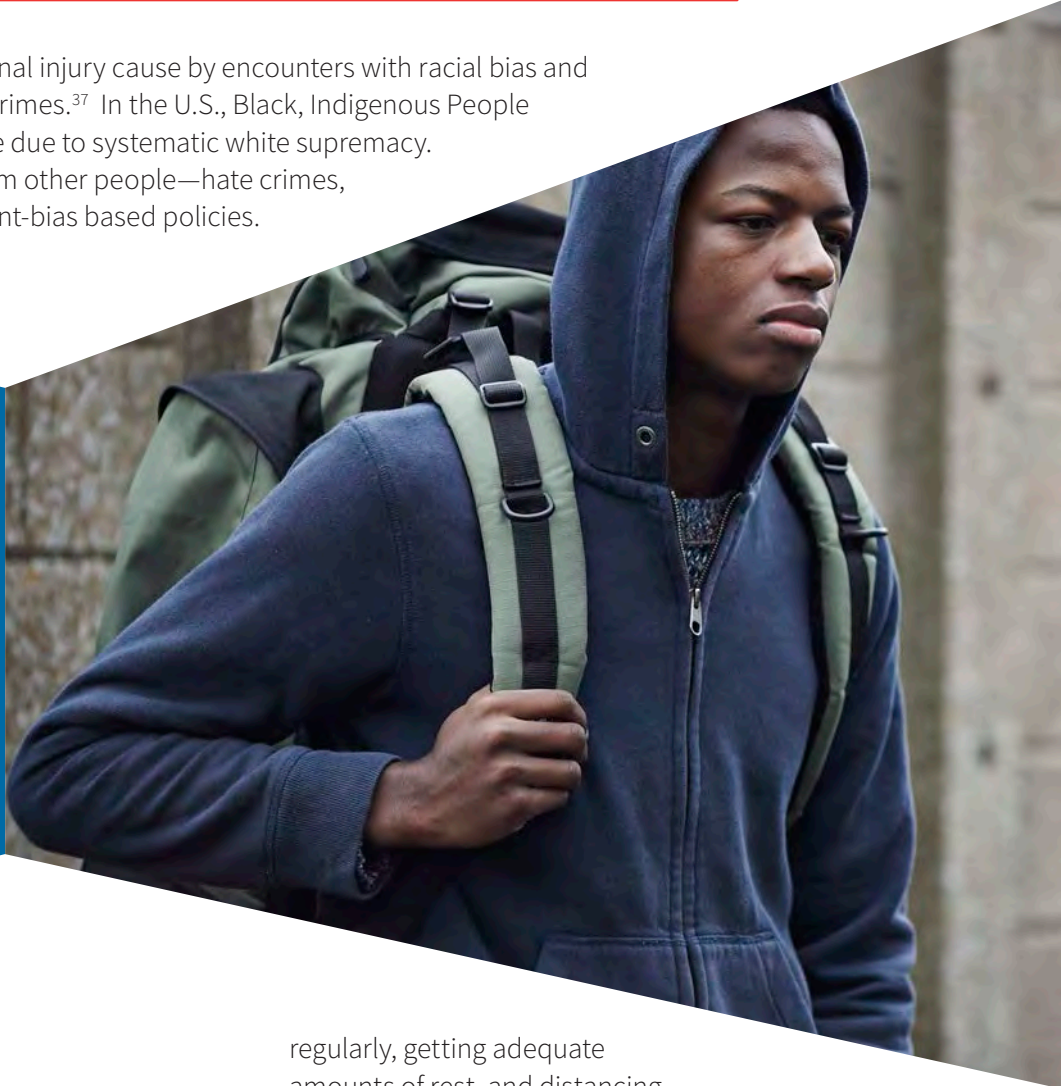




# RACIAL TRAUMA

Racial Trauma is the mental and emotional injury cause by encounters with racial bias and ethnic discrimination, racism and hate crimes.<sup>37</sup> In the U.S., Black, Indigenous People of Color (BIPOC) are the most vulnerable due to systematic white supremacy. Racialized trauma can come directly from other people—hate crimes, racial slurs—or systemically from inherent-bias based policies.

*Putting your energy toward making positive change can help provide a sense of purpose and a feeling of connection with others who have similar experiences.*



*Try to limit the child’s exposure to media coverage—especially negative coverage—of the event as it can increase their fear and anxiety.<sup>26</sup>*



## EFFECTS AND SIGNS OF RACIAL TRAUMA

Prolonged incidents of racism can lead children of color to experience post traumatic stress disorder. These can be both physical and psychological.

- Psychological
- Depression
- Anger
- Recurring thoughts of the event
- Nightmares
- Hypervigilance
- Low self esteem
- Mentally distancing oneself
- Physical
- Headaches
- Stomach aches
- Insomnia

## HOW TO HELP<sup>39</sup>

When dealing with ongoing trauma, self care is vitally important. Make sure to prioritize taking care of your and your child’s mental and physical needs by eating

regularly, getting adequate amounts of rest, and distancing yourself from social media, the news media, and other sources of distressing information.

Participating in community activism is a great way to connect with other like minded individuals. Putting your energy toward making positive change can help provide a sense of purpose and a feeling of connection with others who have similar experiences. You can also turn to Project THRIVE for professional help and more information about the resources available for you and your family.

## RESOURCES

For more information, please refer to these resources:

<https://mhanational.org/racial-trauma>

<https://www.medicalnewstoday.com/articles/racial-trauma>



# TERRORISM AND VIOLENCE

Acts of terroriosm and violence affect us all. Some are so heinous, like 9/11, Pearl Harbor, and the Kenney assassination, they define and shape generations. Those events stopped the world, and those who lived through them clearly remember where they were when they heard the news.

Vicious acts of violence—such as bombings and mass shootings—leave their marks on society. But for some, like those who witnessed, were a victim of, or lost a loved one from an act of terrorism or violence, the act is deeply personal and more affecting.

## HOW TO HELP

Try to limit the child’s exposure to media coverage—especially negative coverage—of the event as it can increase their fear and anxiety.<sup>26</sup> However, it is important to make sure they are informed, so start an open conversation with them. Ask them how it made them feel and be sure to comfort them and let them know they are safe. For those children that experienced the event first hand or suffered a profound loss because of it, there are professionals and resources you can turn to for help.

## RESOURCES

For more information, please refer to these resources:

<https://www.nctsn.org/what-is-child-trauma/trauma-types/terrorism-and-violence>



# TRAUMATIC GRIEF

Losing a loved one is always hard. However, some children develop traumatic grief responses, making it extremely difficult for them to cope, remember positive memories with the deceased or even continue to develop normally.<sup>27</sup> For many of these children, the death of their loved one was either sudden and violent—like a shooting or car accident—or long and drawn out—such as an illness.

## EFFECTS AND SIGNS OF TRAUMATIC GRIEF

When a child experiences a traumatic death—one that causes intense fear, horror or helplessness—they may experience some of the following symptoms:<sup>28</sup>

- **Avoidance or numbing**
- **Emotional, behavioral deregulation or maladaptive cognitions**
- **Hyperarousal**
- **Reexperiencing**

These symptoms of traumatic grief can be triggered by three main types of reminders:<sup>27</sup>

*There is no “timeline” for grief, and everyone—children and adults—have their own ways and means of moving through the stages of grief.*



- **Change** reminders are the different people, places, situations or things that remind the child of the changes in their life as a result of the person’s death.
- **Loss** reminders are the people, situations, places, objects, thoughts or memories that are reminders of the person who died.
- **Trauma** reminders are the situations, people, places, sights, sounds or smells that remind the child of the death.

## HOW TO HELP

Don’t label the child—especially those who react aggressively—as troublemakers, delinquents, slow learners or unmotivated.<sup>29</sup>

There is no “timeline” for grief, and everyone—children and adults—have their own ways and means of moving through the stages of grief. Do not become discouraged if there are setbacks to progress—continue to be open and supportive of the child.

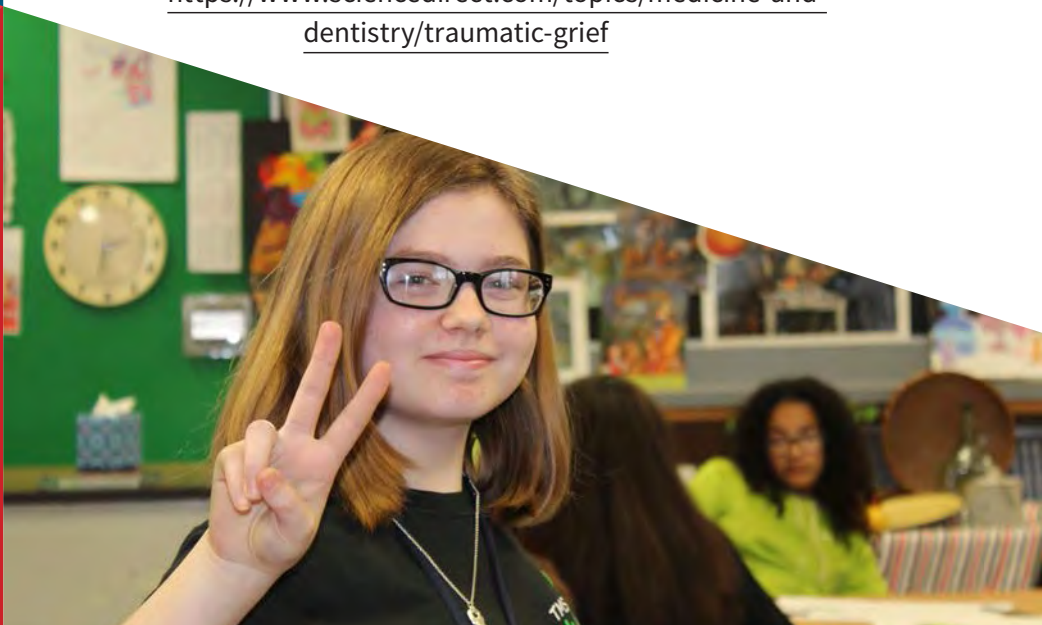
Encourage the child to share their thoughts and feelings with you, another trusted adult, or a therapist. Those suffering from traumatic stress are more likely to engage in risky behaviors such as drugs, alcohol, dangerous/thrilling activities or even self harm—so it is important they have caring and trusted adults around to help them work through and manage those feelings.

Most importantly, try to help the child maintain current and build new relationships through pro-social interactions and activities. Show the child there is still a caring and supportive community around them, even though someone very special to them is no longer there to share it with.<sup>29</sup>

## RESOURCES

For more information, please refer to these resources:

<https://www.sciencedirect.com/topics/medicine-and-dentistry/traumatic-grief>







## COVID-19 TRAUMA

The COVID-19 pandemic has impacted the daily lives of people across the U.S. and around the world. Though there is a light at the end of the tunnel with the arrival of vaccines, the effects of this pandemic are long and far reaching.

### EFFECTS AND SIGNS

The pandemic has been hard on everyone, but that doesn't mean it has had the same effect on everyone. Below are some signs that your child is dealing with on-going toxic stress due to the pandemic.

- Unwanted thoughts, images or nightmares
- Increased anxiety, clinginess or reverting back to outgrown childish behavior
- Changes in appetite and sleeping patterns
- Avoidance

### HOW TO HELP

Apart from the physical symptoms that come from contracting COVID-19—the mental and emotional fatigue of being socially distant from friends and loved ones can be especially taxing and wearisome for children. Try to keep their routines as consistent as possible including meal times, exercise and bedtimes. Also, try taking advantage of FaceTime, Zoom and other video conferencing tools to keep in touch with friends and loved ones.

Be sure to remind them how important it is to wear facemasks when out in public and to always practice good hygiene and hand washing—even after mandates are lifted.

### RESOURCES

For more information, please refer to these resources:

<https://ies.ed.gov/ncee/edlabs/projects/covid-19/>

[https://www.youtube.com/watch?v=dI\\_w5B6cwU8](https://www.youtube.com/watch?v=dI_w5B6cwU8)



*Remind children how important it is to wear facemasks when out in public and to always practice good hygiene and hand washing—even after mandates are lifted.*



# STAGE 3

## FROM SURVIVING TO THRIVING

### BENEFITS OF PROTECTIVE FACTORS AND POSITIVE CHILDHOOD EXPERIENCES



We've covered a lot of heavy and scary topics in this toolkit, but the most important thing to remember is that children are resilient. Children, even those who have been through traumatic experiences, can overcome many obstacles when they have a steady, trusted, and caring support system of adults and peers.

The next few sections will walk you through ways to connect with the child (or children) in your life, and foster a positive environment in which they can THRIVE.

We have included our “**Positive Experiences Checklist**” with a version for young children and one for older kids. Use these as an ice breaker to establish a baseline of what your child is going through, and ways you can help.





# CHILDHOOD PROTECTIVE FACTORS CHECKLIST

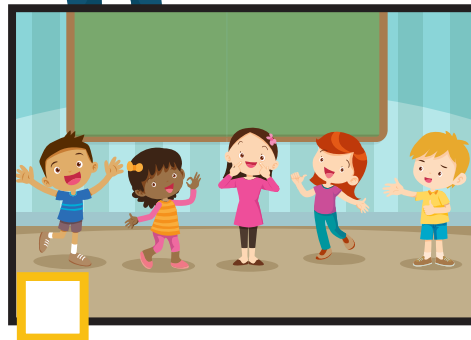
Please check all that are consistent with your experience in your family, school, and community.



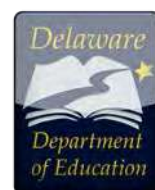
I feel enjoyment and participate regularly in community traditions.



I feel like I belong in my school.



I feel supported by friends.



**PROJECT THRIVE**  
Trauma Health Recovery InnoVation & Engagement

# CHILDHOOD PROTECTIVE FACTORS CHECKLIST

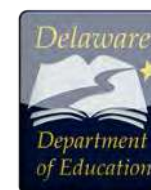
Please check all that are consistent with your experience in your family, school, and community.

- ☐ I can talk with my family about my feelings.
- ☐ My family is supportive during difficult times.
- ☐ I feel enjoyment and participate regularly in community traditions.
- ☐ I feel like I belong in my school.
- ☐ I feel supported by friends.
- ☐ I have at least two non-parent adults who genuinely care about me.

Name #1: \_\_\_\_\_

Name #2: \_\_\_\_\_

- ☐ I feel safe and protected by an adult in my home.



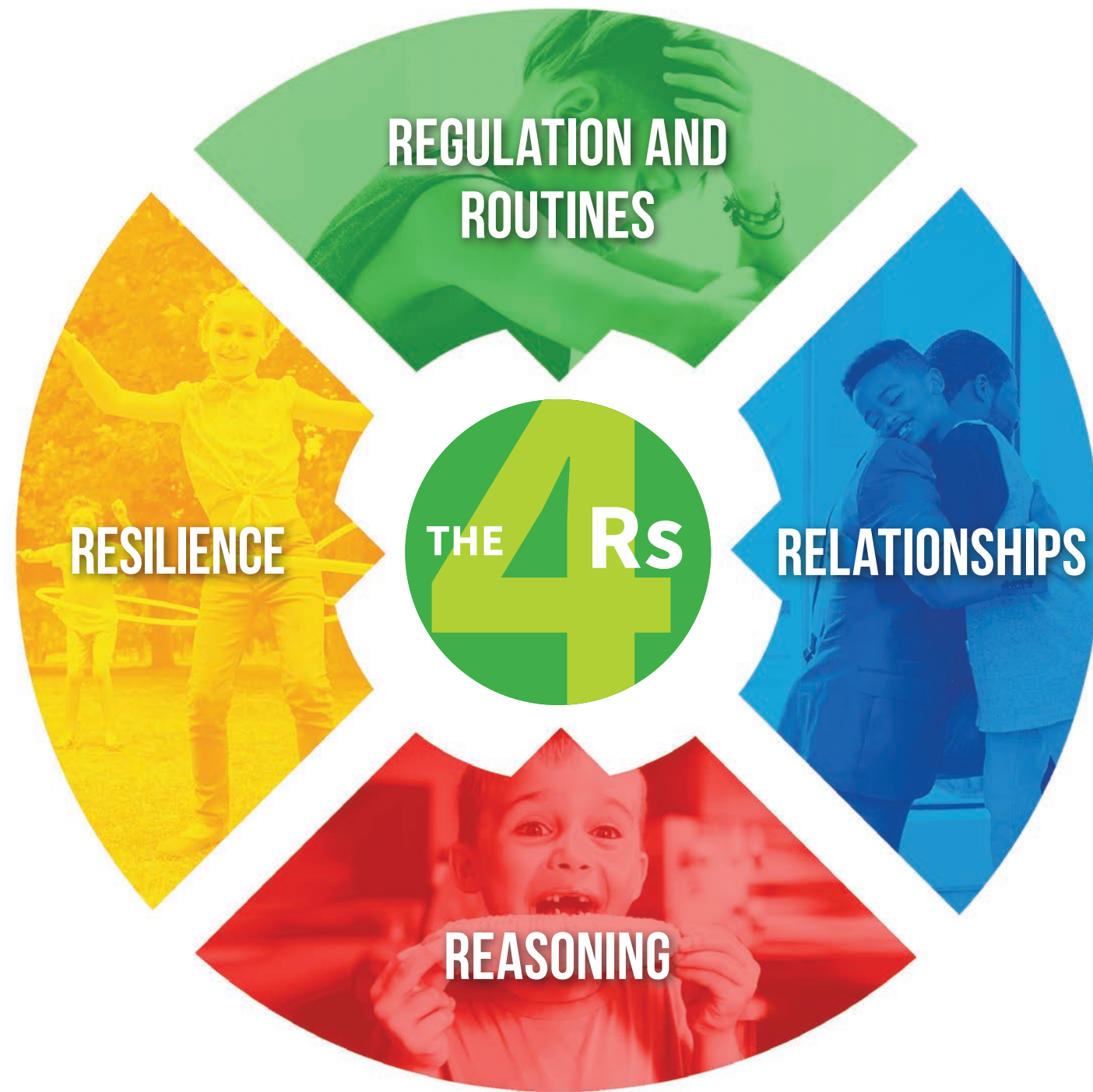
**PROJECT THRIVE**  
Trauma Health Recovery InnoVation & Engagement





## THE 4 Rs<sup>15</sup>

Now that you have a baseline on how your child is feeling and coping, let's talk about ways to help enhance your child's relationship with you and the other important adults and peers in their life. We will start with the 4 Rs.



**Regulation and Routines** is all about the brain, which develops neurosequentially – that means from the body up and inside out. Activity at the brainstem is focused on regulating the brain and keeping it balanced. When it is triggered by fear or anxiety, dysregulation makes it hard for the individual to focus, think, and interact adaptively. To restore regulation after these times, we use strategies that restore balance by either calming or energizing the brain so it returns to a learning ready state.

Routines are scheduled habits that keep children focused, comfortable and regulated. Examples include:

- **Eating meals together at the same time**
- **Regularly scheduled exercise for at least 20 minutes each day**
- **Bedtime routines that allow for a full 8 hours of sleep**
- **Practicing mindfulness a few minutes each day—taking time to be present and to center oneself.**

**Relationships** are important connections between a person and the people in their life. It is important to foster these relationships in positive ways including:

- **Group activities such as fun games or preparing and eating meals together**
- **Giving to others in needs**
- **Fostering connections with peers and teachers**

**Reasoning** skills are essential to thinking, learning, and problem solving with others. These skills take place in the upper region of the brain, called the prefrontal cortex. Reasoning is dependent upon an one's ability to maintain their regulation and connections to others. It involves information processing, memory, storage and recall, as well as critical thinking.

**Resilience** is a person's ability to bounce back and overcome the traumatic events covered earlier in this tool kit. You can help teach resilience by:

- **Coregulating your own and your child's response to stress**
- **Limit their exposure to media, and other triggering types of entertainment**
- **If problems arise, solve them together. This will help your child understand how to look for solutions and refrain from getting upset or frustrated.**
- **Create things to look forward to: after dinner treats, outings, etc.**



# DEESCALATING A SITUATION<sup>35</sup>

If you find yourself in a situation that has or is about to get out of control, it is always important to follow ‘airplane procedure’ and take care of your emotions first. If you’re not calm, you can’t expect to help someone else be calm.

- **Regulate your own emotions**
- **Once you’ve calmed yourself and have a handle on your own emotions, you can begin to help your child**
- **Watch for signs that the child is growing flustered or aggravated**
- **Make sure you are in control of your own body language**
- **Stay calm and be aware of your surroundings**
- **Acknowledge their feelings**
- **Be sure not to talk AT them, but to them.**
- **Keep your movements small and calm**
- **Do not be crowding or demanding**
- **Give them the option to cool down and chill out by themself**
- **Ask them simple questions to engage their cortex**
- **Once things have deescalated, ask them for their help**

If all else fails, turn to Project THRIVE for additional resources and guidance. You can find helpful videos on our youtube page.



# TALK TO YOUR KIDS<sup>36</sup>

There have been a lot of difficult topics covered in this toolkit. One of the hardest parts about being a parent or caregiver is talking to your child about scary or uncomfortable topics. We can help you get started.

## Children 2-6

Most young children do not have enough life experiences to understand large or abstract concepts. Their entire lives revolve around a very small circle of parents, siblings and other primary relationships like their grandparents or even the family pet. Children at this age only understand the world based on how it affects them and those they love. Young children are also very sensitive to their parents and caregivers emotional state, so if you are upset or agitated, you could inspire them to react that way as well. On the other hand, younger children are able to bounce back from trauma more quickly with a loving support system, and it is easier to access younger children from media exposure of the event.

## Children 7-12

At this age children are exposed to much more media content, especially since they can read and write—however, younger members of this age group may still have difficulty understanding what is real, and what isn’t. Because of this, it can be difficult for children to understand complex subjects and perspectives different from their own. Older children in this age range are hitting puberty and beginning to pull away from their parents—exploring new ideas and subjects by themselves. This new independence could also bring them face-to-face with hardcore pornography, violent games, online hate speech and distressing news such as mass shootings or attacks. It is important your child feels comfortable talking to you about things without fear of being judged or punished. Keep in mind the following pieces of advice:

## Teens

Thanks to the prevalence of technology—smartphones, computers, video games, social media, etc—teens and pre-teens are already actively engaged in consuming media content. Children this age are more likely to turn to their peers about embarrassing or sensitive issues rather than their parents or guardians. Encourage your teen to find enriching media to expand their knowledge and horizons and allow them to reason through their arguments.





# ACKNOWLEDGEMENTS

A special thanks to everyone in the Delaware Department of Education who is working to make Delaware a Trauma Informed State.

## DIGITAL DELAWARE

Digital DE serves as Delaware’s online hub for best-in-class instructional, professional development, and family resources for this academic year and beyond. This site is accessible, searchable, and free. Digital DE streamlines access to a variety of digital and online resources for all learning environments.

<https://education.delaware.gov/digital-de/supporting-the-whole-child/trauma-informed-practices/>

## FIND MORE INFORMATION

We hope you have found the information in this toolkit useful. You can find more information about the topics presented in this document at the resources listed below:

### Child Trauma

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types>
- 2. [The biological effects of childhood trauma.](#)

### Bullying

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types/bullying>
- 2. <https://www.verywellfamily.com/types-of-bullying-parents-should-know-about-4153882>
- 3. <https://kidshealth.org/en/parents/bullies.html>
- 4. <https://vpc.org/studies/trauma17.pdf>

### Community Violence

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types/community-violence>

### Complex Trauma

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects>
- 2. <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>

### Intimate Partner / Domestic Violence

- 1. <https://www.missionaustralia.com.au/what-we-do/children-youth-families-and-communities/domestic-family-violence>
- 3. <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence>

### Medical Trauma

- 1. [https://www.nctsn.org/sites/default/files/resources/pediatric\\_toolkit\\_for\\_health\\_care\\_providers.pdf](https://www.nctsn.org/sites/default/files/resources/pediatric_toolkit_for_health_care_providers.pdf)
- 2. <https://www.nationwidechildrens.org/conditions/physical-abuse-trauma#:~:text=Physical%20abuse%20is%20the%20second,risk%20for%20depression%20and%20anxiety>

### Physical Abuse

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types/physical-abuse>
- 2. <https://www.nationwidechildrens.org/conditions/physical-abuse-trauma#:~:text=Physical%20abuse%20is%20the%20second,risk%20for%20depression%20and%20anxiety>.

### Refugee and Migrant Trauma

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma/about-refugees>

### Sexual Abuse

- 1. [https://www.counseling.org/docs/disaster-and-trauma\\_sexual-abuse/long-term-effects-of-childhood-sexual-abuse.pdf?sfvrsn=2](https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/long-term-effects-of-childhood-sexual-abuse.pdf?sfvrsn=2)
- 2. <https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse>
- 3. [https://www.ptsd.va.gov/professional/treat/type/sexual\\_abuse\\_child.asp](https://www.ptsd.va.gov/professional/treat/type/sexual_abuse_child.asp)
- 4. </www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse/effect>

### Sex Trafficking

- 1. <https://www.nctsn.org/what-child-trauma/traumatypes/sex-trafficking/about-child-sex-trafficking>
- 2. <https://www.cnn.com/2020/11/25/us/child-sex-trafficking/index.html>
- 3. <https://liberatechildren.org/blog/what-is-child-trafficking>

### Traumatic Grief

- 1. <https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief/effects>
- 2. <https://tfcbt.org/wp-content/uploads/2014/07/SPI4008271.pdf>
- 3. <https://tfcbt.org/wp-content/uploads/2014/07/SPI4008271.pdf>

### Trauma Informed Approach

- 1. <https://www.isbe.net/Documents/trauma-info-tchrs.pdf>
- 2. [https://www.childwelfare.gov/pubPDFs/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf)
- 3. [https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html](https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html)
- 4. [https://safesupportivelearning.ed.gov/human-trafficking-americas-schools/risk-factors#:~:text=Although%20there%20is%20no%20standard,susceptible%20\(see%20Figure%201\).&text=Researchers%20have%20found%20that%20sex,esteem%2C%20and%20minimal%20social%20support](https://safesupportivelearning.ed.gov/human-trafficking-americas-schools/risk-factors#:~:text=Although%20there%20is%20no%20standard,susceptible%20(see%20Figure%201).&text=Researchers%20have%20found%20that%20sex,esteem%2C%20and%20minimal%20social%20support)
- 5. [https://turnaroundusa.org/resources-three-rs/?utm\\_campaign=Rethinking%20Intervention&utm\\_medium=email&\\_hsmi=109729454&\\_hsenc=p2ANqtz-\\_2aM4sXfddvH9jNRCNXemRz1qP5bggdM\\_14P5mqViOVK5MWyi5yVqqPCnE05BB9GdS8jSoGOWMccMiZWxmQRvia6CPs6u4tZDXAANIGvy4AtdXWNI&utm\\_content=109729454&utm\\_source=hs\\_email](https://turnaroundusa.org/resources-three-rs/?utm_campaign=Rethinking%20Intervention&utm_medium=email&_hsmi=109729454&_hsenc=p2ANqtz-_2aM4sXfddvH9jNRCNXemRz1qP5bggdM_14P5mqViOVK5MWyi5yVqqPCnE05BB9GdS8jSoGOWMccMiZWxmQRvia6CPs6u4tZDXAANIGvy4AtdXWNI&utm_content=109729454&utm_source=hs_email)
- 6. <https://www.doe.k12.de.us/cms/lib/DE01922744/Centricity/Domain/472/De-escalation%20Tips.pdf>
- 7. <https://www.common sense media.org/blog/how-to-talk-to-kids-about-difficult-subjects>

### Additional Trauma Informed Resources

- 1. <https://www.nctsn.org/>
- 2. [https://www.cdc.gov/cpr/infographics/6\\_principles\\_trauma\\_info.htm](https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)
- 3. <https://mentalhealthde.com/>
- 4. <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/trauma>
- 5. <https://kids.delaware.gov/dcpap/dcpap.shtml>