

## Communicating with Children about Parental Injury

Communicating with one's child or children about the war injury of their parent is a difficult, but necessary task. It is natural to want to "protect" children from unpleasant information, but this approach often backfires. Young children, even infants and toddlers, pick up on emotional changes in the family, and often assume the worst. Many parents express concern about *how* to communicate with children of different ages, and *what* to communicate about the parent's injury. Experts in injured family



care have prepared this fact sheet to guide you on communicating with children of all ages at this difficult time. There is also information on preparing children for hospital visits. As an important adult in the life of your wounded service member, your comfort level, especially with regard to your children's experience, is an integral part of the recovery process. We hope this information helps you and your family on the road to recovery.

### When

All children should be told about the injury *early on*, and will have an ongoing "need to know" about their parent's health and treatment throughout recovery and rehabilitation. Young children are less likely to need to know the degree of detail that a teenager would require. Parents should always *be open* to questions their children have *and be prepared to answer* them in a straightforward manner without providing too much information. Even when children don't readily ask questions, parents may open up discussion or reassure the child that they are prepared to talk whenever the child would like or feels ready. In circumstances when parents believe that information is more sensitive or private, children can be reassured that their

questions are understood and respected but that the details are something that will be discussed by parents alone.

### How

#### *Preparing Young Children for a Hospital Visit*

One of the most important aspects of communicating is preparing your children for his/her hospital visit. Preparation should include: 1) reassuring children that although their parent *may look different*, they are *still the same person* who loves and cares about them; 2) describing what the child may see in the hospital setting including medical equipment, other injured or ill patients as well as their own parent; 3) allowing feelings to be expressed and understood; and 4) encouraging the child to ask

### Tips for finding the right time to talk with your child:

- 1) Talk with your child as soon as possible after the injury has occurred. It's natural to want to protect children by withholding bad news, but children can sense from adult behavior when something bad has happened and will become frightened if they don't know what has happened or worry that things are worse than they really are.
- 2) Explain what happened when you feel you can be calm and there will be no disruptions. Children take cues from a parent's behavior. Whatever the child's age, sit with you child and talk at eye level. If you talk calmly about the injury, your child will be better able to take in what you say.
- 3) Use language your child can understand *and don't provide details* to a child who isn't ready to hear them. Children often tell us what they are ready to hear by asking questions or bringing up topics. Use *their* cues to help you better know when the time is right and how much to share.
- 4) Use props for young children. Children ages 5 or 6 and younger may find it helpful if you use a doll or puppet to show where the parent is injured.
- 5) Tell your child what is being done for the parent. It is important to reassure children that the injured parent is receiving the best of care. You can provide some examples.
- 6) Reassure your children that you are safe and they will be cared for. When one parent is injured, children sometimes fear that something bad will happen *to the other* parent. It is important to remind children that you are not in danger and that you or another caregiver (grandparent, aunt or friend) will take care of them and keep them safe.

questions of the family member's medical team and participate in caring for the injured parent if they wish.

### *Helping Children Communicate with Others*

Family, friends and neighbors may continue to ask how their injured parent is doing and what they can do to help. Families often find it helpful to have a "prepared" response — something *brief, clear* and *able to be repeated* as necessary. Parents can help children tell teachers, coaches and other caring adults what would be important for them to know about the family injury. For example, a child might be encouraged to tell some people that "my father was injured in Iraq and was in the hospital for three months. We just moved to this neighborhood, so I'm getting used to a new school, meeting friends and getting back into my favorite sports."

### **Who**

#### *Parent as Communicator*

Children are extremely sensitive to the emotional reactions of their parents. It is perfectly reasonable and expected for parents to be sad, tearful or worried about their loved one's injury. Such expressions can even help children see that their own feelings are normal and shared. However, parental loss-of-control can be disturbing to children and cause them to believe the experience can not be tolerated nor discussed. A parent's emotional steadiness and calmness support a child's sense of safety.

#### *Teenagers*

Communication with teenagers can be challenging throughout injury recovery. Teens find themselves pulled back into families at a time when normal development encourages them to be increasingly independent. They can become irritable and conflicted. Parents should not expect nor encourage the teen to become a "substitute" adult. Parent should also watch

for "acting out" in the form of risk taking such as drinking, drugging or reckless driving.

### *Trusted Adults*

It can be extremely helpful for adults to share information about the parental injury with important and trusted adults in a child's life (e.g. teachers, coaches, ministers), as they may better understand the responses they see in a child and can make themselves more available when needed.

### **Ongoing Communication Needs**

Continued communication with children of all ages remains important, particularly in situations where parents appear physically different, have functional impairments, or demonstrate changes in their personality or cognitive functioning that result in uncharacteristic or frightening behaviors.

### *Younger children*

When injuries lead to longer term impairments, personality changes or cognitive problems in parents, young children will need to be given simple and clear explanations of the behaviors they see (e.g. "remember that I told you daddy's brain was hurt ... sometimes he gets angry easily and he says things that he doesn't mean. That is not your fault... even though he has trouble being in charge of himself, he still loves you.")

### *School aged children*

School aged children may inappropriately accept responsibility for problems that they come to see in their families. They need to be reminded that they are not responsible for these problems. Even though parents may appreciate their helpfulness, children of this age need to be told directly that it is not their job to "fix" problems that have occurred as a result of the injury and its impact.

**PLACE CONTACT INFORMATION HERE**



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A component site of the National Child Traumatic Stress Network*