

# A Teacher's Role in Keeping DHH Students Safe

A guide for parents and teachers of students who are deaf and hard of hearing (DHH), students who are deafblind, and other students with disabilities. This guide provides essential insights and practical strategies to create nurturing environments that prioritize the well-being and development of these vulnerable students.

Understanding and implementing trauma-informed practices is crucial for addressing the unique challenges faced by DHH students, helping them navigate complex situations, and fostering resilience for a safer and healthier future.



# Agenda

## 1 Understanding Elevated Risk

Brief overview of why DHH and disabled students face higher vulnerability

## 2 Spotting Early Signs

Recognizing trauma indicators through a disability-informed lens

## 3 Building Protective Factors

Practical classroom and home strategies to foster safety and resilience

## 4 Creating Healing Spaces

Designing environments that support recovery and growth

## 5 Resources & Community Conversation

Sharing tools, stories, and questions for continued learning



# Understanding Elevated Risk

Children who are deaf or hard of hearing (DHH) and those with other disabilities face unique vulnerabilities that lead to significantly higher risks of maltreatment. Understanding these factors is crucial for creating truly safe and supportive environments.

Key challenges include:

**2-3x higher rates** of maltreatment compared to non-disabled peers

**Communication Barriers:** Difficulties in language access can impede understanding of healthy boundaries and the ability to disclose abuse.

**Increased Dependency:** Many DHH and disabled children rely on adults for personal care, which can inadvertently create opportunities for exploitation.

**Social Isolation:** Limited access to peers and social activities can reduce exposure to safety information and trusted individuals outside the immediate family.

**Challenges with Disclosure:** Fear of not being believed, lack of accessible reporting mechanisms, or dependence on the abuser for communication can prevent disclosure.

**Lack of Comprehensive Sex Education:** Often, these students miss out on age-appropriate education about their bodies, consent, and safe relationships.

This critical knowledge doesn't just inform our vigilance—it fundamentally transforms how we teach, interact, and create responsive and protective environments. It underscores the urgent need for targeted strategies and increased awareness among educators, families, and communities.



# Common

## Misconceptions

Myth: "They'll tell someone if something happens"

DHH children may lack vocabulary for disclosure or fear not being understood. Communication barriers often prevent straightforward reporting.

Myth: "They're too protected to be at risk"

Increased adult contact and dependency can actually create more vulnerability, not less. Higher adult contact doesn't always mean safer environments.

Myth: "Behavioral changes are just part of their disability"

Attributing all behavioral changes to disability rather than trauma can cause us to miss important warning signs that need attention.

Understanding these misconceptions helps us stay alert to the unique ways trauma might present in DHH students, rather than dismissing potential indicators.



# Spotting Early Signs: Behavior Changes

Trauma can manifest in various behavioral shifts that differ from a child's typical presentation. Key indicators to watch for include:

**Withdrawal or social isolation:** A noticeable decrease in interaction with peers or adults, or a preference for solitude.

**Changes in academic engagement:** A sudden drop in participation, difficulty concentrating, or avoidance of tasks they previously enjoyed.

**Increased anxiety or fear:** Exhibiting heightened worry, fear, or hyper-vigilance, especially in situations that previously caused no distress.

**Regression:** Displaying behaviors typical of a younger age, such as thumb-sucking, bedwetting, or increased dependency.

Remember: Single behaviors aren't definitive evidence, but patterns and changes from baseline deserve attention. Trust your intuition when something feels different about a child's presentation.

These changes are often subtle, especially in DHH students, where communication nuances might be missed. Paying close attention to even minor deviations from typical behavior is crucial.



# Behavioral Indicators to

## Monitor Regression &

## Changes

- Sudden bed-wetting or loss of previously mastered skills
- Dramatic shifts in communication willingness
- New reluctance during transitions or with specific people
- Sleep disturbances or nightmares
- Changes in eating patterns (hoarding, refusing food)

## Social & Emotional Signs

- Withdrawal from previously enjoyed activities
- Hypervigilance or being "on alert"
- Unusual sexual knowledge or behavior
- Extreme reactions to minor frustrations
- New aggression or self-harming behaviors
- Flat affect or emotional numbing

For DHH students specifically, watch for reluctance to remove hearing technology at appropriate times or new anxiety around specific interpreters/staff.



# Play & Communication

## Indicators

### Concerning Play Themes

- Repetitive traumatic play without resolution
- Detailed reenactment of concerning events
- Violence, fear, or secrecy dominating play scenarios
- Creating stories where characters are powerless or trapped

### Communication Signals

- Unexplained reluctance to communicate with specific people
- Content suggesting knowledge beyond developmental level
- Using new signs/words for private body parts without education
- Coded disclosure ("I know someone who...")

Consider documenting exact words/signs used and the context. This creates an objective record that can help identify patterns over time.



# Classroom Design to Promote Disclosure

Visual privacy boards for 1:1 check-ins where other students can't see the conversation

Feelings check-in systems with ASL visuals that include options for "worried" and "need to talk"

Body safety posters in ASL/English that normalize conversations about boundaries

Accessibility in all spaces to prevent isolation in areas where supervision is limited

Class agreements about respect and privacy prominently displayed

**Example:** Implement a daily "mood meter" with ASL signs for various emotions, including a specific sign for "I need to talk privately."

These proactive measures are crucial for building a classroom environment where DHH students feel secure enough to express concerns, overcoming potential communication barriers and fostering a culture of trust.

These environmental elements create multiple pathways for children to communicate concerns without having to directly initiate difficult conversations.



# Seeing Through a DHH-Specific Lens

## When Interpreting

### Behavior:

Consider how communication mode affects expression:

- Do they have full language access in all settings?
- Are there environments where they can't communicate easily?
- Does behavior change with different communication partners?
- Are behavioral changes observed more frequently when communicating with specific individuals?

## Contextual Analysis:

Evaluate behaviors against unique DHH experiences:

- Is withdrawal communication frustration or fear?
- Are trust issues related to previous communication barriers?
- Might dependence on adults for interpretation create vulnerability?
- Is there reluctance to engage in specific activities (e.g., removing hearing technology for swim) that only occurs with particular staff members?

A deep understanding of the DHH experience, including communication nuances and potential vulnerabilities, is crucial. For example, a student refusing to remove a cochlear implant for an activity might not just be attached to their device, but could be signaling discomfort or fear related to a specific person or situation.



# Trusting Your Intuition & Reporting

## When Something Feels Wrong

Educators often sense concerns before having concrete evidence. Your intuition is a professional tool developed through experience—trust it and document observations.

## Documentation Best Practices

Record objective observations with dates, times, and context. Note direct quotes/signs used. Avoid interpretation; focus on concrete behavior changes and patterns.

## Reporting Process

You are a mandated reporter. Reports can be made anonymously. Have the child's information ready. Focus on observed facts. Remember: reporting is not accusing—it's requesting professional assessment.

Your role is to report reasonable suspicions, not to investigate or determine if abuse occurred. This is a protective action, not a punitive one.



# Building Protective Factors: Overview

Protective factors are conditions or attributes that help individuals develop resilience and mitigate risks. For DHH students, these factors require intentional cultivation with attention to communication access. Examples include strong communication skills, a positive sense of identity, supportive family and community connections, and accessible environments.

**Full communication access:** Ensuring students have complete and consistent access to language, whether through ASL, spoken language, or other communication modes, in all environments.

**Positive DHH identity:** Fostering a strong sense of self and pride in being Deaf or Hard of Hearing, connecting with Deaf culture and community.

**Supportive relationships:** Building strong bonds with family members, peers, and Deaf role models who provide consistent support and understanding.

**Self-advocacy skills:** Empowering students to communicate their needs, assert their rights, and advocate for themselves in various settings.

**Accessible environments:** Creating inclusive spaces where communication barriers are removed, and DHH students feel safe and fully included.

Research shows that even one caring, consistent adult can significantly increase a child's resilience. As educators and parents, we can be that protective presence while systematically building skills that reduce vulnerability, such as self-advocacy and emotional regulation.

The next slides outline specific protective strategies to implement in classrooms and homes that are particularly effective for DHH and disabled students.



# Teaching Healthy Relationships & Boundaries

## Model Consent in Daily Interactions

Ask permission before touching or adjusting hearing technology. Respect "no" answers when possible. This shows bodily autonomy matters.

## Practice Boundary Scenarios

Role-play refusing unwanted touch, identifying safe/unsafe secrets, and getting help. Make these concrete rather than abstract.

## Explicit Vocabulary Instruction

Teach clear signs/words for body parts, feelings, and safety concepts. Ensure DHH students have language to express discomfort or violations.

## Identify Support Network

Help each student create a visual "Hand of Safety" with 5 trusted adults they can approach with problems or concerns.

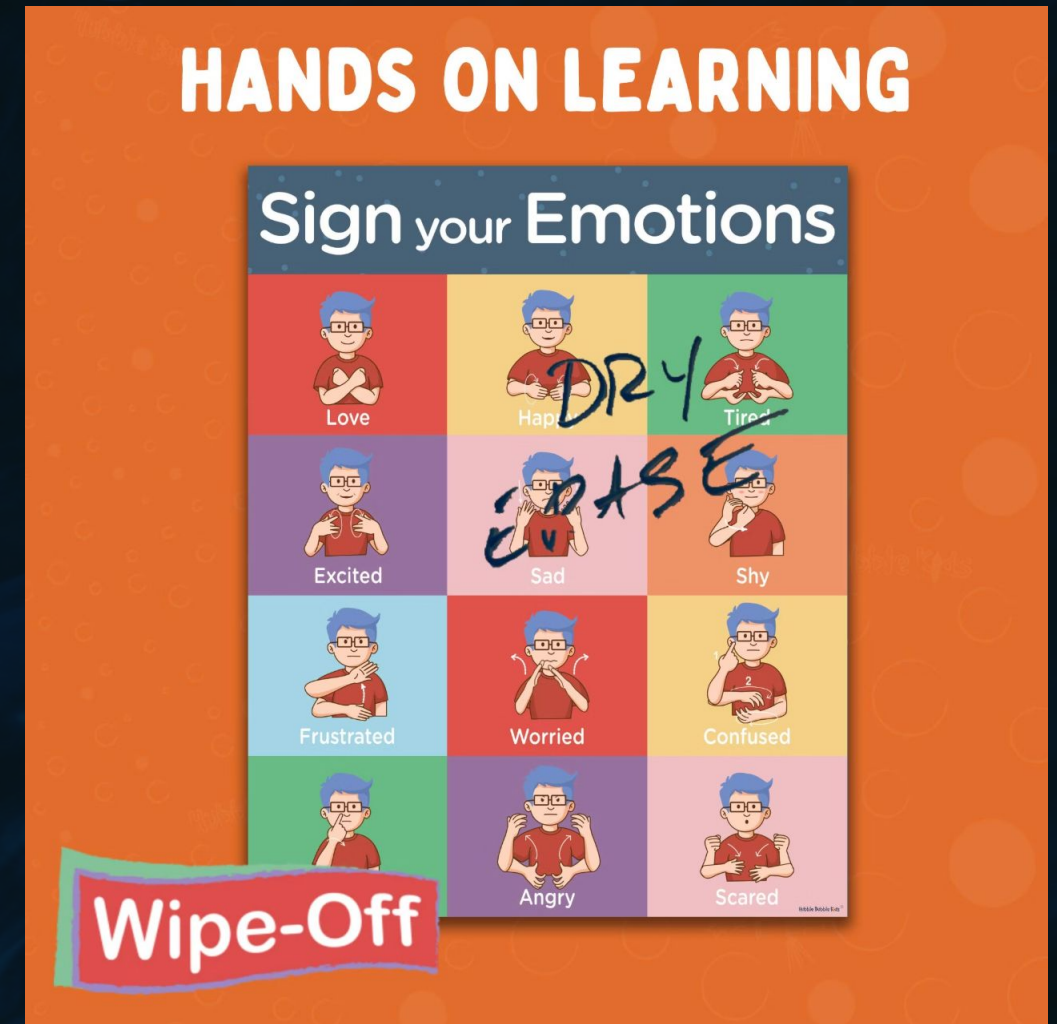


# Developing Theory of Mind & Emotional Literacy

DHH children sometimes experience delays in theory of mind—understanding others' perspectives, thoughts, and feelings. This can impact safety awareness.

## Classroom Strategies:

- Emotions check-ins with visual supports and signs
- "Thought bubble" activities showing different perspectives
- Social stories explicitly linking behaviors to feelings
- Books featuring characters working through complex emotions
- Video modeling with DHH actors demonstrating safety scenarios



Building emotional vocabulary creates pathways for disclosure and helps children recognize when interactions don't feel right.



# Narrative Skills for Safety & Healing

## Why Narrative Matters

The ability to tell a coherent story with beginning, middle, and end helps children disclose concerning events, process experiences, and seek help effectively.

## DHH-Specific Challenges

Limited incidental learning and language access can impact narrative development. Children may struggle with temporal concepts and sequencing needed to report events.

## Classroom Application

Daily opportunities to practice sequencing, temporal language, and complete narratives. Use visual timelines, story maps, and frequent retelling with scaffolding.

## Visual Aids & Storyboards

Encourage the use of visual supports like storyboards, comic strips, or picture cards to help DHH students organize and convey their experiences.



## Sequencing & Timelines

Practice ordering events chronologically using visual timelines or sequential cards to strengthen their ability to recount incidents accurately.



## Role-Playing & Retelling

Provide safe opportunities for students to role-play scenarios and retell stories, building confidence in articulating difficult experiences.



# Daily Check-In Systems

## Implementation Ideas:

- Morning mood meters with movable name tags
- Private signal systems for requesting conversation
- Worry boxes where students can submit written concerns
- Regular 1:1 check-ins with visual privacy boards
- End-of-day reflection with scaled questions

## Key Principles:

- Multiple modalities (writing, signing, drawing)
- Options for different comfort levels
- Consistency and follow-through
- Privacy-conscious design
- Accessible to all communication modes

1

### Mood Meter Check-In

At the start of the day, students move their personalized magnet or sign to indicate their current emotional state on a large visual chart. The chart features expressive faces, colors, and corresponding ASL signs for emotions like happy, sad, angry, and confused.

2

### "Need to Talk" Card

Each student has a small, discreet card (e.g., green on one side, red on the other) on their desk. If they need to speak privately with the teacher, they flip the card to the red side. The teacher then knows to approach them quietly at an appropriate time.

3

### Digital Worry Form

A secure online form accessible via tablet or computer allows students to anonymously submit concerns or questions at any time. This caters to students who prefer to express themselves in writing or who may feel shy about direct verbal/signed disclosure.

4

### Visual 1:1 Schedule

A designated "check-in zone" with a visual schedule (e.g., student photos next to time slots) allows students to sign up for brief individual conversations. Privacy screens can be used to ensure a confidential space for these discussions.



# Classroom as a Healing Space

## Predictable Routines

Visual schedules, transition warnings, and consistent expectations create safety through predictability

## Connection Rituals

Regular community circles, partner activities, and belonging routines to build security



## Sensory Considerations

Quiet corners, fidget tools, lighting options, and noise management for sensory regulation

## Reset Strategies

Calming corners with visual supports for emotion regulation and stress management

When children have experienced trauma, predictability isn't just comforting—it's healing. These environmental supports help regulate the nervous system and build a foundation for learning.



# Helpful Resources & Curricula

## Recommended Materials:

### For Teachers:

**Kidpower Book for Caring Adults** by Irene van der Zande – Comprehensive safety education framework.

**Second Step Child Protection Unit** – Evidence-based curriculum with visual supports.

**Lauren's Kids Curriculum** – Grade-level specific prevention materials.

**Laurent Clerc National Deaf Education Center (Gallaudet University)** – Educational resources and research on deaf education and child protection.

**Trauma-Sensitive Schools Training Modules** – Adaptable for DHH classrooms, focusing on creating supportive learning environments.

### For Parents:

**The Parent's Safety Toolkit** from Hands & Voices O.U.R. Project – DHH-specific resources.

**Hands & Voices Website** – Resources on advocacy, communication, and family support for deaf and hard of hearing children.

### For Children & Teens:

**Kid power Coloring Books** – Accessible safety concepts for young children.

**ASL Storytelling and Literature** – Books featuring deaf characters and stories that teach emotional literacy and self-advocacy (e.g., "Mighty Mila" series).

**"My Body is My Body"** – Visual books and videos for teaching body safety concepts.

**Deaf Teen Online Resources** – Websites and online communities providing support and information for deaf and hard of hearing teenagers.

Look for materials with strong visual components, minimal reliance on auditory processing, and cultural sensitivity.



# Call to Action

1

## Prioritize DHH-Specific Trauma Training

Advocate for and participate in professional development focused on trauma-informed care for DHH students. Seek out specialized workshops, online courses, and experts in the field who understand the unique linguistic, cultural, and communication needs of this population.

2

## Implement and Sustain Proactive Support Systems

Integrate practical strategies like visual daily check-ins, mood meters, and dedicated calming corners into your classroom. Ensure these systems are consistently accessible across all communication modalities, fostering an environment where DHH students feel safe to express their needs and emotions.

3

## Foster Collaborative Home-School Partnerships

Engage families in the trauma-informed journey by sharing resources, strategies, and progress updates. Encourage consistent use of communication methods (e.g., ASL, written notes, visual aids) to bridge the gap between school and home environments, creating a unified support network.

4

## Advocate for Systemic Change and Resource Allocation

Push for school and district-level policies that recognize and address the specific vulnerabilities of DHH students. This includes allocating resources for DHH-friendly mental health services, accessible materials, and ongoing professional training to build a truly inclusive and healing educational system.

Your commitment can transform the lives of DHH students, building resilience and fostering a future where every child feels safe, seen, and supported.



# Call to Action

## For Teachers:

Implement at least one new protective strategy in your classroom this week (e.g., daily emotion check-ins, or introducing a "worry box")

Review your school's reporting procedures and keep contact information accessible (e.g., post a quick reference guide by your desk)

Advocate for trauma-informed training specifically addressing DHH needs (e.g., suggest a workshop on DHH-specific trauma supports to administration)

Create a classroom environment checklist to ensure safety considerations (e.g., a checklist for sensory considerations or safe spaces)

## For Parents:

Include safety goals in your child's IFSP/IEP when appropriate (e.g., goals for self-advocacy or identifying trusted adults)

Practice body autonomy and boundary-setting at home (e.g., asking permission before tickling, or teaching 'no' means no)

Ensure your child has communication access in all environments (e.g., advocating for an interpreter at medical appointments or school events)

Build a network of trusted adults who can communicate effectively with your child (e.g., identifying Deaf role models or ASL-fluent community members)

Remember: You don't need to be perfect—you just need to be present, observant, and willing to act.

## For DHH/Deafblind Students:

Practice telling trusted adults how you feel (e.g., using your mood meter or "need to talk" card)

Learn and use your body safety rules (e.g., knowing "my body is my body" and how to say "no")

Ask for communication help when you need it (e.g., asking for an interpreter, captioning, or clarification)

Connect with other DHH/Deafblind students or role models (e.g., joining a DHH student club or online community)



# Community Conversation

## Discussion Questions

- Have you had a student disclose something difficult? What helped you respond effectively?
- What do you wish someone had told you earlier about noticing signs in DHH children?
- How can parents advocate for safety goals in IFSPs or IEPs when needed?
- What is one element in your classroom that helps students feel safe?
- How do you balance vigilance with avoiding overprotection?

## Contact Information

For follow-up questions or resource requests:

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Hands & Voices O.U.R. Project:

[www.handsandvoices.org/resources/OUR/index.htm](http://www.handsandvoices.org/resources/OUR/index.htm)

Thank you for your commitment to creating safer, more supportive environments for DHH children.