Western Early Childhood Development Project

An Early Years Sector Resource

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An Early Years Guide to Trauma and Development

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Early Childhood Development Project - 2012


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Child Development and Trauma Guide
0-12 months - Possible Indicators of Trauma

Possible indicators of trauma

- Increased tension, irritability, reactivity, and inability to relax
- Increased startle response
- Lack of eye contact
- Sleep and eating disruption
- Fight, flight, freeze response
- Uncharacteristic, inconsolable or ragefull crying and neediness
- Increased fussiness, separation fears and clinginess
- Withdrawal/lack of usual responsiveness
- Limp, displays no interest
- Loss of eating skills
- Loss of acquired motor skills
- Arching back/inability to be soothed
- Uncharacteristic aggression
- Unusually high anxiety when separated from primary caregivers
- Heightened indiscriminate attachment behaviour
- Reduced capacity to feel emotions-can appear numb
- Frozen watchfulness
- Avoids touching new surfaces eg. grass, sand
- other tactile experiences
- Avoids or is alarmed by trauma related reminders, eg. Sights, sounds, smells, textures, tastes and physical triggers
- Loss of acquired language skills
- Genital pain: including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease

Trauma impact

- Neurobiology of brain and central nervous system altered by switched on alarm response.
- Behavioural achanges.
- Regression in recently acquired developmental gains.
- Hyperarousal, hypervigilance and hyperactivity.
- Sleep disruption.
- Loss of acquired motor skills.
- Lowered stress threshold.
- Lowered immune system
- Fear response to reminders of trauma
- Mood and personality changes.
- Loss of, or reduced capacity to manage emotional states or self soothe.
- Insecure, anxious or disorganised at-tachment behaviour.
- Heightened anxiety when separated from primary parent/carer.
- Indiscriminate relating.
- Reduced capacity to feel emotions—can appear numb.
- Cognitive delays and memory difficulties. Loss of acquired communication skills

Parental/carer support following trauma

- Seek, accept and increase support for themselves, to manage their own shock and emotional responses.
- Seek information and advice about the child"s developmental progress.
- Maintain the child"s routines around holding, sleeping and eating.
- Seek support (from partner, kin MCH nurse)
- to understand, and respond to infants cues.
- Avoid unnecessary separations from important caregivers.
- Maintain a calm atmosphere in childs presence. Provide additional soothing activities.
- Avoid exposing child to reminders of trauma.
- Expect child"s temporary regression; and clinginess-don"t panic.
- Tolerate clinginess and independence.
- Take time out to recharge.

Note: This resource is a guide only and whilst some of the indicators may be present it does not always indicate that the cause may be due to Trauma.

Child Development and Trauma Guide
0-12 months - Developmental Trends

0-2 weeks

- Anticipates in relationship with caregivers through facial expression, gazing, fussing, crying
- Is unable to support head unaided
- Hands closed involuntary in the grasp reflex
- Startles at sudden loud noises
- Reflexively asks for a break by looking away, arching back, frowning and crying

By 4 weeks

- Focuses on face
- Follows an object moved in an arc about 15 cm above face until straight ahead
- Changes vocalisation to communicate hunger, boredom and tiredness

By 6-8 weeks

- Participates in and initiates interactions with caregivers through vocalisation, eye contact, fussing and crying
- May start to smile at familiar faces
- May start to 'coo'
- Turns in the direction of a voice

By 3-4 months

- Increasing initiative of interaction with caregivers
- Begins to regulate emotions and self soothe through attachment to primary carer
- Can lie on tummy with head held up to 9o degrees, looking around
- Can wave a rattle, starts to play with own fingers and toes.
- May reach for things to try and hold them
- Learns by looking at, holding and mouthing different objects.
- Laughs out loud.
- Follows an object in an arc about 15 cm above the face for 180 degrees (from one side to the other)
- Notices strangers

May even be able to;

- Keep head level with body when pulled to a sitting position
- Say „ah", „goo" or similar vowel consonant combinations.
- Blow a raspberry.
- Bear some weight on legs when held upright.
- Object if you try to take a toy away

By 6 months

- Uses carer for comfort and security as attachment increases. Is likely to be wary of strangers.
- Keeps head level with body when pulled to sitting.
- Says „ah" , „goo" or similar vowel consonant combinations.
- Sits without support
- Makes associations between what is heard, tasted and felt
- May even be able to roll both ways and help to feed himself.
- Learns and grows by touching and tasting different foods.

By 9 months

- Strongly participates in and initiates interactions with care givers.
- Lets you know when help is wanted and communicates with facial expressions, gestures, sounds or one or two words like „dada" and „mamma"
- Watches reactions to emotions and by seeing you express your feelings, starts to recognise and imitates happy, sad, excited or fearful emotions.
- Unusually high anxiety when separated from parents/carers.
- Is likely to be wary of and anxious with strangers.
- Expresses negative and positive emo-tions. Learns to trust that basic needs will be met. Works to get to a toy out of reach Looks for a dropped object
- May even be able to bottom shuffle, crawl or stand.
- Knows that a hidden object exists.
- Waves goodbye, plays peek-a-boo

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Child Development and Trauma Guide
12 months - 3 Years
Possible Indicators of Trauma

Possible indicators of trauma

- Behavioural changes, regression to behaviour of a younger child.
- Increased tension, irritability, reactivity and inability to relax.
- Increased startle response.
- Sleep and eating disruption.
- Loss of eating skills.
- Loss of recently acquired motor skills.
- Avoidance of eye contact.
- Inability to be smoothed.
- Uncharacteristic aggression.
- Avoids touching new surfaces eg. Grass, sand and other tactile experiences.
- Avoids, or is alarmed by, trauma related reminders, eg. Sights sounds, smells, textures, tastes and physical triggers.
- Fight, flight, freeze.
- Uncharacteristic, inconsolable or rageful crying and neediness.
- Fussiness, separation fears, clinginess.
- Withdrawal/lack of usual responsiveness.
- Loss of self confidence.
- Unusually anxious when separated from primary caregivers.
- Heightened indiscriminate attachment behaviour.
- Reduced capacity to feel emotions—can appear 'numb', apathetic or limp.
- Frozen watchfulness.
- Loss of acquired language skills.
- Inappropriate sexualised behaviour/touching.
- Sexualised play with toys.
- Genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease.

Trauma impact

- Neurobiology of brain and central nervous system altered by switched on alarm response.
- Behavioural changes.
- Regression in recently acquired developmental gains. Hyperarousal, hypervigilance and hyperactivity.
- Sleep disruption.
- Loss of acquired motor skills.
- Lowered stress threshold.
- Lowered immune system.
- Greater food sensitivities Fear response to reminders of trauma Mood and personality changes.
- Loss of, or reduced capacity to manage emotional states or self soothe.
- Insecure, anxious or disorganised at tachment behaviour.
- Heightened anxiety when separated from primary parent/carer.
- Indiscriminate relating.
- Increased resistance to parental direc-tion.
- Reduced capacity to feel emotions—can appear numb.
- Cognitive delays and memory difficulties.
- Loss of acquired communication skills

Parental/carer support following trauma

Encourage parent(s) /carers to

- Seek, accept and increase support for themselves, to manage their own shock and emotional responses.
- Seek information and advice about the child"s developmental progress.
- Maintain the child"s routines around holding, sleeping and eating.
- Seek support (from partner, kin MCH nurse) Avoid unnecessary separations from important caregivers.
- Maintain a calm atmosphere in child"s presence.
- Provide additional soothing activities.
- Avoid exposing child to reminders of trauma.
- Expect child"s temporary regression

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Child Development and Trauma Guide
12 months - 3 Years Developmental Trends

By 12 Months

- Enjoys communicating with family and other familiar people. Seeks comfort and reassurance from familiar objects, carers and is able to be soothed by them.
- Begins to self soothe when distressed.
- Understands a lot more than he can say.
- Expresses feelings with gestures, sounds and facial expressions.
- Expresses more intense emotions and moods.
- Does not like to be separated from familiar people.
- Moves away from things that upset or annoy.
- Can walk with assistance holding on to furniture or hands. Pulls up to standing position.
- Get into a sitting position.
- Claps hands (plays pat -a- cake)
- Indicates wants in ways other than crying.
- Learns and grows in confidence by doing things repeatedly and exploring.
- Picks up objects using thumb andn forefinger in opposition (pincer) grasp.
- Is sensitive to approval and disapproval.

May even be able to;

- Understand cause and effect.
- Understand that when you leave you still exist. Crawl, stand, walk.
- Follow a one step direction— go get your shoes.
- Respond to music.
- Can use at least two words and learning many more.
- Drinks from a cup.
- Can walk and run.
- Says ‘no’ a lot.
- Is beginning to develop a sense of individuality.
- Needs structure, routine and limits to manage intense emotions.
- Let you know what he is thinking and feeling through gestures.
- Pretend play and play alongside others.

By 2 years

- Takes off clothing. „Feeds"/"bathes" a doll, „washes" dishes, likes to help.
- Builds a tower of four or more cubes.
- Recognise/identifies two items in a picture by pointing.
- Plays alone but needs a familiar adult near by. Actively plays and explores in complex ways.

May even be able to;

- String words together.
- Eager to control, unable to share.
- Unable to stop himself doing something unacceptable even after reminders.
- Tantrums.

By 2 1/2 years

- Use 50 words or more.
- Combines words
- Follows a two step command without gestures.
- Alternates between clinginess and independence. Helps with simple household routines.
- Conscience is undeveloped; child thinks ‘I want, I will take it.

By 3 years

- Washes and dries hands.
- Identifies a friend by naming.
- Throws a ball overhand. Speaks and can usually be understood, half the time.
- Uses prepositions—by, to, in, on top of.
- Carries on a conversation with two or three sentences.
- Helps with simple chores.
- May be toilet trained.
- Conscience is starting to develop.

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Child Development and Trauma Guide
3 - 5 Years - Possible Indicators of Trauma

Possible indicators of trauma

- Behavioural changes
- Increased tension, irritability, reactivity and inability to relax.
- Regression to behaviour of younger child. Loss of recently acquired skills (toileting, eating, self care).
- Reduced eye contact.
- Uncharacteristic aggression.
- Loss of focus, lack of concentration and inattentiveness.
- Complains of bodily aches, pains or illness with no explanation.
- Enuresis, encopresis.
- Sleep disturbances, nightmares, night terrors, sleepwalking.
- Fearfulness of going to sleep and being alone at night.
- Inability to seek comfort or be com-forted.
- Mood and personality changes.
- Loss of self esteem and self confidence.
- Separation anxiety from parents/others
- Reduced capacity to feel emotions-may appear numb, limp or apathetic
- Repeated retelling of traumatic event.
- Loss of recently acquired language and vocabulary.
- Loss of interest in activities.
- Loss of energy and concentration in school.
- Sudden intense masturbation..Demonstration of adult sexual knowledge through inappropriate sexualised behaviour.
- Sexualised play with toys.
- Genital pain, inflammation, bruising, bleeding or diagnosis of sexually trans-mitted disease.
- May verbally describe sexual abuse, pointing to body parts and telling about the „game" they played.
- Desexualised drawing.

Trauma impact

- Behavioural changes.
- Regression in recently acquired developmental gains.
- Hyperarousal, hypervigilance and hyperactivity.
- Sleep disturbances, night terrors.
- Enuresis and encopresis
- Loss of toileting and eating skills Loss of, or reduced capacity to attune with caregiver.
- Delayed gross motor and visual/perceptual skills
- Increased need for control.
- Fear of Separation.
- Loss of, or reduced capacity to manage emotional states or self soothe
- Fear of trauma returning.
- Loss of self esteem and self confidence.
- Confusion about trauma evident in play.... Magical explanations and un-clear understanding of causes of bad events.
- Mood and personality changes.
- Loss of, or reduced capacity to manage emotional states or self soothe.
- Vulnerable to anniversary reactions set off by seasonal reminders, holidays and other events.
- Memory of intrusive visual images from traumatic event, may be demonstrated/ recalled in words and play.
- Speech, cognitive and auditory processing delays.

Note: This resource is a guide only and whilst some of the indicators may be present it does not always indicate that the cause may be due to Trauma.

Child Development and Trauma Guide
3 - 5 Years - Developmental Trends

Parental/carer support following trauma

- Seek, accept and increase support for themselves, to manage their own shock and emotional responses.
- Remain calm. Listen to and tolerate child"s retelling of event.
- Respect child"s fears, give child time to cope with fears.
- Protect child from re-exposure to fright-ening situations and reminders of trauma, including scary T.V. Programs, movies, stories and physical or loca-tional reminders of trauma.
- Accept and help the child to name strong feelings during brief conversa-tions(the child cannot talk about these feelings or the experience for long)
- Expect and understand child"s regres-sion while maintaining basic household rules. Expect some difficult or uncharacteris-tic behaviour.
- Seek information and advice about child"s developmental and educational progress.
- Take time out to recharge.

Between 3-4 years

- Communicates freely with family members and familiar others.
- Seeks comfort and reassurance from
- familiar family and carers, and is able to be soothed by them.
-
- Has developing capacity to self soothe when distressed.
- Understands the cause and feelings and can label them.
- Extends the circle of special adults eg. To grand-parents, baby sitters.
- Needs adult help to negotiate conflict. Is starting to manage emotions.
- Is starting to play with other children and share.
- Has real friendships with other children.
- Is becoming more coordinated at run-ning, climbing, and other large muscle play.
- Can walk up steps, throw and catch a large ball using two hands and body.
- Use play tools and may be able to ride a tricycle. Holds crayons with fingers, not fists. Dresses and undresses without much help.
- Communicates well in simple sentences and may understand about 1000 words.
- Pronunciation has improved, likes to talk about own interests.
- Fine motor skill increases, can mark with crayons, turn pages in book.
- Day time toilet training often attained.

Between 4-5 years

- Knows own name and age.
- Is becoming more independent from family.
- Needs structure, routine and limits to manage intense emotions.
- Is asking lots of questions.
- Is learning about differences between people.
- Takes time making up his mind.
- Is developing confidence in physical feats but can misjudge abilities.
- Likes active play and exercise and needs at least 60 minutes of this per day.
- Eye-hand coordination is becoming more practised and refined.
- Cuts along the line with scissors/can draw people with at least „four" parts.
- Shows a preference for being right-handed or left-handed. Converses about topics and understands 2,500—3,000 words.
- Loves silly jokes and „rude" words. Is curious about body and sexuality and role-plays at being grown-up.
- May show pride in accomplishing tasks.
- Conscious is starting to develop, child weighs risks and actions, “I would take it but my parents would find out”.

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Child Development and Trauma Guide
5 - 7 Years - Possible Indicators of Trauma

Possible indicators of trauma

- Behavioural change.
- Increased tension, irritability, reactivity and inability to relax.
- Sleep disturbances, nightmares, night terrors, difficulty falling asleep.
- Regression to behaviour of younger child.
- Lack of eye contact.
- Spacey", distractible, or hyperactive behaviour.
- Toileting accidents/enuresis, encopresis or smearing of faeces.
- Eating disturbances.
- Bodily aches and pains—no apparent reason. Accident proneness.
- Absconding/truanting from school.
- Fire lighting , hurting animals.
- Efforts to distance from feelings of shame, guilt, humiliation, and reduced capacity to feel emotions.
- Obvious anxiety, fearfulness and loss of self esteem. Frightened by own intensity of feelings.
- Specific fears.
- Reduced capacity to feel emotions—may occur „numb" or apathetic.
- „Frozen watchfulness"
- Vulnerable to anniversary reactions caused by seasonal events, holidays etc.
- Repeated retelling of traumatic event.
- Withdrawal, depressed affect. „Blanking out" or loss of concentration when under stress at school with lower-ing of performance.
- Explicit, aggressive, exploitive, sexual-ised relating/engagement with other children.
- Sexualised behaviour towards adults.
- Verbally describes experiences of sex-ual abuse pointing to body parts and telling about the „game" they played.
- Sexualised drawing.
- Excessive concern or preoccupation with private parts and adult sexual behaviour.
- Verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour.
- Running away from home.

Trauma impact

- Changes in behaviour.
- Hyperarousal, hypervigilance, hyperac-tivity.
- Regression in recently acquired developmental gains.
- Sleep disturbances due ti intrusive imagery.
- Enuresis and encopresis.
- Trauma driven, acting out risk taking behaviour. Eating disturbances.
- Loss of concentration and memory.
- Flight into driven activity or retreat from others to manage inner turmoil.
- Post traumatic re-enactments of trau-matic event that may occur secretly and include playmates or siblings.
- Loss of interest in previously pleasur-able activities. Fear of trauma reoccurring.
- Mood or personality change.
- Loss of, or reduced capacity to attune with caregiver.
- Loss of or reduced capacity to manage emotional states and self soothe.
- Increased self-focussing and withdrawal.
- Concern about personal responsibility for trauma. Wish for revenge and action oriented responses to trauma.
- May experience acute distress encoun-tering any reminder of trauma.
- Lowered self esteem.
- Increased anxiety or depression.
- Fearfulness of closeness and love.

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Child Development and Trauma Guide
5 - 7 Years - Possible Indicators of Trauma

Parental/carer support following trauma

- Seek, accept and increase support for themselves to manage their own shock and emotional responses.
- Listen to and tolerate child"s retelling of event respect child"s fears, give child time to cope with fears.
- Increase monitoring and awareness of child"s play, which may involve secretive reenactments of trauma with peers and siblings; set limits on scary of harmful play.
- Permit child to try out new ideas to cope with fearfulness at bedtime; extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare.
- Reassure the older child that feelings of fear or behaviours that feel out of con-trol or babyish eg.
- Night wetting are normal after a frightening experience and that the child will feel more like themselves with time.
- Encourage child to talk about confusing feelings, worries, daydreams, mental review of traumatic images, and disruptions of concentration by accepting the feelings, listening carefully , and reminding child that these are normal but hard reactions following a very scary event.
- Maintain communication with school staff and monitor child"s coping with demands at school or in community activities.
- Expect some time limited decrease in child"s school performance and help the child to accept this as a temporary result of the trauma.
- Protect child from reexposure to fright-ening situations and reminders of trauma, including scary television pro-grams, movies, stories and physical or location reminders of trauma.
- Expect and understand child"s regression or some difficult or uncharacteristic behaviour while maintaining basic household rules.

Trauma impact

- Child is likely to have detailed, long-term and sensory memory for traumatic event. Sometimes the memory is fragmented or repressed.
- Factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted.
- Intrusion of unwanted visual mages and traumatic reactions disrupt concentra-tion and create anxiety often without parent awareness.
- Vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma.
- Speech and cognitive delays.
- Listen for a child"s misunderstanding of a traumatic event, particularly those that involve self blame and magical thinking.
- Gently help child develop a realistic understanding of event. Be mindful of the possibility of anniversary reactions.
- Remain aware of your own reactions to the child"s trauma.
- Provide reassurance to child that feelings will diminish over time.
- Provide opportunities for child to experience control and make choices in daily activities.
- Seek information and advice on child"s developmental and educational progress.
- Provide the child with frequent high protein snacks/ meals during the day.
- Take time out to recharge.

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Child Development and Trauma Guide
5 - 7 Years - Development Trends

- Active, involved in physicalactivity, vigorous play.
- May tire easily. Variation in levels of coordination and skill.
- Many become increasingly proficient in skills, games sports.
- Some may be able to ride bicycle.
- May use hands with dexterity and skill to make things, do craft and build things.
- Has strong relationships within the family and integral place in family dynamics.
- Needs caregiver assistance and structure to regulate extremes of emotion.
- Generally anxious to plese and to gain adult approval, praise and reassurance.
- Conscience is starting to be influenced by internal control or doing the right thing. “I would take it, but if my paremts found out, they would disapprove”.
- Not fully capable of estimating own abilities, may become frustrated by failure.
- Reassured by predictable routines.
- Friendships very important, although they may change regularly.
- May need help moving into and becoming part of a group.
- Some children will maintain strong friendships over the period.
- May be mood swings.
- Able to share, although not all the time.
- Perception of , and level of regard for self, fairly well developed.
- Emerging literacy and numeracy abilities, gaining skills in reading and writing.
- Variable attention and ability to stay on task; attends better if interested.
- Good communication skills, remem-bers, tells and enjoy jokes.
- May require verbal, written and behavioural cues and reminders to follow directions and obey rules.
- Skills in listening and understanding may be more advanced than expression.
- Perspective broadens as experiences at school and in the community expand.
- Most valuable learning occurs through play.
- Rules more likely to be followed if he/she has contributed to them.
- May have strong creative urges to make things.

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