Child development and trauma guide overview

Birth–12 months | 12 months–3 years | 3 years–5 years | 5 years–7 years | 7 years–9 years | 9 years–12 years | 12 years–18 years

This guideline provides staff with information about typical developmental pathways of children and young people and the indicators of trauma at differing ages and stages. Understanding these will inform better practice and assist staff in undertaking initial risk assessments, protective risk assessments and Care and Protection Appraisals.

Understanding the context

Staff should be able to integrate knowledge from child development, child abuse and trauma and importantly, offer practical, age appropriate advice about the needs of children and young people and their parents and carers when trauma has occurred.

There are a further seven age-specific child development and trauma guides:

- see separate Practice Guide: Child development and trauma guide birth–12 months
- see separate Practice Guide: Child development and trauma guide 12 months–3 years
- see separate Practice Guide: Child development and trauma guide 3 years–5 years
- see separate Practice Guide: Child development and trauma guide 5 years–7 years
- see separate Practice Guide: Child development and trauma guide 7 years–9 years
- see separate Practice Guide: Child development and trauma guide 9 years–12 years
- see separate Practice Guide: Child development and trauma guide12 years–18 years.

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Child development and trauma

Staff should be aware of the following perspectives about child development and trauma:

- Children, even at birth, are not 'blank slates'; they are born with a certain neurological make-up and temperament. As children get older, these individual differences become greater as they are affected by their experiences and environment. This is particularly the case where the child is born either drug dependent or with foetal alcohol syndrome.
- Even very young babies differ in temperament (e.g. activity level, amount and intensity of crying, ability to adapt to changes, general mood, etc).
- From birth on, children play an active role in their own development and impact on others around them.
- Culture, family, home and community play an important role in a child's development by impacting on a child's experiences and opportunities. Cultural groups are likely to have particular child rearing values, priorities and practices that will influence a child's development and learning of particular skills and behaviours. The development of a child from a cultural background may vary from traditional developmental norms, which usually reflect an Anglo-Western perspective.
- As a child gets older it becomes increasingly difficult to list the achievement of specific developmental milestones as this depends on the practice opportunities and experiences available to the child (e.g. a child will not be able to ride a bicycle unless they have access to a bicycle).
- Development does not occur in a straight line or evenly; development progresses in a sequential manner. It is essential to note that while the path of development is somewhat predictable, there is variation in what is considered 'normal development' (ie. no two children develop in exactly the same way).
- The pace of development is more rapid in the very early years than at any other time in life.
- Every area of development impacts on other areas; developmental delays in one area will impact on the child's ability to consolidate skills and progress through to the next developmental stage.
- Most experts now agree that both nature and nurture interact to influence almost every significant aspect of a child's development.
- General health affects development and behaviour. Minor illnesses will have short to medium term effects, while chronic health conditions can have long-term effects. Nutritional deficiencies will also have negative impacts on developmental progression.
- Specific characteristics and behaviours are indicative only. Many developmental characteristics should be seen as 'flags' of a child's behaviour that may need to be looked at more closely, if a child is not meeting them.

Some important points about development

Staff should be aware about the following aspects of child development:

- Except where there are obvious signs, staff would need to see a child a number of times to establish that there is something wrong. Staff should keep in mind that if children are in a new or 'artificial' situation, unwell, stressed, interacting with someone they do not know, or if they need to be fed or changed, then their behaviour will be affected. Premature babies, or those with low birth weights or a chemical dependency, will generally take longer to reach developmental milestones.
- The indicators of trauma should not become judgements about the particular child or family made in isolation from others who know the child and family well, or from other sources of information. However, they are a useful alert that a more thorough contextual assessment may be required.

- Children need stable, sensitive, loving, stimulating relationships and environments in order to reach their potential. Children are particularly vulnerable to witnessing and experiencing violence, abuse and neglectful circumstances. Abuse and neglect at the hands of those who are meant to care is particularly distressing and harmful for infants, children and adolescents.
- Given that an infant's primary drive is towards attachment, not safety, they will accommodate to the parenting style they experience. In more chronic and extreme circumstances, they will show a complex trauma response. An infant can eventually make meaning of their circumstances by believing that the abuse is their fault and that they are inherently 'bad'.
- Infants, children and adults will adapt to frightening and overwhelming circumstances by the body's survival response, where the autonomic nervous system will become activated and switch on to the freeze/fight/flight response. Immediately, the body is flooded with a biochemical response which includes adrenalin and cortisol, and the child feels agitated and hypervigilant. Infants may show a 'frozen watchfulness' and children and young people can dissociate and appear to be 'zoned out'. Prolonged exposure to these circumstances can lead to 'toxic stress' that changes the child's brain development, sensitises the child to further stress, leads to heightened activity levels and affects future learning and concentration. Most importantly, it impairs the child's ability to trust and relate to others. When children are traumatised, they find it very hard to regulate behaviour and soothe or calm themselves. They often attract the description of being 'hyperactive'.
- Babies are particularly attuned to their primary carer and will sense their fear and traumatic stress; this is particularly the case where family violence is present. They will become unsettled and therefore more demanding of an already overwhelmed parent. The first task of any service response is to support the non-offending parent.
- Traumatic memories are stored differently in the brain compared to everyday memories. They are encoded in vivid images and sensations and lack a verbal narrative and context. As they are unprocessed and more primitive, they are likely to flood the child or adult when triggers like smells, sights, sounds or internal or external reminders present at a later stage. These flashbacks can be affective (ie. intense feelings, that are often unspeakable; or cognitive, vivid memories or parts of memories, which seem to be actually occurring). Alcohol and drug abuse are the classic and usually most destructive attempts to numb out the pain and avoid these distressing and intrusive experiences.
- Children are particularly vulnerable to flashbacks at quiet times or at bedtime and will often avoid both, by acting out at school and bedtime. They can experience severe sleep disruption, intrusive nightmares which add to their 'dysregulated' behaviour, and limits their capacity at school the next day. Adolescents will often stay up all night to avoid the nightmares and sleep in the safety of the daylight. Self harming behaviours release endorphins which can become a habitual response.
- Cumulative harm can overwhelm the most resilient child and particular attention needs to be given to understanding the complexity of the child's experience. These children require calm, patient, safe and nurturing parenting in order to recover, and may well require a multi-systemic response to engage the required services to assist.
- The recovery process for children and young people is enhanced by the belief and support of non-offending family members and significant others. They need to be made safe and given opportunities to integrate and make sense of their experiences.
- It is important to acknowledge that parents can have the same post-traumatic responses and may need ongoing support. Parents should be supported to manage their responses to their children's trauma. It is normal for parents to feel overwhelmed and suffer shock, anger, severe grief, sleep disturbances and other trauma related responses. Case practice needs to be child centred and family sensitive.

Factors that pose risks to healthy child development

Staff should be aware that the presence of one or more child, family, parent or community risk factors, alongside a cluster of trauma indicators, may greatly increase the risk to a child's wellbeing. The presence of these risk factors should flag the need for further child and family assessment.

Child and family risk factors

- family violence (current or past)
- mental health issue or disorder including self-harm and suicide attempts (current or past)
- alcohol/substance abuse and addictive behaviours (current or past)
- disability or complex medical needs (e.g. intellectual/physical disability, acquired brain injury)
- newborn, prematurity, low birth weight, chemically dependent, foetal alcohol syndrome, feeding/sleeping/settling difficulties, prolonged and frequent crying
- unsafe sleeping practices for infants (e.g. side or tummy sleeping; ill-fitting mattress; cot cluttered with pillows, bedding, or soft toys that can cover infant's face; co-sleeping with sibling or with parent who is on medication, drugs/alcohol or smokes; sleeping on a couch; exposure to cigarette smoke)
- disorganised or insecure attachment relationship (e.g. child does not seek comfort or affection from caregivers when in need)
- developmental delay
- history of neglect or abuse, state care, child death or placement of child or siblings
- separations from parents or caregivers
- parent, partner, close relative or sibling with a history of assault, prostitution or sexual offences
- experience of intergenerational abuse/trauma
- compounded or unresolved experiences of loss and grief
- chaotic household/lifestyle/problem gambling
- poverty, financial hardship, unemployment
- social isolation (e.g. family, extended family, community and cultural isolation)
- inadequate housing/transience/homelessness
- lack of stimulation and learning opportunities, disengagement from school, truanting
- inattention to developmental health needs/poor diet
- living in a disadvantaged community
- racism
- recent refugee experience.

Parent risk factors

- parent/carer under 20 years of age or under 20 years at birth of first child
- lack of willingness or ability to prioritise child's needs above own needs
- rejection or scapegoating of child
- harsh, inconsistent discipline, neglect or abuse
- inadequate supervision of child or emotional enmeshment
- single parenting/multiple partners
- inadequate antenatal care or alcohol/substance abuse during pregnancy.

Wider factors that influence positive outcomes

- sense of belonging to home, family, community and a strong cultural identity
- pro-social peer group
- positive parental expectations, home learning environment and opportunities at major life transitions
- access to child and adult focused services (e.g. health, mental health, maternal and child health, early intervention, disability, drug and alcohol, family support, family preservation, parenting education, recreational facilities and other child and family support and therapeutic services)
- accessible and affordable child care and high quality preschool programs
- inclusive community neighbourhoods/settings
- the understanding of neglect and abuse in the service system.

Published by:
Community Services Directorate
ACT Government
www.act.gov.au
JULY 2014