every child every chance

a good childhood is in everyone's best interests

Child development and trauma guide

Some important points about this guide

This guide has been prepared because of the importance of professionals in the Family Services, Child Protection and Placement and Support areas understanding the typical developmental pathways of children and the typical indicators of trauma at differing ages and stages. It is intended to inform good practice and assist with the task of an overall assessment, and of itself is not a developmental or risk assessment framework. Rather, it is a prompt for busy workers to integrate knowledge from child development, child abuse and trauma and importantly to offer practical, age appropriate advice as to the needs of children and their parents and carers when trauma has occurred.

Engaging families, carers, significant people and other professionals who know the child well as a source of information about the child, will result in a more complete picture. It is essential to have accurate information about the values and child rearing practices of the cultural group to which a child belongs, in order to appreciate that child's development.

The following points give an essential perspective for using the information in the child development and trauma resource sheets about specific age groups:

- 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 eg. 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 children's development, as they impact on a child's experiences and opportunities. Cultural groups are likely to have particular values, priorities and practices in child rearing that will influence children's development and learning of particular skills and behaviours. The development of children from some cultural backgrounds will vary from traditional developmental norms, which usually reflect an Anglo–Western perspective.

- As children get older, it becomes increasingly difficult to list specific developmental milestones, as the achievement of many of these depends very much on the opportunities that the child has to practice them, and also, on the experiences available to the child. 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, although it is essential to note that while the path of development is somewhat predictable, there is variation in what is considered normal development. That is to say 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 specific developmental characteristics should be seen as 'flags' of a child's behaviour, which may need to be looked at more closely, if a child is not meeting them. Workers should refer to the Best Interests Case Practice Model and relevant specialist assessment guides in undertaking further assessments of child and family.

Some important points about development

The information in this resource provides a brief overview of typically developing children. Except where there are obvious signs, you would need to see a child a number of times to establish that there is something wrong. 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 and is not likely to be typical for that child. Premature babies, or those with low birth weights, or a chemical dependency, will generally take longer to reach developmental milestones.

The indicators of trauma listed in this guide 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.

There has been an explosion of knowledge in regard to the detrimental impact of neglect and child abuse trauma on the developing child, and particularly on the neurological development of infants. It is critical to have a good working knowledge of this growing evidence base so that we can be more helpful to families and child focused. For a more thorough exploration of the relevant theoretical, research and evidence base, it is recommended that you read the papers on the Best Interests principles, cumulative harm and stability, which are available on the every child every chance website:
www.dhs.vic.gov.au/everychildeverychance
The following basic points are useful to keep in mind and to discuss with parents and young people:

- Children need stable, sensitive, loving, stimulating relationships and environments in order to reach their potential. They 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 the infant's primary drive is towards attachment, not safety, they will accommodate to the parenting style they experience. Obviously they have no choice given their age and vulnerability, and in more chronic and extreme circumstances, they will show a complex trauma response. They 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' for a child which changes the child's brain development, sensitises the child to further

0 - 12 months • 12 months - 3 years • 3 - 5 years • 5 - 7 years • 7 - 9 years • 9 - 12 years • 12 - 18 years

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 is to support the non-offending parent and to engage the family in safety.

- 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*, i.e. intense feelings, that are often unspeakable; or *cognitive*, i.e. 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 bedtimes and will often avoid both, by acting out at school and bedtimes. 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 an 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. Workers need to engage parents in managing 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 which pose risks to healthy child development

The presence of one or more risk factors, alongside a cluster of trauma indicators, may greatly increase the risk to the child's wellbeing and should flag the need for further child and family assessment, using the Best Interests Case Practice Model.

The following risk factors can impact on children and families and the caregiving environment:

Child and family risk factors

- family violence, current or past

- mental health issue or disorder, current or past (including self-harm and suicide attempts)

- alcohol/substance abuse, current or past, addictive behaviours

- disability or complex medical needs eg. intellectual or 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 eg. side or tummy sleeping, ill-fitting mattress, cot cluttered with pillows, bedding, or soft toys which can cover infant's face, co-sleeping with sibling or with parent who is on medication, drugs/alcohol or smokes, using other unsafe sleeping place such as a couch, or exposure to cigarette smoke

- disorganised or insecure attachment relationship (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 (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

- disadvantaged community

- racism

- recent refugee experience

Parent risk factors

- parent/carer under 20 years or under 20 years at birth of first child

- lack of willingness or ability to prioritise child's needs above own

- 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 eg. 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

- service system's understanding of neglect and abuse.

Resources

Other useful websites

The Raising Children Network
raisingchildren.net.au

An essential part of this resource is the references to the Raising Children Network. This is an Australian website, launched in 2006, on the basics of raising children aged 0-8 years.

Talaris Developmental Timeline
www.talaris.org

A research based timeline about how children develop in the first 5 years.

Infant Mental Health
www.zerotothree.org

Zero to Three website has a relational and mental health focus.

Royal Children's Hospital (RCH)
Phone (03) 9345 5522

www.rch.org.au

Royal Children's Hospital Centre for Community Child Health

www.rch.org.au/ccch

Parenting Research Centre
www.parentingrc.org.au

Victorian Government

Health Channel
www.betterhealth.vic.gov.au

Health and medical information for consumers, quality assured by the Victorian Government.

Child Protection and Family Services (Victorian Government)

www.office-for-children.vic.gov.au

every child every chance and Looking After Children websites

www.dhs.vic.gov.au/everychildeverychance

Child and Adolescent Mental Health Services

www.health.vic.gov.au/mentalhealth/services/child/index

Department of Education and Training Student Support Services

www.sofweb.vic.edu.au/wellbeing/index.htm

Victorian Aboriginal Child Care Agency (VACCA)

www.vacca.org.au

Trauma websites

Child Trauma Academy

www.childtraumaacademy.com

International Society for Traumatic Stress Studies

www.istss.org

Traumatology

www.fsu.edu/~trauma

Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy

www.tsicaap.com

Telephone services

Parentline **13 22 89**

Maternal and Child Health line **13 22 29**
(up to 6 years of age)

Nurse on Call **1300 60 60 24**
24 hour health advice and information from a Registered Nurse.

Bibliography

Raising Children Network raisingchildren.net.au

Zero to Three website www.zerotothree.org

Levy, T.M and Orlans, M. 1998, *Attachment, Trauma and Healing*. CWLA Press, Washington

Department of Human Services, May 2001, *Child Health and Development: Birth to 18 Years for Professionals* (Chart), Melbourne, Victoria.

Frederico, M., Jackson, A. and Jones, S. July 2006, *'Child Death Group Analysis: Effective Responses to Chronic Neglect.'* Victorian Child Death Review Committee. Office of the Child Safety Commissioner, Melbourne, Victoria.

Monaghan, C. 1993, *'Children and Trauma: A Guide for Parents and Professionals.'* Jossey-Bass, San Francisco

Paxton, G and Munro, J and Marks, M. (Editors), 2003, *'Paediatric Handbook, Seventh Edition'* by the staff of the Royal Children's Hospital. Blackwell Publishing Pty Ltd, Melbourne, Victoria

Jim Greenman and Anne Stonehouse, 1996, *Prime Times: a Handbook for Excellence in Infant and Toddler Care* (1st edition), Redleaf Press, St Paul Minnesota.

Sheridan, M. Revised and updated by Frost, M and Dr Sharma, A. 1988, *'From Birth to Five Years: Children's Developmental Progress'*. ACER press

Shonkoff, Jack. P. and Phillips, Deborah. A. 2000, *'From Neurons to Neighbourhoods: the Science of Early Childhood Development',* National Research Council Institute of Medicine, National Academy Press, Washington DC

State Government Victoria
Department of Human Services