

Child Development and Trauma Specialist Practice Resource: 3 – 5 Years



Developmental Trends		
The Following information needs to be understood in the context of the overview statement on child development:		
By 3-4 years		
<ul style="list-style-type: none"> • 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 of feelings and can label them • extends the circle of special adults e.g. to grandparents, baby-sitter 	<ul style="list-style-type: none"> • 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 running, climbing, and other large-muscle play • can walk up steps, throw and catch a large ball using two hands and body 	<ul style="list-style-type: none"> • uses 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 a book • day time toilet training often attained



Between 4-5 years		
<ul style="list-style-type: none"> • 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/her mind 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • converses about topics and understands 2500 to 3000 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 • conscience is starting to develop, child weighs risks and actions; "I would take it but my parents would find out..."

Possible Indicators of Trauma		
<ul style="list-style-type: none"> • behavioral changes • increased, tension, irritability, reactivity, and inability to relax • regression to behaviour of younger child • uncharacteristic aggression • reduced eye contact 	<ul style="list-style-type: none"> • loss of focus, lack of concentration and inattentiveness • complains of bodily aches, pains or illness with no explanation • loss of recently acquired skills (toileting, eating, self-care) • lack of control over bladder and bowel movements 	<ul style="list-style-type: none"> • sleep disturbances, nightmares, night terrors, sleepwalking • fearfulness of going to sleep and being alone at night • inability to seek comfort or to be comforted
<ul style="list-style-type: none"> • mood and personality changes • obvious anxiety and fearfulness • withdrawal and quieting specific, trauma-related fears; general fearfulness • obvious intense repetitive play • involvement of playmates in trauma related play at school and day care • separation anxiety with parents/others 	<ul style="list-style-type: none"> • loss of self-esteem and self-confidence • reduced capacity to feel emotions - may appear 'numb', limp, apathetic • repeated retelling of traumatic event • loss of recently acquired language and vocabulary • loss of interest in activities • loss of energy and concentration at school 	<ul style="list-style-type: none"> • sudden intense masturbation • demonstration of adult sexual, knowledge through inappropriate sexualised behaviour • genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease • sexualised play with toys • may verbally describe sexual abuse, pointing to body parts and telling about the 'game' they played • sexualised drawing

Trauma impact

<ul style="list-style-type: none"> behavioral changes hyperarousal, hypervigilance, hyperactivity loss of toileting and eating skills 	<ul style="list-style-type: none"> regression in recently acquired developmental gains sleep disturbances, night terrors 	<ul style="list-style-type: none"> lack of control over bladder and bowel movements delayed gross motor and visual-perceptual skills
<ul style="list-style-type: none"> fear of trauma recurring mood and personality changes loss of, or reduced capacity to attune with caregiver loss of, or reduced capacity to manage emotional states or self soothe increased need for control fear of separation 	<ul style="list-style-type: none"> loss of self-esteem and self confidence confusion about trauma evident in play... magical explanations and unclear understanding of causes of bad events vulnerable to anniversary reactions set off by seasonal reminders, holidays, and other events 	<ul style="list-style-type: none"> memory of intrusive visual images from traumatic event may be demonstrated/ recalled in words and play at the older end of this age range, children are more likely to have lasting, accurate verbal and pictorial memory for central events of trauma speech, cognitive and auditory processing delays

Parental / carer support following trauma

<p>Encourage parent(s) carers to:</p> <ul style="list-style-type: none"> 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 frightening situations and reminders of trauma, including scary TV programs, movies, stories, and physical or locational reminders of trauma 	<ul style="list-style-type: none"> accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long) expect and understand child's regression while maintaining basic household rules expect some difficult or uncharacteristic behaviour seek information and advice about child's developmental and educational progress take time out to recharge
---	--



Reference:

*Australian Victorian State Government Health and Human Services
 Adapted for a global audience by Get into Neurodiversity.*