



# Child Development and Trauma Specialist Practice Resource: 12-18 Years



| Developmental Trends  |   |   |  |  |
|---|---|---|--|--|
| The Following information needs to be understood in the context of the overview statement on child development:   |   |   |  |  |
| Physical skills   |   |   |  |  |
| <ul> <li>significant physical growth and<br/>body changes</li> <li>develops greater expertise/skills<br/>in sport</li> </ul>  | <ul> <li>changing health needs for<br/>diet, rest, exercise, hygiene<br/>and dental care</li> <li>puberty, menstruation</li> <li>sexuality and contraception</li> </ul> | <ul> <li>increased need for nutritious<br/>balanced diet, including<br/>adequate calcium, protein and<br/>iron</li> </ul> |  |  |
| Self concept  |   |   |  |  |
| <ul> <li>can be pre-occupied with self</li> <li>secondary sex characteristics<br/>affect self concept, relationships<br/>with others and activities<br/>undertaken</li> </ul> | <ul> <li>dealing with own sexuality and that of peers</li> <li>developing identity based on gender and culture</li> </ul>   | <ul> <li>becoming an adult, including<br/>opportunities and challenges</li> </ul>   |  |  |
| Cognitive and creative characteristics  |   |   |  |  |
| <ul> <li>thinks logically, abstractly and solves problems thinking like an adult</li> <li>may take an interest in/develop opinions about community or world events</li> </ul> | <ul> <li>can appreciate others'<br/>perspectives and see a problem<br/>or situation from different angles</li> </ul>  | <ul> <li>career choice may be realistic,<br/>or at odds with school<br/>performance and talents</li> </ul>                |  |  |

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| Social-emotional development   |  |   |  |  |
|--|--|---|--|--|
| <ul> <li>empathy for others</li> <li>ability to make decisions (moral)</li> <li>values and a moral system<br/>become firmer and affect views<br/>and opinions</li> <li>spends time with peers for social<br/>and emotional needs beyond<br/>parents and family</li> <li>peer assessment influences self<br/>concept, behaviour/need to<br/>conform</li> <li>girls have 'best friends', boys<br/>have 'mates</li> </ul> | <ul> <li>may explore sexuality by<br/>engaging in sexual behaviours<br/>and intimate relationships</li> <li>develops wider interests</li> <li>seeks greater autonomy<br/>personally, in decision making</li> <li>more responsible in tasks at<br/>home, school and work</li> <li>experiences emotional turmoil,<br/>strong feelings and<br/>unpredictable mood swings</li> </ul> | <ul> <li>interdependent with parents and family</li> <li>conflict with family more likely through puberty</li> <li>able to negotiate and assert boundaries</li> <li>learning to give and take (reciprocity)</li> <li>focus is on the present - may take significant risks</li> <li>understands appropriate behaviour but may lack self control/insight</li> </ul> |  |  |
| Possible Indicators of Trauma  |  |   |  |  |
| <ul> <li>increased, tension, irritability, reactivity, and inability to relax</li> <li>accident proneness</li> <li>reduced eye contact</li> <li>sleep disturbances, nightmares</li> </ul>  | <ul> <li>lack of control over bladder<br/>and bowel movements</li> <li>eating disturbances/disorders</li> <li>absconding or truanting and<br/>challenging behaviours</li> <li>substance abuse</li> </ul>   | <ul> <li>aggressive/violent behaviour</li> <li>firelighting, hurting animals</li> <li>suicidal ideation</li> <li>self harming eg. cutting, burning</li> </ul>   |  |  |
| <ul> <li>efforts to distance from feelings of<br/>shame and humiliation</li> <li>loss of self-esteem and self<br/>confidence</li> </ul>  | <ul> <li>increased self-focusing and<br/>withdrawal</li> <li>reduced capacity to feel<br/>emotions – may appear 'numb'</li> </ul>  | <ul> <li>trauma flashbacks</li> <li>acute awareness of parental reactions; wish to protect parents from own distress</li> </ul>   |  |  |

- acute psychological distress
- personality changes and changes in quality of important relationships evident
- wish for revenge and action oriented responses to trauma
- partial loss of memory and ability to concentrate
- sexually exploitive or aggressive interactions with younger children
- sexually promiscuous behaviour or total avoidance of sexual involvement
- running away from home







|  | Trauma impact  |   |
|--|--|---|
| <ul> <li>sleep disturbances, nightmares</li> <li>hyperarousal, hypervigilance,<br/>hyperactivity</li> <li>eating disturbances or disorders</li> <li>trauma acting out, risk taking,<br/>sexualised, reckless, regressive or<br/>violent behaviour</li> </ul>   | <ul> <li>flight into driven activity and<br/>involvement with others or<br/>retreat from others in order to<br/>manage inner turmoil</li> <li>vulnerability to withdrawal and<br/>pessimistic world view</li> </ul>  | <ul> <li>vulnerability to depression, anxiety,<br/>stress disorders, and suicidal<br/>ideation</li> <li>vulnerability to conduct,<br/>attachment, eating and<br/>behavioural disorders</li> </ul>   |
| <ul> <li>mood and personality changes<br/>and changes in quality of<br/>important relationships evident</li> <li>loss of, or reduced capacity to<br/>attune with caregiver</li> <li>loss of, or reduced capacity to<br/>manage emotional states or self<br/>soothe</li> <li>lowered self-esteem</li> </ul> | <ul> <li>flight into adulthood seen as way of escaping impact and memory of trauma (early marriage, pregnancy, dropping out of school, abandoning peer group for older set of friends)</li> <li>fear of growing up and need to stay within family orbit</li> </ul> | <ul> <li>Memory for trauma includes:</li> <li>acute awareness of and distress with intrusive imagery and memories of trauma</li> <li>vulnerability to flash backs, episodes of recall, anniversary reactions and seasonal reminders of trauma</li> <li>may experience acute distress encountering any reminder of trauma</li> <li>partial loss of memory and</li> </ul> |



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concentration





## Parental / carer support following trauma

### Encourage parent(s) carers to:

- seek, accept and increase support for themselves to manage their own shock and emotions
- remain calm encourage younger and older adolescents to talk about traumatic event with family members
- provide opportunities for young person to spend time with friends who are supportive and meaningful
- reassure young person that strong feelings whether of guilt, shame, embarrassment, or wish for revenge – are normal following a trauma
- help young person find activities that offer opportunities to experience mastery, control, and self-esteem
- encourage pleasurable physical activities such as sports and dancing
- monitor young person's coping at home, school, and in peer group

- address acting-out behaviour involving aggression or self destructive behaviour quickly and firmly with limit setting and professional help
- take signs of depression, self harm, accident proneness, recklessness, and persistent personality change seriously by seeking help
- help young person develop a sense of perspective on the impact of the traumatic event and a sense of the importance of time in recovering
- encourage delaying big decisions
- seek information/advice about young person's developmental and educational progress
- provide the young person with frequent high protein snacks/ meals during the day
- take time to recharge



### Reference:

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