

# Child Development and Trauma Specialist Practice Resource: 9-12 Years



Developmental Trends		
The Following information needs to be understood in the context of the overview statement on child development:		
Physical skills		
<ul style="list-style-type: none"> <li>• large and fine motor skills becoming highly coordinated</li> <li>• enjoys risk taking</li> </ul>	<ul style="list-style-type: none"> <li>• does well at games/sports requiring skill, strength and agility</li> </ul>	<ul style="list-style-type: none"> <li>• may look more adult-like in body shape, height and weight</li> <li>• risk taking</li> </ul>
Social-emotional development		
<ul style="list-style-type: none"> <li>• growing need and desire for independence and separate identity</li> <li>• may challenge parents and other family members</li> <li>• parents and home important, particularly for support and reassurance</li> <li>• growing sexual awareness and interest in the opposite gender</li> </ul>	<ul style="list-style-type: none"> <li>• may experience embarrassment, guilt, curiosity and excitement because of sexual awareness</li> <li>• girls may reach puberty during this time</li> <li>• belonging to a group is extremely important; peers largely influence identity/self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• often interact in pairs or small groups; each member has status and position</li> <li>• groups generally one gender, although interact with the other</li> <li>• strong desire to have opinions sought and respected</li> </ul>
Cognitive and creative characteristics		
<ul style="list-style-type: none"> <li>• beginning to think and reason in a more logical adult-like way</li> <li>• capable of abstract thinking, complex problem solving, considers alternative possibilities and broadening perspectives</li> </ul>	<ul style="list-style-type: none"> <li>• concentrates for long periods of time if interested, but needs worries to be sorted</li> <li>• may have sophisticated literacy and numeracy skills</li> <li>• popular culture of great interest and major influence</li> </ul>	<ul style="list-style-type: none"> <li>• uses language in sophisticated ways; for example, tells stories, argues, debates</li> <li>• knows the difference between fantasy and what is real</li> <li>• has some appreciation of the value of money</li> </ul>

## Possible Indicators of Trauma

<ul style="list-style-type: none"> <li>• increased, tension, irritability, reactivity, and inability to relax</li> <li>• sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep</li> <li>• regression to behaviour of younger child</li> </ul>	<ul style="list-style-type: none"> <li>• reduced eye contact</li> <li>• 'spacey' or distractible behaviour</li> <li>• lack of control over bladder and bowel movements or smearing of faeces</li> <li>• eating disturbances</li> </ul>	<ul style="list-style-type: none"> <li>• bodily aches and pains – no apparent reason</li> <li>• accident proneness</li> <li>• absconding or truanting from school</li> <li>• firelighting, hurting animals</li> </ul>
<ul style="list-style-type: none"> <li>• obvious anxiety, fearfulness and loss of self-esteem/self confidence</li> <li>• frightened by own intensity of feelings</li> <li>• specific post-traumatic fears</li> <li>• efforts to distance from feelings of shame, guilt, humiliation and reduced capacity to feel emotions</li> <li>• reduced capacity to feel emotions – may appear 'numb' or apathetic</li> <li>• vulnerable to anniversary reactions caused by seasonal events, holidays, etc.</li> <li>• repeated retelling of traumatic event</li> <li>• 'frozen watchfulness'</li> </ul>	<ul style="list-style-type: none"> <li>• withdrawal, depressed affect, or black outs in concentration</li> <li>• 'blinking out' or lacks concentration when under stress at school with lowering of performance</li> </ul>	<ul style="list-style-type: none"> <li>• explicit, aggressive, exploitive, sexualised relating/engagement with other children</li> <li>• sexualised behaviour towards adults</li> <li>• verbally describes experiences of sexual abuse pointing to body parts and telling about the 'game' they played</li> <li>• excessive concern or preoccupation with private parts and adult sexual behaviour</li> <li>• verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour</li> <li>• sexualised drawing or written 'stories'</li> <li>• running away from home</li> </ul>



## Trauma impact

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| <ul style="list-style-type: none"> <li>behavioural changes</li> <li>hyperarousal, hypervigilance, hyperactivity</li> <li>regression in recently acquired developmental gains</li> <li>sleep disturbances due to intrusive imagery</li> </ul> | <ul style="list-style-type: none"> <li>lack of control over bladder and bowel movements</li> <li>eating disturbances</li> <li>loss of concentration and memory</li> <li>post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates</li> </ul> | <ul style="list-style-type: none"> <li>trauma driven, acting out risk taking behaviour</li> <li>flight into driven activity or retreat from others to manage inner turmoil</li> <li>loss of interest in previously pleasurable activities</li> </ul> |
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| <ul style="list-style-type: none"> <li>fear of trauma recurring</li> <li>mood or personality change</li> <li>loss of, or reduced capacity to attune with caregiver</li> <li>loss of, or reduced capacity to manage emotional states or self soothe</li> <li>increased self-focusing and withdrawal</li> <li>wish for revenge and action oriented responses to trauma</li> </ul> | <ul style="list-style-type: none"> <li>may experience acute distress encountering any reminder of trauma</li> <li>lowered self-esteem</li> <li>increased anxiety or depression</li> <li>fearful of closeness and love</li> </ul> | <ul style="list-style-type: none"> <li>child is likely to have detailed, long-term and sensory memory for traumatic event - sometimes the memory is fragmented or repressed</li> <li>factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted</li> <li>intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness</li> <li>vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma</li> <li>speech and cognitive delays</li> </ul> |
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## 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
- remain calm - 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 re-enactments of trauma with peers and siblings; set limits on scary or harmful play
- permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on, listening to audio 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 control or babyish eg. night wetting are normal after a frightening experience and that the child will feel more like himself or herself 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 re-exposure to frightening situations and reminders of trauma, including scary television programs, movies, stories, and physical or locational reminders of trauma
- expect and understand child's regression or some difficult or uncharacteristic behaviour while maintaining basic household rules
- 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



### Reference:

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