

## WHY EVERY TEACHER NEEDS TO KNOW ABOUT CHILDHOOD TRAUMA

# Child Development and Trauma Specialist Practise 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"> <li>• Communicates freely with family members and familiar others</li> <li>• Seeks comfort and reassurance from familiar family and carers and is able to be soothed by them</li> <li>• has developing capacity to self soothe when distressed</li> <li>• understands the cause of feelings and can label them</li> <li>• extends the circle of special adults e.g. to grandparents, baby-sitter</li> </ul>	<ul style="list-style-type: none"> <li>• needs adult help to negotiate conflict</li> <li>• is starting to manage emotions</li> <li>• is starting to play with other children and share</li> <li>• has real friendships with other children</li> <li>• is becoming more coordinated at running, climbing, and other large-muscle play</li> <li>• can walk up steps, throw and catch a large ball using two hands and body</li> </ul>	<ul style="list-style-type: none"> <li>• uses play tools and may be able to ride a tricycle</li> <li>• holds crayons with fingers, not fists</li> <li>• dresses and undresses without much help</li> <li>• communicates well in simple sentences and may understand about 1000 words, pronunciation has improved, likes to talk about own interests</li> <li>• fine motor skill increases, can mark with crayons, turn pages in a book</li> <li>• day time toilet training often attained</li> </ul>
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Between 4-5 years		
<ul style="list-style-type: none"> <li>• knows own name and age</li> <li>• is becoming more independent from family</li> <li>• needs structure, routine and limits to manage intense emotions</li> <li>• is asking lots of questions</li> <li>• is learning about differences between people</li> <li>• takes time making up his/her mind</li> </ul>	<ul style="list-style-type: none"> <li>• is developing confidence in physical feats but can misjudge abilities</li> <li>• likes active play and exercise and needs at least 60 minutes of this per day</li> <li>• eye-hand coordination is becoming more practised and refined</li> <li>• cuts along the line with scissors/can draw people with at least four 'parts' shows a preference for being right-handed or left-handed</li> </ul>	<ul style="list-style-type: none"> <li>• converses about topics and understands 2500 to 3000 words</li> <li>• loves silly jokes and 'rude' words</li> <li>• is curious about body and sexuality and role-plays at being grown-up</li> <li>• may show pride in accomplishing tasks</li> <li>• conscience is starting to develop, child weighs risks and actions; "I would take it but my parents would find out..."</li> </ul>

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

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### Trauma impact

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| <ul style="list-style-type: none"> <li>• behavioral changes</li> <li>• hyperarousal, hypervigilance, hyperactivity</li> <li>• loss of toileting and eating skills</li> </ul>  | <ul style="list-style-type: none"> <li>• regression in recently acquired developmental gains</li> <li>• sleep disturbances, night terrors</li> </ul>   | <ul style="list-style-type: none"> <li>• lack of control over bladder and bowel movements</li> <li>• delayed gross motor and visual-perceptual skills</li> </ul>  |
| <ul style="list-style-type: none"> <li>• fear of trauma recurring</li> <li>• mood and personality changes</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 need for control</li> <li>• fear of separation</li> </ul> | <ul style="list-style-type: none"> <li>• loss of self-esteem and self confidence</li> <li>• confusion about trauma evident in play... magical explanations and unclear understanding of causes of bad events</li> <li>• vulnerable to anniversary reactions set off by seasonal reminders, holidays, and other events</li> </ul> | <ul style="list-style-type: none"> <li>• memory of intrusive visual images from traumatic event may be demonstrated/ recalled in words and play</li> <li>• 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</li> <li>• speech, cognitive and auditory processing delays</li> </ul> |

### Parental / carer support following trauma

#### Encourage parent(s) carers to:

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| <ul style="list-style-type: none"> <li>• seek, accept and increase support for themselves to manage their own shock and emotional responses</li> <li>• remain calm - listen to and tolerate child's retelling of event</li> <li>• respect child's fears; give child time to cope with fears</li> <li>• 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</li> </ul> | <ul style="list-style-type: none"> <li>• accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long)</li> <li>• expect and understand child's regression while maintaining basic household rules</li> <li>• expect some difficult or uncharacteristic behaviour</li> <li>• seek information and advice about child's developmental and educational progress</li> <li>• take time out to recharge</li> </ul> |
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#### Reference:

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