



WHY EVERY TEACHER NEEDS TO KNOW ABOUT CHILDHOOD TRAUMA

Child Development and Trauma Specialist Practise Resource: 5-7 Years



Developmental Trends The Following information needs to be understood in the context of the overview statement on child development: Physical skills							
					 active, involved in physical activity, vigorous play may tire easily 	 variation in levels of coordination and skill many become increasingly proficient in skills, games, sports 	 some may be able to ride a bicycle may use hands with dexterity and skill to make things, do craft and build things
					Social-emotional development		
 has strong relationships within the family and an integral place in family dynamics needs caregiver assistance and structure to regulate extremes of emotion generally anxious to please and to gain adult approval, praise and reassurance 	 conscience is starting to be influenced by internal control or doing the right thing "I would take it, but if my parents found out, they would be disapproving" not fully capable of estimating own abilities, may become frustrated by failure reassured by predictable routines friendships very important, although they may change regularly 	 may need help moving into and becoming part of a group some children will maintain strong friendships over the period may have mood swings able to share, although not all the time perception of, and level of regard for self, fairly well developed 					



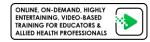


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Cognitive and creative characteristics				
 emerging literacy and numeracy abilities, gaining skills in reading and writing variable attention and ability to stay on task; attends better if interested good communication skills, remembers, tells and enjoys jokes 	 may require verbal, written or behavioural cues and reminders to follow directions and obey rules skills in listening and understanding may be more advanced than expression perspective broadens as experiences at school and in the community expand 	 most valuable learning occurs through play rules more likely to be followed if he/she has contributed to them may have strong creative urges to make things 		
Possible Indicators of Trauma				
 behavioural changes increased, tension, irritability, reactivity, and inability to relax sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep regression to behaviour of younger child 	 lack of eye contact 'spacey', distractible, or hyperactive behaviour lack of control over bladder and bowel movements or smearing of faeces eating disturbances 	 bodily aches and pains – no apparent reason accident proneness absconding/truanting from school firelighting, hurting animals 		
 obvious anxiety, fearfulness and loss of self-esteem frightened by own intensity of feelings specific fears efforts to distance from feelings of shame, guilt, humiliation and reduced capacity to feel emotions reduced capacity to feel emotions – may appear 'numb', or apathetic 'frozen watchfulness' 	 vulnerable to anniversary reactions caused by seasonal events, holidays, etc repeated retelling of traumatic event withdrawal, depressed affect 'blanking out' or loss of concentration when under stress at school with lowering of performance 	 explicit, aggressive, exploitive, sexualised relating/engagement with other children sexualised behaviour towards adults verbally describes experiences of sexual abuse pointing to body parts and telling about the 'game' they played sexualised drawing excessive concern or preoccupation with private parts and adult sexual behaviour verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour running away from home 		



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Trauma impact				
 changes in behaviour hyperarousal, hypervigilance, hyperactivity regression in recently acquired developmental gains sleep disturbances due to intrusive imagery lack of control over bladder and bowel movements 	 trauma driven, acting out risk taking behaviour eating disturbances loss of concentration and memory flight into driven activity or retreat from others to manage inner turmoil 	 post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates loss of interest in previously pleasurable activities 		
 fear of trauma recurring mood or personality change loss of, or reduced capacity to attune with caregiver loss of, or reduced capacity to manage emotional states or self soothe increased self-focusing and withdrawal concern about personal responsibility for trauma 	 wish for revenge and action oriented responses to trauma may experience acute distress encountering any reminder of trauma lowered self-esteem increased anxiety or depression fearful of closeness and love 	 child is likely to have detailed, long-term and sensory memory for traumatic event - sometimes the memory is fragmented or repressed factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma 		

Reference:

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

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