

WHY EVERY TEACHER NEEDS TO KNOW ABOUT CHILDHOOD TRAUMA

Child Development and Trauma Specialist Practise 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 style="list-style-type: none"> significant physical growth and body changes develops greater expertise/skills in sport 	<ul style="list-style-type: none"> changing health needs for diet, rest, exercise, hygiene and dental care puberty, menstruation sexuality and contraception 	<ul style="list-style-type: none"> increased need for nutritious balanced diet, including adequate calcium, protein and iron
Self concept		
<ul style="list-style-type: none"> can be pre-occupied with self secondary sex characteristics affect self concept, relationships with others and activities undertaken 	<ul style="list-style-type: none"> dealing with own sexuality and that of peers developing identity based on gender and culture 	<ul style="list-style-type: none"> becoming an adult, including opportunities and challenges
Cognitive and creative characteristics		
<ul style="list-style-type: none"> thinks logically, abstractly and solves problems thinking like an adult may take an interest in/develop opinions about community or world events 	<ul style="list-style-type: none"> can appreciate others' perspectives and see a problem or situation from different angles 	<ul style="list-style-type: none"> career choice may be realistic, or at odds with school performance and talents

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Social-emotional development		
<ul style="list-style-type: none"> • empathy for others • ability to make decisions (moral) • values and a moral system become firmer and affect views and opinions • spends time with peers for social and emotional needs beyond parents and family • peer assessment influences self concept, behaviour/need to conform • girls have 'best friends', boys have 'mates' 	<ul style="list-style-type: none"> • may explore sexuality by engaging in sexual behaviours and intimate relationships • develops wider interests • seeks greater autonomy personally, in decision making • more responsible in tasks at home, school and work • experiences emotional turmoil, strong feelings and unpredictable mood swings 	<ul style="list-style-type: none"> • interdependent with parents and family • conflict with family more likely through puberty • able to negotiate and assert boundaries • learning to give and take (reciprocity) • focus is on the present - may take significant risks • understands appropriate behaviour but may lack self control/insight

Possible Indicators of Trauma		
<ul style="list-style-type: none"> • increased, tension, irritability, reactivity, and inability to relax • accident proneness • reduced eye contact • sleep disturbances, nightmares 	<ul style="list-style-type: none"> • lack of control over bladder and bowel movements • eating disturbances/disorders • absconding or truanting and challenging behaviours • substance abuse 	<ul style="list-style-type: none"> • aggressive/violent behaviour • firelighting, hurting animals • suicidal ideation • self harming eg. cutting, burning
<ul style="list-style-type: none"> • efforts to distance from feelings of shame and humiliation • loss of self-esteem and self confidence • acute psychological distress • personality changes and changes in quality of important relationships evident 	<ul style="list-style-type: none"> • increased self-focusing and withdrawal • reduced capacity to feel emotions – may appear 'numb' • wish for revenge and action oriented responses to trauma • partial loss of memory and ability to concentrate 	<ul style="list-style-type: none"> • trauma flashbacks • acute awareness of parental reactions; wish to protect parents from own distress • sexually exploitive or aggressive interactions with younger children • sexually promiscuous behaviour or total avoidance of sexual involvement • running away from home



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Trauma impact

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| <ul style="list-style-type: none"> • sleep disturbances, nightmares • hyperarousal, hypervigilance, hyperactivity • eating disturbances or disorders • trauma acting out, risk taking, sexualised, reckless, regressive or violent behaviour | <ul style="list-style-type: none"> • flight into driven activity and involvement with others or retreat from others in order to manage inner turmoil • vulnerability to withdrawal and pessimistic world view | <ul style="list-style-type: none"> • vulnerability to depression, anxiety, stress disorders, and suicidal ideation • vulnerability to conduct, attachment, eating and behavioural disorders |
| <ul style="list-style-type: none"> • mood and personality changes and changes in quality of important relationships evident • loss of, or reduced capacity to attune with caregiver • loss of, or reduced capacity to manage emotional states or self soothe • lowered self-esteem | <ul style="list-style-type: none"> • 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) • fear of growing up and need to stay within family orbit | <p>Memory for trauma includes:</p> <ul style="list-style-type: none"> • acute awareness of and distress with intrusive imagery and memories of trauma • vulnerability to flash backs, episodes of recall, anniversary reactions and seasonal reminders of trauma • may experience acute distress encountering any reminder of trauma • partial loss of memory and concentration |



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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 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.*