

# Child development and trauma guide

## 12 months - 3 years

### Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

#### By 12 months

- enjoys communicating with family and other familiar people
  - seeks comfort, and reassurance from familiar objects, family, carers, and is able to be soothed by them
  - begins to self soothe when distressed
  - understands a lot more than he can say
  - expresses feelings with gestures sounds and facial expressions
  - expresses more intense emotions and moods
  - does not like to be separated from familiar people
  - moves away from things that upset or annoy
  - can walk with assistance holding on to furniture or hands
  - pulls up to standing position
  - gets into a sitting position
  - claps hands (play pat-a-cake)
  - indicates wants in ways other than crying
  - learns and grows in confidence by doing things repeatedly and exploring
  - picks up objects using thumb and forefinger in opposition (pincer) grasp
  - is sensitive to approval and disapproval
- May even be able to:**
- understand cause and effect
  - understand that when you leave, you still exist
  - crawl, stand, walk
  - follow a one step instruction – “go get your shoes”
  - respond to music

#### By 18 months

- can use at least two words and learning many more
  - drinks from a cup
  - can walk and run
  - says “no” a lot
  - is beginning to develop a sense of individuality
  - needs structure, routine and limits to manage intense emotions
- May even be able to:**
- let you know what he is thinking and feeling through gestures
  - pretend play and play alongside others

#### By 2 years

- takes off clothing
  - ‘feeds’ /‘bathes’ a doll, ‘washes’ dishes, likes to ‘help’
  - builds a tower of four or more cubes
  - recognises/identifies two items in a picture by pointing
  - plays alone but needs a familiar adult nearby
  - actively plays and explores in complex ways
- May even be:**
- able to string words together
  - eager to control, unable to share
  - unable to stop himself doing something unacceptable even after reminders
  - tantrums

#### By 2 1/2 years

- uses 50 words or more
- combines words (by about 25 months)
- follows a two-step command without gestures (by 25 months)
- alternates between clinginess and independence
- helps with simple household routines
- conscience is undeveloped; child thinks “I want it, I will take it”

#### By 3 years

- washes and dries hands
- identifies a friend by naming
- throws a ball overhand
- speaks and can be usually understood half the time
- uses prepositions (by, to, in, on top of)
- carries on a conversation of two or three sentences
- helps with simple chores
- may be toilet trained
- conscience is starting to develop; child thinks “I would take it but my parents will be upset with me”



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### Possible indicators of trauma

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| <ul style="list-style-type: none"> <li>• behavioural changes, regression to behaviour of a younger child</li> <li>• increased tension, irritability, reactivity, and inability to relax</li> <li>• increased startle response</li> <li>• reduced eye contact</li> </ul>                            | <ul style="list-style-type: none"> <li>• sleep and eating disruption</li> <li>• loss of eating skills</li> <li>• loss of recently acquired motor skills</li> <li>• avoidance of eye contact</li> <li>• inability to be soothed</li> </ul>   | <ul style="list-style-type: none"> <li>• uncharacteristic aggression</li> <li>• avoids touching new surfaces eg. grass, sand and other tactile experiences</li> <li>• avoids, or is alarmed by, trauma related reminders, eg sights, sounds, smells textures, tastes and physical triggers</li> </ul> |
| <ul style="list-style-type: none"> <li>• fight, flight, freeze</li> <li>• uncharacteristic, inconsolable, or rageful crying, and neediness</li> <li>• fussiness, separation fears, and clinginess</li> <li>• withdrawal/lack of usual responsiveness</li> <li>• loss of self-confidence</li> </ul> | <ul style="list-style-type: none"> <li>• unusually anxious when separated from primary caregivers</li> <li>• heightened indiscriminate attachment behaviour</li> <li>• reduced capacity to feel emotions – can appear ‘numb’, apathetic or limp</li> <li>• ‘frozen watchfulness’</li> </ul> | <ul style="list-style-type: none"> <li>• loss of acquired language skills</li> <li>• inappropriate sexualised behaviour/ touching</li> <li>• sexualised play with toys</li> <li>• genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease</li> </ul>              |

### Trauma impact

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| <ul style="list-style-type: none"> <li>• neurobiology of brain and central nervous system altered by switched on alarm response</li> <li>• behavioural changes</li> </ul>   | <ul style="list-style-type: none"> <li>• regression in recently acquired developmental gains</li> <li>• hyperarousal, hypervigilance and hyperactivity</li> <li>• sleep disruption</li> </ul>   | <ul style="list-style-type: none"> <li>• loss of acquired motor skills</li> <li>• lowered stress threshold</li> <li>• lowered immune system</li> <li>• greater food sensitivities</li> </ul>                             |
| <ul style="list-style-type: none"> <li>• fear response to reminders of trauma</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> </ul> | <ul style="list-style-type: none"> <li>• insecure, anxious, or disorganised attachment behaviour</li> <li>• heightened anxiety when separated from primary parent/carer</li> <li>• indiscriminate relating</li> <li>• increased resistance to parental direction</li> </ul> | <ul style="list-style-type: none"> <li>• memory for trauma may be evident in behaviour, language or play</li> <li>• cognitive delays and memory difficulties</li> <li>• loss of acquired communication skills</li> </ul> |

### Parental/carer support following trauma

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| <p>Encourage parent(s)/carers to:</p> <ul style="list-style-type: none"> <li>• seek, accept and increase support for themselves to manage their own shock and emotional responses</li> <li>• seek information and advice about the child’s developmental progress</li> <li>• maintain the child’s routines around holding, sleeping and eating.</li> <li>• avoid unnecessary separations from important caretakers</li> </ul> | <ul style="list-style-type: none"> <li>• seek support (from partner, kin, MCH nurse) to understand, and respond to, infant’s cues.</li> <li>• maintain calm atmosphere in child’s presence. Provide additional soothing activities.</li> <li>• avoid exposing child to reminders of trauma.</li> <li>• expect child’s temporary regression; and clinginess – don’t panic</li> <li>• tolerate clinginess and independence</li> <li>• take time out to recharge</li> </ul> |
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