### Developmental trends

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

<table>
<thead>
<tr>
<th>0-2 weeks</th>
<th>By 4 weeks</th>
<th>By 6-8 weeks</th>
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<tbody>
<tr>
<td>• anticipates in relationship with caregivers through facial expression, gazing, fussing, crying</td>
<td>• is unable to support head unaided&lt;br&gt;• hands closed involuntarily in the grasp reflex&lt;br&gt;• startles at sudden loud noises&lt;br&gt;• reflexively asks for a break by looking away, arching back, frowning, and crying</td>
<td>• focuses on a face&lt;br&gt;• follows an object moved in an arc about 15 cm above face until straight ahead&lt;br&gt;• changes vocalisation to communicate hunger, boredom and tiredness</td>
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<tr>
<td>• by 4 weeks</td>
<td>• may start to smile at familiar faces&lt;br&gt;• may start to 'coo'&lt;br&gt;• turns in the direction of a voice</td>
<td>• participates in and initiates interactions with caregivers through vocalisation, eye contact, fussing, and crying</td>
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</table>
| • changes in the direction of a voice<br>• unusually high anxiety when separated from parents/carers<br>• is likely to be wary of, and anxious with, strangers | • increases initiation of interaction with caregivers<br>• begins to regulate emotions and self soothe through attachment to primary carer<br>• can lie on tummy with head held up to 90 degrees, looking around<br>• can wave a rattle, starts to play with own fingers and toes | • may even be able to:  
  • keep head level with body when pulled to sitting  
  • say "ah", "goo" or similar vowel consonant combinations  
  • blow a raspberry  
  • bear some weight on legs when held upright  
  • object if you try to take a toy away |
| • uses carer for comfort and security as attachment increases<br>• is likely to be wary of strangers<br>• keeps head level with body when pulled to sitting | • may reach for things to try and hold them<br>• learns by looking at, holding, and mouthing different objects<br>• laughs out loud<br>• follows an object in an arc about 15 cm above the face for 180 degrees (from one side to the other)<br>• notices strangers | • uses carer for comfort and security as attachment increases<br>• is likely to be wary of strangers<br>• keeps head level with body when pulled to sitting<br>• says “ah”, “goo” or similar vowel consonant combinations<br>• sits without support<br>• makes associations between what is heard, tasted and felt<br>• may even be able to roll both ways and help to feed himself<br>• learns and grows by touching and tasting different foods |
| • strongly participates in, and initiates interactions with, caregivers<br>• lets you know when help is wanted and communicates with facial expressions, gestures, sounds or one or two words like “dada” and “mamma”<br>• watches reactions to emotions and by seeing you express your feelings, starts to recognise and imitates happy, sad, excited or fearful emotions<br>• unusually high anxiety when separated from parents/carers<br>• is likely to be wary of, and anxious with, strangers<br>• expresses positive and negative emotions | • learns to trust that basic needs will be met<br>• works to get to a toy out of reach<br>• looks for a dropped object<br>• may even be able to bottom shuffle, crawl, stand<br>• knows that a hidden object exists<br>• waves goodbye, plays peekaboo |
| • learns to trust that basic needs will be met<br>• works to get to a toy out of reach<br>• looks for a dropped object<br>• may even be able to bottom shuffle, crawl, stand<br>• knows that a hidden object exists<br>• waves goodbye, plays peekaboo |

0 - 12 months

### Possible indicators of trauma

- Increased tension, irritability, reactivity, and inability to relax
- Increased startle response
- Lack of eye contact
- Sleep and eating disruption
- Loss of eating skills
- Loss of acquired motor skills
- Avoidance of eye contact
- Arching back/inability to be soothed
- Uncharacteristic aggression
- Avoids touching new surfaces e.g., grass, sand, and other tactile experiences
- Avoids, or is alarmed by, trauma-related reminders, e.g., sights, sounds, smells, textures, tastes, and physical triggers
- Uncharacteristic, inconsolable, or rageful crying, and neediness
- Increased fussiness, separation fears, and clinginess
- Withdrawal/lack of usual responsiveness
- Limp, displays no interest
- Unusually high anxiety when separated from primary caregivers
- Heightened indiscriminate attachment behaviour
- Reduced capacity to feel emotions – can appear ‘numb’
- ‘Frozen watchfulness’
- Loss of acquired language skills
- Genital pain: including signs of inflammation, bruising, bleeding, or diagnosis of sexually transmitted disease
- Fight, flight, freeze response
- Uncharacteristic, inconsolable, or rageful crying, and neediness
- Increased fussiness, separation fears, and clinginess
- Withdrawal/lack of usual responsiveness
- Limp, displays no interest
- Neurobiology of brain and central nervous system altered by switched on alarm response
- Behavioural changes
- Regression in recently acquired developmental gains
- Hyperarousal, hypervigilance and hyperactivity
- Sleep disruption
- Loss of acquired motor skills
- Lowered stress threshold
- Lowered immune system
- Fear response to reminders of trauma
- Mood and personality changes
- Loss of, or reduced capacity to attune with caregiver
- Loss of, or reduced capacity to manage emotional states or self soothe
- Insecure, anxious, or disorganised attachment behaviour
- Heightened anxiety when separated from primary parent/carer
- Indiscriminate relating
- Reduced capacity to feel emotions - can appear ‘numb’
- Cognitive delays and memory difficulties
- Loss of acquired communication skills

### Trauma impact

- Neurobiology of brain and central nervous system altered by switched on alarm response
- Behavioural changes
- Regression in recently acquired developmental gains
- Hyperarousal, hypervigilance and hyperactivity
- Sleep disruption
- Loss of acquired motor skills
- Lowered stress threshold
- Lowered immune system
- Fear response to reminders of trauma
- Mood and personality changes
- Loss of, or reduced capacity to attune with caregiver
- Loss of, or reduced capacity to manage emotional states or self soothe
- Insecure, anxious, or disorganised attachment behaviour
- Heightened anxiety when separated from primary parent/carer
- Indiscriminate relating
- Reduced capacity to feel emotions - can appear ‘numb’
- Cognitive delays and memory difficulties
- Loss of acquired communication skills

### 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
- Seek information and advice about the child’s developmental progress
- Maintain the child’s routines around holding, sleeping, and eating
- Seek support (from partner, kin, MCH nurse) to understand, and respond to, infant’s cues
- Avoid unnecessary separations from important caregivers
- Maintain calm atmosphere in child’s presence. Provide additional soothing activities
- Avoid exposing child to reminders of trauma
- Expect child’s temporary regression; and clinginess - don’t panic
- Tolerate clinginess and independence
- Take time out to recharge