### 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 clingingness 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”

### Possible indicators of trauma

<table>
<thead>
<tr>
<th>Behavioural changes, regression to behaviour of a younger child</th>
<th>Sleep and eating disruption</th>
<th>Uncharacteristic aggression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased tension, irritability, reactivity, and inability to relax</td>
<td>Loss of eating skills</td>
<td>Avoids touching new surfaces e.g. grass, sand and other tactile experiences</td>
</tr>
<tr>
<td>Increased startle response</td>
<td>Loss of recently acquired motor skills</td>
<td>Avoids, or is alarmed by, trauma related reminders, e.g. sights, sounds, smells, textures, tastes and physical triggers</td>
</tr>
<tr>
<td>Reduced eye contact</td>
<td>Avoidance of eye contact</td>
<td>'Frozen watchfulness'</td>
</tr>
<tr>
<td>Inability to relax</td>
<td>Inability to be soothed</td>
<td>Neural biology of brain and central nervous system altered by switched on alarm response</td>
</tr>
<tr>
<td>Uncharacteristic aggression</td>
<td>Unusually anxious when separated from primary caregivers</td>
<td>Loss of acquired language skills</td>
</tr>
<tr>
<td>Avoids touching new surfaces e.g. grass, sand and other tactile experiences</td>
<td>Heightened indiscriminate attachment behaviour</td>
<td>Inappropriate sexualised behaviour/touching</td>
</tr>
<tr>
<td>Avoids or is alarmed by trauma related reminders, e.g. sights, sounds, smells, textures, tastes and physical triggers</td>
<td>Reduced capacity to feel emotions – can appear ‘numb’, apathetic or limp</td>
<td>Sexualised play with toys</td>
</tr>
<tr>
<td>Fight, flight, freeze</td>
<td>‘Frozen watchfulness’</td>
<td>Genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease</td>
</tr>
</tbody>
</table>

### Trauma impact

<table>
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<tr>
<th>Neurobiology of brain and central nervous system altered by switched on alarm response</th>
<th>Regression in recently acquired developmental gains</th>
<th>Loss of acquired motor skills</th>
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<tr>
<td>Behavioural changes</td>
<td>Hyperarousal, hypervigilance and hyperactivity</td>
<td>Lowered stress threshold</td>
</tr>
<tr>
<td></td>
<td>Sleep disruption</td>
<td>Lowered immune system</td>
</tr>
<tr>
<td>Fear response to reminders of trauma</td>
<td>Insecure, anxious, or disorganised attachment behaviour</td>
<td>Greater food sensitivities</td>
</tr>
<tr>
<td>Mood and personality changes</td>
<td>Heightened anxiety when separated from primary parent/carer</td>
<td>Memory for trauma may be evident in behaviour, language or play</td>
</tr>
<tr>
<td>Loss of, or reduced capacity to attune with caregiver</td>
<td>Indiscriminate relating</td>
<td>Cognitive delays and memory difficulties</td>
</tr>
<tr>
<td>Loss of, or reduced capacity to manage emotional states or self soothe</td>
<td>Increased resistance to parental direction</td>
<td>Loss of acquired communication skills</td>
</tr>
</tbody>
</table>

### 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.
- Avoid unnecessary separations from important caretakers
- Seek support (from partner, kin, MCH nurse) to understand, and respond to, infant’s cues.
- 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