

Child development and trauma specialist practice resource: 7 – 9 years

Developmental trends

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

Physical skills

- improved coordination, control and agility compared to younger children
- skilled at large motor movements such as skipping and playing ball games
- often practises new physical skills over and over for mastery
- enjoys team and competitive sports and games
- improved stamina and strength

Social-emotional development

- strong need to belong to, and be a part of, family and peer relationships
- is increasingly able to regulate emotions
- increasingly independent of parents; still needs their comfort and security
- begins to see situations from others perspective – empathy
- able to resolve conflicts verbally and knows when to seek adult help
- conscience and moral values become internalised “I want it, but I don’t feel good about doing things like that”
- increased confidence, more independent and takes greater responsibility
- needs reassurance; understands increased effort leads to improvements
- humour is component of interactions with others
- peers seen as important spends more time with them
- friendships are based on common interests and are likely to be enduring
- feelings of self worth come increasingly from peers
- friends often same

Self concept

- can take some responsibility for self and as a family member
- increasingly influenced by media and by peers
- learns to deal with success and failure
- may compare self with others and find self wanting, not measuring up
- can exercise self control and curb desires to engage in undesirable behaviour - has understanding of right and wrong
- can manage own daily routines
- may experience signs of onset of puberty near end of this age range (girls particularly)

Cognitive and creative characteristics

- can contribute to long-term plans
- engages in long and complex conversations
- has increasingly sophisticated literacy and numeracy skills
- may be a competent user of computers or play a musical instrument

Possible indicators of trauma

- behavioural change
- 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’ or distractible behaviour
- ‘blinking out’ or lacks concentration when under stress at school with lowering of performance
- eating disturbances
- toileting accidents/enuresis, encopresis or smearing of faeces
- 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 post-traumatic fears
- efforts to distance from feelings of shame, guilt, humiliation
- reduced capacity to feel emotions - may appear ‘numb’
- vulnerable to anniversary reactions caused by seasonal events, holidays, etc.
- repeated retelling of traumatic event
- withdrawal, depressed affect or black outs in concentration
- blanking out/loss of ability to concentrate when under learning stress at school with lowering of performance
- explicit, aggressive, exploitive, sexualised relating/engagement with other children, older children or adults
- hinting about sexual experience
- verbally describes experiences of sexual abuse and describes the ‘game’ they played
- excessive concern or preoccupation with private parts and adult sexual behaviour
- verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour
- sexualised drawing or written ‘stories’
- running away from home

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Trauma impact

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| <ul style="list-style-type: none"> • changes in behaviour • hyperarousal, hypervigilance, hyperactivity • regression in recently acquired developmental gains • sleep disturbances due to intrusive imagery | <ul style="list-style-type: none"> • enuresis and encopresis • eating disturbances • loss of concentration and memory • post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates | <ul style="list-style-type: none"> • trauma driven, acting out risk taking behaviour • flight into driven activity or retreat from others to manage inner turmoil • loss of interest in previously pleasurable activities |
| <ul style="list-style-type: none"> • fear of trauma recurring • mood or personality changes • 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 | <ul style="list-style-type: none"> • may experience acute distress encountering any reminder of trauma • lowered self-esteem • increased anxiety or depression • fearful of closeness and love | <ul style="list-style-type: none"> • 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 • speech and cognitive delays |

Parental/carer support following trauma

Encourage parent(s)/carers to:

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| <ul style="list-style-type: none"> • seek, accept and increase support for themselves to manage their own shock and emotional responses • remain calm. Listen to and tolerate child's retelling of event - respect child's fears; give child time to cope with fears • increase monitoring and awareness of child's play, which may involve secretive re-enactments of trauma with peers and siblings; set limits on scary or harmful play • permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare • reassure the older child that feelings of fear or behaviours that feel out of control or babyish eg. night wetting are normal after a frightening experience and that the child will feel more like himself or herself with time • encourage child to talk about confusing feelings, worries, daydreams, mental review of traumatic images, and disruptions of concentration by accepting the feelings, listening carefully, and reminding child that these are normal but hard reactions following a very scary event • maintain communication with school staff and monitor child's coping with demands at school or in community activities | <ul style="list-style-type: none"> • expect some time-limited decrease in child's school performance and help the child to accept this as a temporary result of the trauma • protect child from re-exposure to frightening situations and reminders of trauma, including scary television programs, movies, stories, and physical or locational reminders of trauma • expect and understand child's regression or some difficult or uncharacteristic behaviour while maintaining basic household rules • listen for a child's misunderstanding of a traumatic event, particularly those that involve self-blame and magical thinking • gently help child develop a realistic understanding of event. Be mindful of the possibility of anniversary reactions • remain aware of your own reactions to the child's trauma. Provide reassurance to child that feelings will diminish over time • provide opportunities for child to experience control and make choices in daily activities • seek information and advice on child's developmental and educational progress • provide the child with frequent high protein snacks/meals during the day • take time out to recharge |
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