Resources

The Raising Children Network
www.raisingchildren.net.au

Every child every chance and Looking After Children

Bibliography

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Children and trauma: A guide for

Some important points about this resource

This resource has been prepared because of the importance of professionals in the family services, childcare and support and assistance understanding the typical developmental pathways of children and the typical indicators of trauma at differing ages and stages. It is intended to assist good practice and assist with the task of an overall assessment, and it is not a developmental or risk assessment framework. Rather, it is a prompt or helper to workers to integrate knowledge about child development, child abuse and trauma and importantly to offer practical, age-appropriate advice to those working directly with children. The material contains case summaries explaining key considerations, families, care-givers and professionals who know the child well as a source of information about the child, will result in a more complete picture. It is essential to have accurate information about the values and child rearing practices of the cultural group to which a child belongs, in order to appreciate that child’s development.

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The information in this resource provides a brief overview of typically developing children. Except where there are obvious signs, you would need to see a child a number of times to establish that there is something wrong. Keep in mind that children are in a new or a ‘critical’ situation, unsure, stressed, interacting with someone they do not know, or if they need to be fed or changed, then their behaviour will be affected and is not likely to be typical for that child. Premature babies, or those with low birth weights, or a chemical dependency, will generally take longer to reach developmental milestones.

The indicators of trauma listed in this resource should not be seen as a definitive list of the problems children or families will experience. It is important that professionals have a good understanding of the issues listed here.

There has been a expansion of knowledge in regard to the detrimental impact of neglect and physical abuse trauma on the developing child, and particularly on the neurodevelopmental development of infants. The following points about development are useful to keep in mind and knowledge of this growing evidence base so that we can incorporate this knowledge into our practice.

Some important points about development

- Given that the infant’s primary drive is towards attachment, posture, safety, they will accommodate to the parenting style they experience. Obviously they have no choice given their age and vulnerability, and in more chronic and extreme circumstances, they will show a complex trauma response. They can eventually make meaning of their circumstances by believing that the abuse is their fault and that they are inherently bad.

- Infants, children and adults will adapt to frightening and overwhelming circumstances by the body’s natural survival response where the autonomic nervous system will become activated and switch on to the fight/flight/ freeze response. Immediate reactions may be linked to a biochemical response which includes adrenaline and cortisol, and the child feels afraid and hypervigilant. Infants may show a ‘frozen watchfulness’ and children and young people can dissociate and appear to be tuned out.

- Prolonged exposure to these circumstances can lead to serious consequences for a child who changes the child’s brain development, destabilizes the child’s social and emotional development, affects the ways in which they relate to others. Children are traumatized; they find it very hard to regulate behaviour and so act on themselves. They often adapt the description of being ‘hyperactive’.

- Babies are particularly attuned to their primary carer and will sense their fear and traumatic stress is this is particularly the case where family violence is present. They will become unsettled and therefore more demanding of an already overwhelmed parent. The first task of any service is to support the non-offending parent and to engage the family in safety.

- Traumatic memories are stored differently in the brain compared to everyday memories. They are encoded in vivid images and sensations and lack a verbal narrative. For them, they are uncompromised and more primitive. They are likely to find the child or adult when triggers like smells, sights, sounds or internal or external reminders present at a later stage.

- These flashbacks can be aversive, i.e. intense feelings that are often unexplainable, or cognitive, i.e. vivid memories or parts of memories, which seem to be actually occurring. Alcohol and drug abuse are the classic and usual most destructive attempts to numb out the pain and avoid those difficult memories and related experiences.

- Children are particularly vulnerable to flashbacks at quiet times or at bedtime and will often avoid both, by acting out at school and bedtimes. They can experience severe sleep disruption, intrusive nightmares which add to their ‘dysregulated’ behaviour and limit their capacity at school the next day. Adolescents will often slip into all night to avoid the nightmares and sleep in the safety of the daylight. Self-harm and co-sleeping can increase at school. Some children may attempt to run away or leave home.

- Cumulative harm can overwhelm the most resilient child and particular attention needs to be given to understanding the complexity of the child’s experience. These children require calm, patient, safe and nurturing parenting. In order to recover, and may wellbeing require a multi-systemic response to engage the required services to assist.

- The recovery process for children and young people is enhanced by the belief and support of non-offending family members and significant others. They need to be made safe and given opportunities to integrate and make sense of their experiences.

- It is important to acknowledge that parents can have some of the same post-traumatic responses and may need ongoing support. Practitioners need to engage parents in managing their response to their children’s traumas. It is normal for parents to feel overwhelmed and suffer shock, anger, severe grief, sleep disturbance and other trauma related responses. Case practice needs to be child centered and family sensitive.

Factors which pose risks to healthy child development

The presence of one or more risk factors, along a cluster of trauma indicators, may greatly increase the risk to the child’s wellbeing and should flag the need for further child and family assessment and/or the child and families case management.

The following risk factors can impact on children and families and the caregiving environment:

**Child and family risk factors**

- family violence, current or past
- mental health issues or disorders, current or past (including self-harm and suicidal ideation)
- alcohol/substance abuse, current or past, addictive behaviours
- disability or complex medical needs or emotional or physical disability, acquired brain injury
- trauma, prematurity, low birth weight, chemically dependent, fetal alcohol syndrome, feeding/feeding/feeding difficulties, ongoing and frequent crying
- unsafe sleeping practices for infants eg. side or tummy sleeping, using soft blankets, bedding, or soft toys which can cover infant’s face, unsafe sleeping place such as a couch, or exposure to cigarette smoke
- disorganised or insecure attachment relationship
- family does not seek, obtain or accept help from services when needed
- development delay
- history of neglect or abuse, state care, child death or placement of child or sibling
- separation from parents or caregivers
- parent, partner, relative or adult with a history of assault, prostitution or sexual intercourse
- experience of intergenerational abuse
- compounded or unresolved experiences of loss and grief
- chaotic household/family dynamics
- poverty, financial hardship, unemployment
- social isolation (family, extended family, community and cultural support)
- insufficient housing/transitions/homelessness
- lack of stimulation and learning opportunities, disengagement from school, learning
- inattention to developmental health needs/poor diet
- disadvantage community
- racism
- recent refugee experience

**Parent risk factors**

- parent/carer under 20 years or 20 years at birth of first child
- harsh, inconsistent discipline, neglect, or abuse
- inadequate supervision of child or emotional entitlement
- single parenting/multiple parents
- inadequate antenatal care or alcohol/substance abuse during pregnancy

**Wider factors that influence positive outcomes**

- sense of belonging, family, community and a strong cultural identity
- positive parental expectations, family learning environment and opportunities at major life transitions
- access to child and adult focused support eg. health, mental health, maternal and child health, early intervention, disability, drug and alcohol, family support, family preservation, parenting education, recreational facilities and other family and child support infrastructure
- accessible and affordable child care and high-quality preschool programs
- community engagement and involvement
- service system’s understanding of neglect and abuse.
The information in this resource provides a brief overview of typically developing children. Except where there are obvious signs, you would need to see a child a number of times to establish that there is something wrong. Keep in mind that if children are in a new or ‘artificial’ situation, unkempt, stressed, interacting with someone they do not know, or if they need to be fed or changed, then their behaviour will be affected and is not likely to be typical for that child. Premature babies, or those with low birth weights, or a chemical dependency, will be more helpful to families and child centered, and particularly on the neurological development of infants. It is critical to have a good working knowledge of this growing evidence base so that we can establish that there is something wrong. Keep in mind that if children are in a new or ‘artificial’ circumstances by the body’s survival response, where the autonomic nervous system will become activated and switch on to the fight-flight flight responses. Immediately the body is flooded with a biochemical response which includes adrenaline and cortisol, and the child feels and soothes or calms themselves. They often attract the attention. Babies are particularly at risk for the first time and traumatic stress; this is known as ‘frightened’ behaviour, and limits their capacity at school or the child. Adolescents will often slip up all night to avoid the night terrors and in the safety of the dark. Floral headboard release endorphins which can become an habitual response. Children are particularly vulnerable to flashbacks at times of stress and bedtimes and will often avoid both, by acting out at school and bedtimes. They can experience severe sleep disruption, intrusive nightmares which add to their ‘dysregulated’ behaviour, and limits their capacity at school or the child. Adolescents will often slip up all night to avoid the night terrors and in the safety of the dark. Floral headboard release endorphins which can become an habitual response. Cumulative harm can overwhelm the most resilient child and particular attention needs to be given to understanding the complexity of the child’s experiences. These children require calm, patient, safe and nurturing parenting. In order to recover, and may well require a multi-systemic response to engage the required services to assist. The presence of one or more risk factors, alongside a cluster of trauma indicators, may greatly increase the risk to the child’s wellbeing and should flag the need for further child and family assessment. The following risk factors can impact on children and families and the caregiving environment: Family and child risk factors: • family violence, current or past • mental health issue or disorder, current or past (including self-harm, depression or anxiety) • alcohol/substance abuse, current or past, addictive behaviour • disability or complex medical needs, or intellectual or physical disability, acquired brain injury • previous, permanently, low birth weight, chemical dependency, fetal alcohol syndrome, feeding/eating/strong cultural identity • early or traumatic separation from parents or caregivers • parent, partner, close relative or sibling with a history of sexual assault, prostitution or sexual offences • experience of intergenerational abuse, compounded or unresolved experiences of loss and grief • chaotic household/family/problem gambling • poverty, financial hardship, unemployment • social isolation (family, extended family, community and cultural isolation) • inadequate housing/transition/homelessness • lack of stimulation and learning opportunities, disengagement from school, learning • financial stress/disadvantaged community • stress • recent refugee experience Parent risk factors: • parent/care under 20 years or at 20 years at birth of first child • harsh, inconsistent discipline, neglect or abuse • inadequate supervision of child or emotional attachment • single parenting/multiple partners • inadequate caretaking or alcohol/substance abuse during pregnancy Water factors that influence positive outcomes: • sense of belonging to family, home and a strong cultural identity • positive parental expectations, home learning environment and opportunities at major life transitions • sense of belonging to family, home and a strong cultural identity • supportive and caring home environment, access to child and adult focused services • eg. health, mental health, material and child health, early intervention, disability, drug and alcohol, family support, family preservation, parenting education, recreational facilities and other child and family support initiatives • social isolation, cultural isolation • accessible and affordable child care and high-quality preschool programs • children and family’s understanding of respite and education.
The information in this resource provides a brief overview of typically developing children. Except where there are obvious signs, you would need to see a child a number of times to establish that there is something wrong. Even if you know that a child is new or if there is no indication of emotional or behavioural problems, it is important to keep in mind the following factors:

### Some important points about development

- **Neural development**
  - The brain and nervous system continue to develop throughout childhood and adolescence, with significant changes occurring in the first few years of life.
  - Understanding these changes can help in interpreting behaviour and developing appropriate interventions.

- **Social and emotional development**
  - Children develop their social skills and emotional understanding through interaction with others.
  - It is important to provide a supportive and safe environment to foster these skills.

- **Motor development**
  - Physical skills improve with practice and regular activity.
  - Early intervention can be beneficial for children with motor delays.

- **Cognitive development**
  - Children develop their cognitive abilities, including language, problem-solving, and abstract thinking.
  - Early intervention can be beneficial for children with learning difficulties.

### Some important points about development

- **Emotional development**
  - Children develop their emotional understanding through interactions with others.
  - It is important to provide a supportive and safe environment to foster these skills.

- **Physical development**
  - Physical health is important for overall development.
  - Early intervention can be beneficial for children with physical disabilities.

### Factors which pose risks to healthy child development

The presence of one or more risk factors, alongside a cluster of trauma indicators, may greatly increase the risk to the child’s wellbeing and should prompt the need for further child and family assessment, including the best interests case practice model.

The following risk factors may impact on children and families and the caregiving environment:

#### Child and family risk factors
- **family alienation, current or past**
- **mental health issue or disorder, current or past**
- **physical violence, childhood or adult**
- **alcohol/substance abuse, current or past, additives**
- **disability or complex medical needs eg. intellectual or physical disability, acquired brain injury**
- **history, prematurely, low birth weight, medically, or haemodynamically unstable, or immediate sequelae**
- **history of neglect or abuse, state care, child death**
- **parental neglect or abuse**
- **recent refugee experience**
- **disadvantaged community**
- **disengagement from school, truanting**
- **inadequate housing/transience/homelessness**
- **social isolation (family, extended family, community and a sense of belonging)**
- **inattentive to developmental health needs/poor diet**
- **harsh, inconsistent discipline, neglect or abuse**
- **lack of willingness or ability to prioritise child’s needs above own**
- **parent risk factors**
  - **parent/carer under 20 years or under 20 years at birth of first child**
  - **recent refugee experience**
  - **disadvantaged community**
  - **inattentive caretaking at school or alcohol/substance abuse during pregnancy**

## Wider factors that influence positive outcomes

- **sense of belonging to home, family, and a strong cultural identity**
- **pro-social peer group**
- **positive parental expectations, home learning environment and opportunities at early years**
- **access to child and adult trauma sensitive eg. health, mental health, maternal and child health, early intervention, disability, drug and alcohol, family support, family preservation, parenting education, nutritional facilities and other child and family support and therapeutic services**
- **affordable and accessible child care and high quality preschool programs**
- **inclusive community/relationships/community**
- **service system’s understanding of neglect and abuse**
Child development and trauma

Some important points about this resource

This resource has been prepared because of the importance of professionals in the family services, Child Protection and Placement and Support areas understanding the typical developmental pathways of children and the typical indicators of trauma at different ages and stages. It is intended to allow good practice and assist with the task of an overall assessment, and it is not a development or risk assessment framework. Rather, it is a prompt for busy workers to integrate knowledge from child development, child abuse and trauma and importantly to offer practical, age appropriate advice in the needs of children and their parents and carers when trauma has occurred. Trauma occurs in families, careers, significant people and other professionals who know the child well, as a source of information about the child, which will result in a more complete picture. It is essential to have accurate information about the values and child rearing practices of the cultural group to which a child belongs, in order to appreciate that child’s development.

The following points give an overview perspective of using the information in the child development and trauma resource. It is specifically a guide to:  

- Children, even at birth, are not ‘blank slates’; they are born with certain neuroscientific make-up and temperament. As children get older, these individual differences become greater as they are affected by their experiences and environment. This is particularly the case when the child is born drug abstinent or with fetal alcohol syndrome.  
- Even very young babies differ in temperament and activity level, mood and intensity of crying, ability to adapt to changes, general mood, etc.  
- From birth on, children play an active role in their own development and impact on others around them.  
- Culture, family, home and community play an important role in children’s development, as they impact on a child’s experiences and opportunities. Cultural groups are likely to have particular values, priorities and practices in child-rearing that will influence children’s development and learning of particular skills and behaviours. The development of children from some cultural backgrounds will vary from traditional development norms, which usually reflect an Anglo-Western perspective.  
- As children get older, it becomes increasingly difficult to list specific developmental milestones, as the achievement of many of these depends very much on the opportunities that the child has to practice them, and also on the experiences available to the child. A child will not be able to ride a bicycle, unless they have access to a bicycle.  
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- Developmental delays in one area of development will impact on the child’s ability to consolidate skills and progress through to the next developmental stage.  
- Most experts agree that both nature and nurture interact to influence almost every significant aspect of a child’s development.  
- General health affects development and behaviour. Minor illnesses will have short to medium term effects, while chronic health conditions can have long term effects. Nutritional deficiencies will also have negative impacts on developmental progression.  

Specific characteristics and behaviours are indicative only. Many specific developmental characteristics can be seen as ‘flags’ of a child’s behaviour, which may need to be looked at more closely, if a child is not meeting them. Professionals should refer to the best available case practice model and relevant specialist practice resources in undertaking further assessments of child and family.

Resources

The Other useful websites

The Raising Children Network
www.raisingchildren.net.au

Children’s rights

Children have the right to be heard and have their views considered. Children are entitled to be protected from physical or mental harm, to have their needs met, and to participate in decisions that affect their lives.

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Resources

Other useful websites

- The Raising Children Network www.raisingchildren.net.au
- Victorian Aboriginal Child Care Agency (VACC) www.vaca.org.au
- Child Trauma Academy www.childtraumaacademy.com
- Zero to Three website www.zerotothree.org
- Raising Children Network www.raisingchildren.net.au
- Trauma Institute/Center for Adult & Pediatric Trauma www.fsu.edu/~trauma
- Child Health and Development: Birth to 3 Years www.rch.org.au/ccch

Bibliography

- Maran, S. P. 1992, ‘Child Health and Development: Birth to 18 Years for Professionals in Primary Health Care, Child and Family Health and Placement and Support areas understanding the typical developmental pathways of children and the typical indicators of trauma at differing ages and stages. It is intended to inform good practice and assist with the task of overall assessment, and of itself is not a developmental or risk assessment framework. Rather, it is for busy workers to integrate knowledge from child development, child abuse and trauma and importantly to offer practical, age appropriate advice in to the needs of children and their parents and carers when trauma has occurred. Engaging families, carers, significant people and other professionals who know the child well as a source of information about the child, will result in a more complete picture. It is essential to have accurate information about the values and child raising practices of the cultural group to which a child belongs, in order to appreciate that child’s development.

Development does not occur in a straight line or evenly. Development progresses in a sequential manner, although it is not always in the order of development that we would predict. Some milestones in the development of children have been identified as ‘flags’ of a child’s behaviour, which may need to be looked at more closely or as far more closely, and children may need to be looked at more closely or as far more closely, and children may need to be looked at more closely. The following points give an essential perspective for using the information in the child development and trauma resource sheets about specific age groups:

- Children, even at birth, are not ‘blank slates’; they are born with a certain neurological make-up and temperament. As children get older, their individual differences become greater as they are affected by their experiences and environment. This is particularly the case when the child is born either drug dependent or with fetal alcohol syndrome.
- Even very young babies differ in temperament, activity level, amount of crying, ability to adapt to changes, general mood, etc.
- From birth on, children play an active role in their own development and impact on others around them.
- Cultures, family, home and community play an important role in children’s development. They impact on a child’s experiences and opportunities. Cultural groups are likely to have particular social norms, practices and cultural expectations that will influence children’s development and learning of particular skills and behaviours. The development of children from different cultural backgrounds will vary from traditional developmental norms, which usually reflect the dominant culture.

- As children get older, it becomes increasingly difficult to list specific developmental milestones, as the achievement of many of these depends very much on the opportunities that the child has to receive them. At each age, it is essential to have accurate information about the values and child raising practices of the cultural group to which a child belongs, in order to appreciate that child’s development.

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