

# Impact of Trauma on Child Development



This booklet is aimed at caregivers and frontline professionals

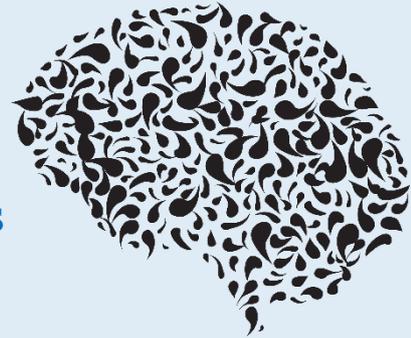
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# Every child is different!

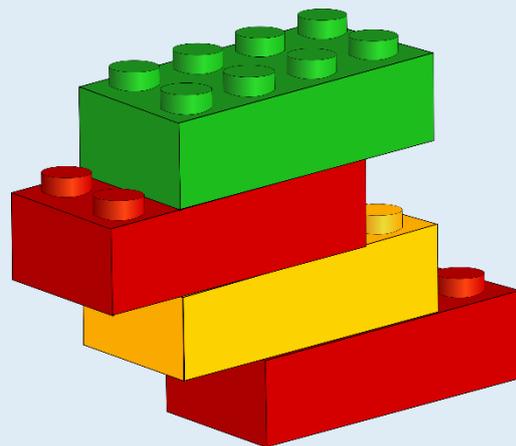
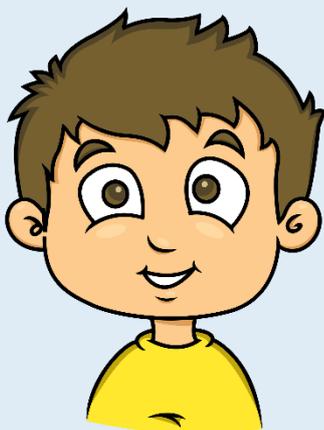
Previously it was thought that child development was solely or largely based on a child's intelligence levels (often referred to as IQ)... This is no longer thought to be the case!

- Instead, **a child grows across different domains**
- No child will function well, or be behind, along all of these domains!
- A better understanding of **each child's strengths and difficulties** is needed before planning an intervention to help maximize their potential



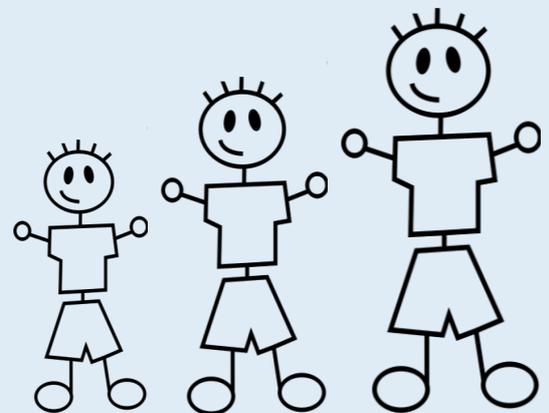
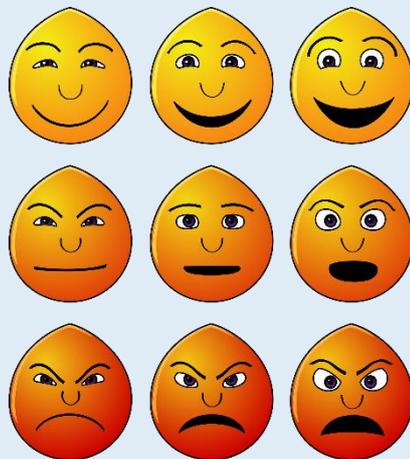
These principles apply to all children, but there are **particular developmental issues facing children who experience trauma**

- The continuous development of a child is like building blocks
- A child who experienced trauma (such as abuse and neglect) is likely to have many **blocks missing from the foundation of their patchy development**



# Child development domains

Dimension	Examples
Physical growth	Weight, height, head circumference
Behavioural	Expressing themselves verbally or physically in relation to others such as through aggression
Cognitive	Memory, concentration, problem-solving, ability to learn, following instructions
Emotional	Ability to understand and express a variety of emotions
Social	Learning from caregivers and other adults, interacting with others, forming and sustaining friendships, sharing
Communication	Both expressive (such as pointing or talking) and receptive (such as listening to instructions)
Moral	Being helpful rather than harmful, understanding difference between right and wrong
Personal skills	From dressing, feeding and toilet skills to hygiene and independence, depending on chronological age



# How do risk and resilience factors impact on children's development?

All children will have strengths and limitations in some dimensions of their development

This is important when focusing on **areas which need targeting and preventing (risks)** and **areas which can be promoted (strengths or resilience)**

- *Risk factors increase the likelihood of children developing mental health problems in the future (for example, exposure to domestic violence)*
- *Resilience factors help children to deal with adversities and to maximize their growth and potential (for example, education, social activities and access to child-friendly supports and services)*

It is often easy to forget children's strengths and potential in the presence of problems, particularly for those who have experienced trauma



# Children who experience trauma

Children and young people who experience trauma may **develop unevenly across different domains**. Although maltreatment can initially slow down physical growth, on the whole children will catch up if they are well cared for. **Their appearance, however, can be misleading**, because they are often behind their expected development emotionally and socially.

- Their experience of violence means they are unable to understand and express their emotions like other children of the same age (**emotional dysregulation**)
- This presents **difficulties for caregivers**, who need to address this child as one of a younger age in some domains and as an older child in other domains
- This mismatch between expected and real developmental capacity is **confusing for the child too**



Such developmental discrepancies also make a **child or young person vulnerable to various types of exploitation** (such as sexual exploitation)

- *For example, a physically well-developed young person may have the emotional and social skills of a younger child, and thus misread risky situations as they seek emotional comfort*

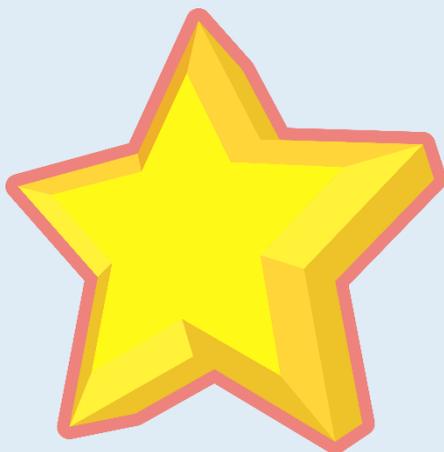
For the reasons discussed so far, it is therefore **useful to make a distinction between a child's chronological (birth) and functional age** along each domain before deciding on the appropriate intervention and **how** this will be delivered

- *For example, a 12-year-old child living in a care home may need his caregivers to nurture and teach him new skills as they would for a younger child of 6-7 years; whilst at the same time, this same child continues to interact and tries bridge the gap with their own peer group of 12-year-olds. This is a major challenge for the caregivers, who thus have to help build many developmental blocks in a short period!*



# Strategies in enhancing vulnerable children's emotional and social growth

- Regularly assess the child's capacity along the different developmental domains through observations, activities, talking to the child, and sharing information with other important adults
- Liaison and communication between caregivers, teachers and other professionals are essential
- Children may regress or not make the expected progress for certain periods (particularly when experiencing stressors); it is thus important to adapt tasks and expectations accordingly, so as not to demoralize the child
- Equally, children will advance faster than anticipated at other times, so it is equally important to continuously encourage them, and to provide new targets and challenges
- Constantly praise and reinforce such achievements with rewards, no matter how small these are



Children living in residential settings should remain stimulated and receive individual attention and nurturing, indeed as one would wish for their own child

Caregivers and teachers may initially need to structure and direct peer interactions (such as at school playtime)

- This needs to be done until the child is able to manage social situations with more confidence
- Even after this, the child may still require ongoing guidance and support

Always look for a child's talents and potential, no matter how difficult the circumstances

- Use creative ways to uncover and develop these talents further
- Actively involve the child in the choice of tasks and activities
- Children and young people have intelligent and creative ideas, as long as they are listened to!



For more information and other related psychoeducation materials, please visit

WACIT ([www.wacit.org](http://www.wacit.org)), or contact:

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