



Iceberg Model trauma-informed guide

Understanding and responding to aggression

Introduction

Anger is a natural and healthy emotion. Everyone feels angry at times - when a need has not been met, when we perceive some form of injustice or when we are in emotional pain. Anger can assist us to keep safe because it drives us to take action. However, the action taken is not always within our conscious awareness or may not be socially appropriate. When we feel stressed, threatened or angry, our bodies try to keep us safe from possible harm by going into a state known as 'fight, flight, freeze or fawn'. When in this state, the brain floods our body with stress hormones with the aim of getting us to act automatically and quickly, rather than consciously thinking through what we should do next. This can result in demonstrating impulsive ('fight') behaviours (like aggression). Aggression, while not helpful, is the behavioural expression of anger and underlying fear.

Tip of the iceberg (what we can see)

Aggression can be expressed verbally or physically. It is often intentional although not always (as in the case of small children who are learning the boundaries of safe play). Some children and young people who experienced trauma can be aggressive. They might damage property, hurt themselves or hurt others with their words or actions. Because their own physical safety might be threatened, caregivers can become very distressed by a child or young person's aggression, and understandably not know how to manage it.

What is happening underneath the surface?

Internal working models

Internal working models are a set of beliefs that children and young people develop based on their experiences. Relationships with caregivers strongly influence whether a child or young person will develop a positive or negative internal working model. Children and young people who experience consistently loving and nurturing care develop beliefs that they are good, capable and worthy of love and care. Through their interactions with their caregivers, they learn that relationships are satisfying and dependable, and that the world is generally a safe and predictable place. Children and young people apply their internal working models to new relationships and experiences. Given this, children and young people with positive internal working models approach new situations and relationships confident in the knowledge that they are likeable and worthy and that relationships are supportive and worthwhile.

Conversely, children and young people who have been harmed by previous caregivers can develop negative internal working models. It is important to understand that in the absence of other explanations that may be too complex for them to understand, children and young people often blame themselves for the harm they have experienced and begin to feel that they are bad and deserve to be hurt. When caregivers behave in ways that they are unavailable, unpredictable, or frightening in their interactions with the child or young person or if they struggle to understand what the child or young person needs, the child or young person can develop a negative working model where they believe:

I am.... bad, not good enough or unworthy

Relationships are..... unavailable, undependable, or scary

The world is..... unpredictable, unsafe confusing.

Children and young people with negative working models can feel terror about accepting close relationships as their experiences have been that these relationships might result in harm. This can lead them to engage in 'push-pull' behaviours with their caregivers, where they desperately resist forming close relationships yet seek to be close with them. Underlying this, they believe that they do not deserve close relationships with others and that other people will ultimately see that they are bad and then reject them. Therefore, children and young people may increasingly engage in aggressive behaviour as their relationship with their caregivers become closer and their existing beliefs about relationships are challenged. While this is an important step in their healing, it can be an extremely challenging period for everyone involved.

Aggression is an attempt to keep safe

Children and young people with trauma histories often demonstrate aggression that appears more intense, frequent, and longer-lasting than children or young people who have not experienced trauma. It does not take much for the child or young person to become angry or aggressive. Often this is due to trauma adversely affecting their physical and emotional development by triggering their bodies to be flooded with stress hormones over and over again. This results in the child or young person's brain becoming overly sensitive to perceived threats. As a result, a small stressor can cause their brain to think they are unsafe. Stressors may or may not be linked to memories of their trauma. For example, some children or young people are quick to anger simply from being overstimulated by the environment around them as their brains perceive this experience as threatening.

Challenges expressing anger

Children and young people who have experienced trauma and who act aggressively are often not in control of themselves or their feelings, despite often displaying 'controlling' behaviours. In reality, their brain is operating from a place of threat and they are in survival mode. While specific incidents of aggression may give the child or young person a temporary feeling of power or control over their situation, it can be frightening for them to feel this way. They are often overwhelmed by intense feelings of terror, panic and shame-related rage, and can feel helpless. They also feel terror about relinquishing control of those around them (because they think this will place them in danger), and in doing so they can lose control of themselves and their behaviour. Aggression in children and young people who have experienced trauma could therefore be seen as a desperate attempt to exert control in an environment that the child or young person believes is chaotic or unsafe.

No one helped the child or young person to appropriately manage their feelings

An important part of child development is learning about emotions. This typically happens through relationships with caregivers and begins in infancy. From very on, caregivers work hard to accurately understand how a child or young person is feeling and support them through that experience. This includes naming the emotions, helping the child to understand why they feel that way, meeting the needs underneath the feeling, and helping them manage their distress with soothing words, empathy, and comfort. Through these repeated experiences, children and young people learn over time how to manage their emotions in safe and healthy ways. This is called emotional regulation. However, children and young people who have experienced environments characterised by fear or abandonment may have missed out on this support. When they feel an uncomfortable or distressing emotion, they may not understand what is happening or know what to do quickly becoming overwhelmed and unable to cope. Aggression might be the only strategy they have to express their fear, hurt, and anger. This is particularly the case for children and young people who have been exposed to caregivers whose default strategy for managing anger is aggression or violence (for example, aggression has been modelled to them).

Strategies to promote healing

Stay calm in the face of aggression

While an aggressive child or young person may present in a scary way, under the surface they may feel out of control. Children and young people need caregivers to be calm and steady. Use a steady tone of voice, maintain 'usual' eye contact, and show open body language. It can help for caregivers to have a strategy to calm themselves when needed. This might include taking a few deep breaths and exhaling slowly or pushing your feet into the ground and dropping your shoulders. It may also help to repeat a saying in your mind like *"I want to invite them into my calm; not go into their anger"*. It can help to practice this strategy so that it becomes familiar.

Accept the anger

Anger is a feeling, just like any other. It can be uncomfortable to be on the receiving end of anger, particularly if your own feelings of anger were not supported when you were growing up. The goal is not to get rid of anger because it is a normal, healthy emotion. Rather, we want to teach the child or young person how to express their anger in safe and healthy ways.

It is understandable that a caregiver who is being physically or emotionally hurt by aggression might feel angry at or resentful of the child or young person. This highlights the critical importance of thinking about what might be going on under the surface for the child or young person. Consider what the child or young person is trying to express (for example, *"I feel unsafe and out of control. I need your help but I don't know how to ask for it"*). Consider what the child or young person needs from those around them when they are angry and aggressive, or the next time they behave aggressively (for example, *"I need you to take control and help me to calm my body. Remind me that I am safe. Through calming me, you are showing me how to do this for myself in the future"*). To do this, caregivers might need to practice regulating themselves first.

Empathise with the child or young person

Children and young people who experience intense anger and are aggressive might feel ashamed and confused. They are often very aware that other people do not react or behave in the same way as they do, but may not understand why they are different or how to stop their behaviour. Talking with the child or young person about where their angry feelings might come from and why can help to slowly reduce feelings of shame. It can also give the child or young person hope that they can learn new ways of 'doing anger' over time with help.

Challenge the child or young person's internal working model

The expression of anger through aggression makes sense within the context of the child or young person's early experiences. Remember that the child or young person's internal working model tells them that they are a bad, unlovable person. Reacting to aggressive behaviour by withholding love and affection, reinforces those beliefs and makes it more likely that they will respond with aggression the next time they feel hurt. Instead, caregivers want the child or young person to learn that they can feel angry and you will care about them regardless. It is important to communicate empathy and understanding of this to the child or young person, while also making it clear that aggressive and hurtful behaviour is not appropriate. The goal is to help the child or young person realise that while their behaviour may not be socially acceptable, this does not make them a 'bad' person.

Intervene quickly and calmly

When the child or young person starts to behave aggressively, intervene immediately and stop the behaviour by redirecting them and/or their attention in a calm, matter-of-fact tone. The idea is to stop the behaviour without making the child or young person feel shameful about themselves. For example, say *"It's okay to be angry but I'm not going to let you hurt my body. I'm going to hold your hands until we are both safe"* or *"I can see that you're feeling frustrated about having to share the toys. It's not safe to hit. We're going to head home now. We can play with our friends tomorrow."* Any consequences should be directly connected to the outcome of their aggression, rather than a punishment for the anger itself (for example, if they have thrown a toy and it has broken, the most natural and logical consequence is that they are not able to play with that toy anymore). It is also important to reconnect with the child or young person and repair the rupture to the relationship as quickly as possible after an aggressive incident or after a consequence has been applied. The child or young person needs to understand that your relationship has not been irreparably damaged by their anger and aggression.

Recognise triggers

As aggressive behaviour is often the result of a child or young person experiencing intense stress, fear or shame, it can be helpful to identify what specific triggers might be causing them to feel like this, and then to help them to cope with these emotions before they become overwhelmed and resort to aggression. Triggers are events that remind us of negative or painful experiences in our past. While we are not always aware of the connections, our brain and our body have big reactions, leading us to engage in survival behaviours (such as aggression) in an effort to calm our nervous system and keep ourselves safe. This might include certain smells, sounds or situations which evoke similar emotions to how we felt at the time of a traumatic event.

While we cannot always prevent triggers from occurring, understanding the child or young person's unique triggers is helpful in trying to reduce the likelihood of aggression occurring. To identify triggers, think about the events or situations which occur immediately prior to the child or young

persons' aggression and note whether there are any commonalities or themes that keep occurring. For example, perhaps the child or young person is more likely to show aggression when they are tired or when attention is focused on caring for other children. Caregivers can support the child or young person to notice the links between their feelings and their aggression, and to identify and practice other coping strategies for times where triggers cannot be avoided. Recognising how the child or young person who has experienced trauma feels at these moments can help them not feel all alone. Knowing what settles the child or young person when they are stressed and offering them an opportunity to engage in this activity (such as running outside or bouncing a ball) when you notice they are beginning to become agitated or distressed may enable them to prevent an upcoming emotional meltdown. Over time, this approach could also help develop the child or young person's ability to manage their own emotions during stressful times.

Safely store objects that are precious, meaningful or potentially dangerous

Put anything precious, meaningful or potentially dangerous away until you feel confident that the child or young person can manage not to break meaningful items or use potentially dangerous items harmfully. As children and young people who have experienced trauma often have a negative view of themselves, they may seek to destroy items that belong to them because they think themselves unworthy of such possessions. They may also damage property in their placement in a subconscious effort to 'test' their caregivers or the closeness of their relationships with caregivers or to provoke caregivers to give up on them (because that is what they are expecting caregivers will do).

Help the child or young person learn about their emotions

Co-regulation refers to the act of helping a child or young person to 'regulate' their emotions (calming their nervous system/body/emotions). When a caregiver calms a distressed child or young person, they are co-regulating their emotions – the child or young person is learning how to soothe themselves through their caregiver being there with them. Caregivers do not need to change how the child or young person is feeling by rescuing them or trying to cheer them up. Caregivers assist the child or young person by guiding them towards calm. This can be done by holding the child or young person, listening to them or sitting in silence with them. This demonstrates to the child or young person that they can experience emotions and get safely to the other side.

There are lots of ways to support the emotional development of the child or young person. This could include exposing the child or young person to different types of emotions through books, play and television shows, while naming the emotions and talking with them about what the characters might be feeling and how they have managed it. When the child or young person experiences a strong feeling, this can be used as a teaching opportunity to help them learn about their emotions. This can include exploring what they are feeling, why they are feeling that way and what they can do with that feeling. Remember, it is also okay for caregivers to show the child or young person strong emotions – demonstrating how caregivers manage their emotions in a safe and healthy way provides an opportunity for the child or young person to learn emotional regulation.

Help the child or young person to practice new ways of managing overwhelming emotions

Try to find ways that allow the child or young person to express their feelings to their caregiver. Not many children or young people want to sit and talk to their caregiver about their inner-most thoughts and feelings, so it may take some creativity to create opportunities for this to occur. Shared activities can provide a relaxed opportunity for the child or young person to talk about their emotions without feeling as though they are being interrogated. This could include playing together with their caregiver,

drawing/painting, playing music together, going for a walk/drive, baking or watching a television show while cuddling on the couch. It is important to remember that given the child or young person's anger is a learned survival response, it will take considerable time before they realise that they do not need to react in this manner now they are safe.

Additional considerations when providing care for Aboriginal and Torres Strait Islander children and young people.

The experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their ability to form and maintain relationships. Therefore, caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship with the child or young person and to continue to provide behaviour management in a responsive manner.

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported. Historically, Aboriginal and Torres Strait Islander people's behaviour has been negatively interpreted to enable colonisation and control. This continues to occur when non-Aboriginal and Torres Strait Islander people and systems incorrectly perceive culturally appropriate ways of communicating and engaging as 'aggression' at times. There are global differences in what is considered 'normal' behaviour; therefore, an Aboriginal and Torres Strait Islander child or young person should not be described as 'aggressive' when they are acting in a culturally consistent way.

It is also crucial to not view the behaviour of Aboriginal and Torres Strait Islander children and young people solely through a western lens of pathology. The interplay of historical, social, cultural factors must be considered when thinking about 'aggressive' behaviour in Aboriginal and Torres Strait Islander children. For example, the context of colonisation, intergenerational trauma, systemic injustices, and disrupted cultural connections contributes to heightened levels of stress, anxiety, and trauma-related responses in Aboriginal and Torres Strait Islander communities. Aggression can be a coping strategy for expressing distress, asserting control in unfamiliar environments, or protecting yourself from perceived threats. Children and young people may also exhibit aggression when they have unresolved feelings of abandonment, betrayal, or powerlessness related to removal.

Additional considerations when providing care for children and young people from culturally and linguistically diverse backgrounds

Children and young people from culturally and linguistically diverse (CALD) background also have cultural templates and concepts of aggression which may differ from the caregiver's own understanding of the concept. Therefore, it is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

Caregivers can connect with local CALD organisations to continue to enhance their understanding of the child or young person's cultural background and the impact of it on their worldview.

Iceberg model in action

Patrick in family based care

5-year old Patrick tends to lash out at others when he is upset by hitting, kicking, and pinching. This is also directed at other children who live in his foster care placement.

Patrick's caregiver listens to the messages underneath his behaviour – *"I'm scared and I don't know what to do. It feels better to be bigger and scarier than someone else. I don't know how to ask for help when I'm overwhelmed with big feelings."*

Patrick's caregiver responds by increasing supervision to help keep all of the children in the house safe. They start keeping a record of Patrick's escalations so they can identify patterns in his behaviour and realise that Patrick tends to lash out when other children receive affection or positive regard from the caregiver. Patrick's caregiver is more alert at these times and redirects Patrick when he starts escalating. They help him understand his behaviour using "I wonder" questions and statements and encourage Patrick to tell them when he is feeling jealous. When Patrick asks for help, his caregiver praises him and meet his needs. Patrick's caregiver also makes a special effort to give Patrick ample positive feedback and affection.

Bianca in residential care

15-year old Bianca recently entered a residential care placement after many years of exposure to domestic violence and offending behaviour. When she is distressed, Bianca escalates quickly and engages in shouting, slamming doors, throwing items and physically threatening behaviours (such as encroaching on the residential care worker's physical space and making threats to harm them). Bianca also receives regular input from her school about aggression towards staff and other students.

Bianca's residential care workers listen to the messages underneath her behaviour – *"My life feels so out of control right now. I'm scared and I don't know what to do. I can't rely on anyone else so I need to make myself bigger/stronger so I can stay safe."*

Bianca's residential care workers respond by using their own calming strategies and accepting her feelings of anger about all the change in her life. They intervene calmly by removing themselves from the situation but staying available to support Bianca - they say *"I hear that you're angry Bianca and I'm here for you. I can't stay here while you are throwing things because it's not safe but I'll be right here in the kitchen when you're ready to talk."* Bianca's residential care workers help Bianca to understand the connection between how she has been feeling and her behaviour and work with her to identify alternative strategies she could use. They set up a safe space in the house that Bianca can go into when she is angry without being disturbed. They also work with the care team to identify additional supports which can support her and the placement. Progress for Bianca is slow but her residential care workers empathy and reassurance that she is still valued despite her difficulties help her a lot.

If you have any further questions, please do not hesitate to contact your case worker for further support.