



Government of South Australia
Department for Child Protection



Practice Approach: Trauma lens for children and young people

Iceberg Model

A trauma-informed approach to understanding and managing traumatised children and young people's behaviours.



Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



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Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



About the Iceberg Model

The Iceberg Model was developed to help caregivers and others working with children and young people who have been maltreated to better understand the reasons underlying the behaviours that these children and young people often display.

Using the terminology of the Iceberg Model, the 'tip of the iceberg' includes those behaviours we can see children and young people engage in, while 'underneath the surface' of the water are the emotional causes of the behaviours. These terms will be used frequently in each of the Iceberg Model fact sheets.

Developmentally, actions come before words.

Children and young people first begin to express themselves and their needs with behaviour. For example, babies cry to communicate to their caregiver that they have a need to be fed, comforted or to have their nappies changed.

Even after they begin to develop language, children and young people continue to use their behaviour to communicate with those around them. For example, when young children meet someone new they tend to cling to their caregiver for safety or look to their caregiver for non-verbal cues regarding whether the new person is safe to interact with.

Children and young people who have been maltreated often come from chaotic and rejecting environments.

Consequently, they adopt behaviours that may appear to be unusual or concerning, but have developed to help keep them safe.

The Iceberg Model suggests that many of the behaviours maltreated children and young people develop arise from a place of stress and fear and are automatic responses to the child's perception of threat and danger. Children and young people who have been maltreated can interpret events as threatening, regardless of whether or not the adults around them believe the threat exists, and their behaviours develop to keep themselves safe.

The behaviours of maltreated children and young people also communicate their intrinsic need for attachment to and nurturing from stable adult caregivers, yet their deeply rooted fear that adults will harm them. Maltreated children and young people (like all children) want to feel physically and emotionally safe, secure, validated, loved, approved, acknowledged and wanted. However, maltreated children and young people have often been so badly harmed by adults that they struggle to trust that adults can be relied upon to be safe and meet their needs.

So instead of behaving in ways that safely draw adults close to them to build relationships and ensure their needs are met, maltreated children and young people might create a wall of safety around them to protect themselves from the perceived danger of being vulnerable, helpless, powerless, frightened, misunderstood and harmed.

In summary, maltreated children and young people develop behaviours to keep safe, both in their environment and within relationships.

Because their behaviours have successfully kept them safe in the past, these behaviours are considered to be 'adaptive coping strategies' and they become habitual. While in an unsafe environment these behaviours remain adaptive, when the child or young person is placed in a safe environment, these same behaviours can be considered *maladaptive* as they cause the child or young person problems.

For example, in an unsafe environment a child might learn to run away and hide when there is danger around (eg raised voices that signal domestic abuse might occur); in that environment, running away is adaptive and helps the child or young person stay safe. In a safe environment when that same child hears raised voices, their instinct, their coping strategy of running away can be maladaptive as it places them at risk. But because these behaviours are so entrenched, they can be difficult to change until the child can really trust that they are safe and no longer need these behaviours.

Maltreated children and young people have been so focused on and preoccupied by self-protection rather than self-regulation (ie learning how to manage and control their emotions and behaviour), that they have poorly developed internal regulation systems. This means they struggle more than other children and young people to regulate their experiences of stress and fear.

These children and young people require sensitive, responsive and available caregivers to remain with them and provide them with co-regulation, to help them learn how to regulate themselves. In this way, the needs of many maltreated children and young people are similar to the needs of infants and toddlers, who need adults to help them manage how they feel before they will be able to learn to manage on their own.

To promote safety and to help maltreated children and young people develop better skills for managing their emotions, caregivers must focus their attention on what is happening *under the surface* for these children.

Once we know what emotional upset or memories are triggering the behaviour that we see at the *tip of the iceberg*, we are better able to help the child or young person. Until we can help a child or young person address what is happening *under the surface*, the *tip of the iceberg* behaviours are unlikely to change.

The Iceberg Model gives us a great strategy to remain focused on, and talk about, the behaviours of maltreated children and young people in a more understanding and therapeutic way.

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #1 Building Relationships

Tip of the iceberg

You may notice children and young people who have been maltreated behaving in unexpected ways when you are attempting to build a relationship with them. They may fight against building a relationship with you by keeping you at arm's length, avoiding contact with you or pushing you away. Some children and young people may also behave aggressively towards you or engage in certain behaviours despite knowing that these behaviours will result in an adverse consequence (eg destroying their toys, knowing that you will remove the toys from them).

It may seem that the child or young person is intentionally trying to break down the placement, despite all of your attempts to develop a good relationship and provide a safe home. You may also notice these children or young people becoming overly demanding, possessive or clingy as though they're scared you will leave them, which may seem unnecessary because you're always there for them. Such behaviours may be frustrating as they are confusing, feel rejecting or smothering, and place demands on your time, possibly taking time away from the other children in your care and other significant relationships in your life.

Underneath the surface

From the moment we are born, we are 'designed' to be in relationships. In other words, we are motivated to interact with each other and our world, and we do so instinctively. However, building positive and stable relationships is very difficult for children and young people who have been maltreated. The abuse, neglect and trauma, as well as the multiple placement disruptions that they often experience, typically means that these children and young people have never experienced positive and stable relationships and have learned from a young age that relationships with adults are painful.

As a consequence, these children and young people believe that their experiences of maltreatment and their past poor relationships were *their fault*, that they don't deserve good relationships, and that future relationships will again be poor. Such negative views are due to their belief that they are unlovable and unworthy, that caregivers are unavailable, insensitive and unresponsive, and that the world is unsafe (we call this a child's 'negative internal working model' of themselves, others and the world).

In addition, maltreated children and young people believe that people who are seeking a relationship with them want to hurt them, as this has happened in their past relationships. While you might start to develop a good relationship, this can leave a child or young person feeling vulnerable or unsafe, as they might expect that you will abandon them as others had before. The child or young person's or young person's resistance to building a relationship with you reflects their extreme need to keep you at an emotional distance in order to be physically and emotionally safe, to take control of the relationship in attempt to stay safe, and to prevent the painful history of harmful relationships from repeating itself.

When relationships are going well for a child or young person, this can challenge their negative internal working model of themselves and others, and it can be very uncomfortable for them. It is very strange for a child or young person who believes that they are unlovable to be given love and care; and it is very uncomfortable for a child or young person who believes that relationships are harmful to be given safety and nurturing.

Positive and stable relationships are frightening because, for children and young people who have experienced maltreatment, they are unfamiliar and unpredictable. For this reason, sometimes children and young people who have been maltreated will 'sabotage' relationships. Harmful relationships are more predictable to them than are safe relationships, so as their relationship with you begins to fall apart, the child or young person's negative views of themselves, caregivers and the world are strengthened, which brings a sense of predictability and, oddly, safety for the child or young person.

In addition, maltreated children and young people often don't know how to seek connections with their caregiver in the usual ways and therefore attempt to seek these connections in an unhealthy and clumsy manner. They may also engage in unhealthy connection-seeking behaviours as this was previously modelled for them.

Strategies

Always try to focus on the emotional needs underneath the behaviour

Children and young people who have been maltreated often have negative beliefs about themselves, caregivers and the world, such as, "I'm bad and unlovable", "relationships aren't safe" and "the world is dangerous". Take a moment to consider what your child may be telling themselves, and respond in a way that gently challenges their negative beliefs. Ask yourself "What might my child be thinking now? How can I show my child, with words and behaviour, that he/she is valued and safe?"

This will help you to address the emotional threat and danger that caused the defensive behaviour to begin with, rather than simply expecting your child to change their behaviour. Let your child know that they are lovable and worthy of a good relationship, and that your relationship with them is safe and unconditional (no matter what behaviours they may engage in). In order to reduce their negative behaviours, maltreated children and young people require a strong relationship with you, and to know that you won't ignore their intrinsic needs to be heard and understood. In fact, ignoring the emotional needs driving the behaviour will likely have a deleterious impact on the relationship between you and them.

Be curious about your child's behaviour and emotional expression

Don't assume that you know why maltreated children and young people behave the way they do and avoid assumptions such as "he just wanted to get away with it", "she was just being lazy" or "he's simply not trying hard enough". Maintain an open, curious and non-judgemental position in relation to your child's inner life – in other words, accept the 'not knowing' and 'curious' stance. This will support your child to develop a sense of emotional safety because they know that you can relate to them and completely accept them for who they are.

Listen to and talk with your child

Take the time to listen to and talk with your child. Ongoing interactions during which you can observe your child will create opportunities for you to learn more about them, including what makes them sad, worried, angry or scared. Slowly, they may then begin to reveal to you (through their behaviours and words) what is really going on inside them and what they need.

Non-verbal communication is important in connecting with your child

Non-verbal communication includes eye contact, facial expressions, gestures and vocal tone and rhythm. Non-verbal communication conveys more of our thoughts, feelings, assumptions, evaluations and intentions than words do. Encourage and model eye contact in everyday situations, such as when sharing a meal or playing a game. Especially encourage eye contact when your child is behaving in ways that are pro-social and appropriate.

Adults often only ask children and young people to "look at me!" when they are upset and reprimanding children for negative or inappropriate behaviour. For children and young people who have been maltreated, asking them to look at you when you're upset simply reinforces their belief that they are unlovable and unworthy and that relationships are bad and unsafe. However, asking them to look at you when you're happy with them will help the child to see themselves through your eyes – as lovable and worthwhile.

Interact with your child using P.A.C.E (developed by U.S. psychologist Daniel Hughes)

Playfulness – Play, humour, fun and non-competitive games are great ways to safely engage children and young people and to show them that relationships can be fun (see [Fact Sheet #10:](#)

[Play and Playfulness](#) for more information).

Acceptance – Accept your child’s thoughts, beliefs, feelings and behaviours unconditionally, without judgement, and with understanding of where these came from. Your child’s sense of emotional safety is increased when you can relate to them and completely accept them for who they are. However, this doesn’t mean that your child’s behaviour is not open to your assessment and guidance, and that boundaries cannot be imposed.

Curiosity – Wonder out loud with your child about why they behave as they do. Suggest possibilities to help them understand themselves better (eg “I wonder if you slammed the door just now because you felt angry?” or “I wonder if you felt angry because you thought I was leaving without saying goodbye?”). Accept when your child rejects your suggestion as it may initially be too hard for them to manage such a conversation.

Empathy – Show understanding for why your child is behaving as they are (eg “You seem so sad right now. It must be so hard for you when ...”). Simply be with your child and assist them with the difficult experience, no matter how stressful this may be. This means avoiding the temptation to rescue your child, to give advice or to fix their problems.

Assist your child to learn about their emotions

Children and young people who have been maltreated often struggle to identify what they are feeling or how to make it better. Help them to identify and name their emotions by saying for example, “I would feel angry if someone left without saying goodbye to me. I wonder if that is how you feel”. Naming and talking about their emotions is the first step for children to understand and work through these emotions, although this can only occur when children and young people are calm and regulated.

Encourage your child to accept comfort and support when they’re upset

Being nurturing, empathic and appropriately affectionate can be calming, reassuring and soothing to a child or young person who is distressed. It also shows your child that they can rely on you to be a ‘safe base’ when they feel upset, which in turn will help you in building your relationship with them.

Provide care for your child that is based on their *emotional age*, not their chronological age

It is important to interact with children and young people who have been maltreated at their emotional level because they are often emotionally delayed and therefore act younger than their age. When angry, sad, anxious or frightened, these children and young people will likely regress and further struggle to behave in an age-appropriate or mature manner. During these times of emotional distress, it is especially important to interact with these children and young people in a manner that corresponds with their emotional level, and to adjust your expectations of these children accordingly.

Model and teach appropriate social behaviour

Children and young people who have been maltreated often don’t know the rules within relationships. Therefore, it is important to model appropriate social behaviour and to recognise that the negative behaviours these children and young people often engage in are simply connection-seeking behaviours. In particular, it is important to talk children and young people through social situations and to provide alternative suggestions as to how they may behave. For example, model a calm attitude when the child is angry, while saying at the same time, “I can see that you’re angry. I think we should read a book together to help you calm down”.

Constantly show your child that you want to keep them safe

Children and young people who have been maltreated need to know that you want them to be physically and emotionally safe. Therefore, when you need to protect your child’s safety, take control of situations by being bigger, stronger, wiser and kind.

Maintain predictability

Maintaining predictability with structure, routines and rituals creates an overall sense of safety for your child. However, you need to find the balance between structure and flexibility as some flexibility can facilitate independence and creativity.

Use 'time-in' instead of 'time-out' when your child is struggling with their emotions

'Time-out' involves sending children or young people away when they are distressed and asking them to calm down on their own. Children and young people who have been maltreated usually struggle to calm down by themselves because they've never been taught how to do this before. As a result, they likely believe that being sent to time-out and therefore away from their caregiver is just another sign of rejection within the relationship.

However, these children and young people usually calm down more quickly when they have a calm and stable adult with them, who can help them to identify, make sense of and manage their emotions. 'Time-in' involves taking your child away from the source of distress and asking them to stay close to you, such as sitting with you for a while or helping you with a task. Just by sitting with your child and being calm, you'll help them learn how to better manage their own emotions as you're providing them with the safety required to identify and make sense of their emotions.

Repair your relationship with your child after every rupture

Healthy relationships have conflicts that are characterised by periods of separations, misunderstanding, discipline and different interests and priorities. These conflicts do not impair the relationship between you and your child if you repair such conflicts, particularly as this supports your child to know that the relationship will always continue and can survive these conflicts. Children and young people who have been maltreated have often experienced a lot of relationship conflicts followed by rejection and lack of repair, which repeatedly sends them the message that relationships are unsafe and unstable, and that they must be bad and undeserving of good relationships.

It's important, therefore, to repair your relationship with your child after every rupture, regardless of whether the rupture is big or small. For example, after reprimanding your child for hitting a younger sibling, reconnect and repair by offering support (eg "I know you hit out because you were [upset / frustrated / scared] just now, but it's not okay to hit. Let's do something together for a while until you feel a bit better."). Quickly repairing a rupture in the relationship will limit the amount of time your child has to think negatively about the rupture and themselves, and will show them that they are loved and valued unconditionally.

Avoid taking your child's behaviour personally

Remember that your child's defensive behaviour is an act of self-protection and not a personal attack against you. Their behaviour developed from (often) years of maltreatment as a way to keep themselves safe. It is 'hard-wired' and difficult to change. If you see the behaviour as the *tip of the iceberg* and focus on what's happening *under the surface*, you'll be less likely to view the behaviour as a personal attack.

Be patient with your child's (and your own) progress

Children and young people who have been maltreated have a lot to overcome. Their emotional, social, cognitive and physical development may be delayed and their progress is likely to be slow. This can be frustrating, especially if you believe that you're giving your child all your love and effort. By being patient and having realistic expectations for your child and focusing on the small successes and achievements, you'll help yourself to manage your frustration and to stay committed to caring for your child.

Ask yourself: "What successes have we achieved? What is my child learning from how I respond to any setback? How can I show my child that they are still a valued member of the family despite any setback?"

Take care of yourself

Caring for children and young people who have been maltreated can be both rewarding and exhausting! Make sure you seek and receive professional and/or personal support because the more you take care of yourself, the more you'll be emotionally and physically available to care for your child.



Fact Sheet #2 Shame

Tip of the iceberg

Shame is a painful emotion, and one that most of us want to avoid. When children and young people experience shame, they often behave in different ways to hide this. Some children and young people may hide their face, lower their eyes, force a smile, hide themselves away or play independently. Other children and young people may become defensive by being resistant, rude, vindictive, harsh, demeaning, blaming, bossy, arrogant or abrupt. They may also deny, minimise or justify their behaviour, blame others for it or become angry at the person who is making them focus on it. Children and young people can also seem confused or at a loss for words because when they are experiencing intense shame, they are 'stuck' in lower, emotional areas of their brain and often struggle to think clearly.

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Underneath the surface

Children and young people in secure and healthy families learn from an early age that when they behave in a way that is unacceptable to their caregivers, their caregivers will not be happy with them. Knowing that their caregiver is unhappy with them feels bad to the child and the child becomes sad and uncomfortable as a result. This feeling of shame is temporary and made better for the child when their caregiver provides them with reassurance and comfort (eg assuring them that they are still loved and valued, despite their behaviour).

Through repeated experiences of feeling shame and being reassured, the child develops trust in their caregiver and feels secure in the relationship, knowing that their caregiver will always be there for them following conflict. As the child becomes older the feelings of shame often develop into healthy feelings of guilt, where the child experiences themselves as having done something wrong but as being able to fix this (because they know they can change their behaviour and that other people will be forgiving).

Feelings of guilt also help the child to become aware of the impact of their behaviour on others (as they take on the disappointment that their caregiver feels) and motivate them to repair the relationship and to avoid such behaviour again (as they are remorseful for their behaviour). In this way, the child becomes motivated toward more positive or socially desirable behaviour in order to please their caregivers and to avoid upsetting them in future.

Children and young people who have been maltreated have often gone through a very different process when they displease their caregivers. Their past caregivers have typically responded angrily or unpredictably to the child or young person's negative behaviour, which leaves them feeling confused and struggling to identify how to keep their caregivers happy. Their past caregivers have also often struggled to repair the relationship or to respond appropriately when the child attempted to repair.

Therefore, children and young people who have been maltreated have often been left alone with their feelings of shame, as well as feelings of rejection, which confirm their belief that they are bad and unlovable, that their caregivers are unavailable, insensitive and unresponsive, and that relationships are unstable and cannot be trusted. Also, they have often had experiences where negative assumptions are made about the reasons underlying their behaviour. In turn, these children and young people begin to assume that they must have negative motives, thoughts and feelings and that there is something wrong with them (ie with who they are).

When left alone with their feelings of shame, children and young people remain 'stuck' in these feelings and never learn to develop healthy feelings of guilt. As a result, they experience themselves as deficient in significant ways and believe that they are unable to change who they are.

Example

Tip of the iceberg:

Melissa (aged 16) lied about kicking another child even though her carers witnessed it.

Under the surface:

When Melissa lived with her parents, they often told her that she was “the devil’s child” and that she will never change. Melissa felt very badly about herself. To protect herself from those negative feelings, she learned to lie about her behaviour. Even when other people see her behaviour, she cannot bring herself to admit what she has done, because the shame and fear are too great.

Strategies

Show your child that you care

After times of conflict, children and young people who have been maltreated desperately need to know that you still care about them even when you are upset at their behaviour. This is particularly because these children and young people often don’t know how to initiate re-connection and may continue to wallow in their feelings of shame. Therefore, it is important that you go to them immediately and let them know that you still care so that the relationship is able to heal from the conflict.

Identify the triggers to your child’s experiences of shame

Try to learn what triggers your child to experience shame, no matter how illogical or irrational the triggers may seem to you. Use your knowledge of your child’s past experiences, behaviour and beliefs about themselves and relationships in order to better understand when your child may experience shame.

Avoid minimising the triggers or justifying why your child should not be worried (eg “Ellie should really know by now that I will always have food for her”). Respond to your child’s shame with empathy, even if you don’t accept their behaviour. For example, you can say, “It’s so sad that when you were little, you weren’t taught that running away is dangerous for you. I care for you so much that I want you to stay close to me. I also hope I can teach you that you don’t need to run away anymore”. In turn, this will support you to remain in a place of love and acceptance and to be able to respond to your child’s need for a relationship.

Help your child to make the connection between their behaviours and their feelings of shame

Help children and young people who have been maltreated to understand the connection between their behaviour and their need to hide their feelings of shame. Also help them to understand that these behaviours were important for them when they were younger when they needed to protect themselves from emotional distress, but that you’re here now to help them learn different and healthy ways to manage these feelings of shame. For example, consider saying, “I can see that you’re feeling really angry. I’ve seen you act angry before and I think that it might be your way of keeping people away from you because you don’t know any way to let them know how you feel. Let’s work out some different ways you and I can tell how you’re feeling without getting angry.”

Provide alternative explanations for your child’s behaviour

Children and young people who have been maltreated often see themselves as bad because they cannot separate themselves from their negative behaviour (eg “I must be bad because I do bad things”). It is easier for us, however, to see their behaviours as separate from them because we know that their behaviours are often ways that they have learnt to protect themselves from harm or their emotional distress. You can help these children and young people to start seeing themselves through your eyes by giving alternative explanations for their behaviour. For example, you can say, “I wonder if whenever you hit your sister, you think that you’re a bad kid. I think that you might’ve made a bad choice when you hit your sister, but I don’t think that you’re a bad kid. I hope one day that you’ll see yourself how I see you, as a good kid.” ([see Fact Sheet #3 I Wonder Statements](#)).

Always try to focus on the emotional needs underneath your child's behaviour

Children and young people who have been maltreated often have negative beliefs about themselves, caregivers and the world, such as "I'm bad and unlovable", "relationships aren't safe" and "the world is dangerous". Take a moment to consider what your child may be telling themselves, and respond in a way that gently challenges their negative beliefs. Ask yourself, "What might my child be thinking now? How can I show my child, with words and behaviour, that they are valued and safe?" This will help you to address the emotional threat and danger that caused the defensive behaviour to begin with, rather than simply expecting your child to change their behaviour. Let your child know that they are lovable and worthy of a good relationship, and that your relationship with them is safe and unconditional (no matter what behaviours they may engage in). In order to reduce their negative behaviours, maltreated children require a strong relationship with you (see [Fact Sheet #1: Building Relationships](#) for more information), and to know that you won't ignore their intrinsic needs to be heard and understood.

Focus on the behaviour in question and separate your child from their behaviour

Focusing on your child as 'bad' will facilitate shame rather than guilt. Avoid assessing the motives underlying your child's behaviour and assuming that you know why they behave the way they did. Such assessments and assumptions almost always involve negative beliefs about your child that will likely elicit more defensive reactions and shame from them. When you talk about your child's behaviour, use phrases like "Sally, it's not okay when the hitting happens. I'm here to keep you safe, so I need to help you stop the hitting".

Give your child time

For children and young people who have been maltreated, it is likely that they will react with a sense of shame when they have done something wrong, particularly if they expect intense rejection and criticism from their caregiver. However, they may be able to experience guilt and accept responsibility for their behaviour if they feel safe and calm. Therefore, avoid insisting that these children and young people immediately admit to, explain or apologise for their behaviour, as this will likely intensify their sense of shame, make the situation worse and reduce any opportunity for them to learn from the consequences imposed.

Acknowledge what your child may or may not be able to do

For example, "I can see that it is too hard for you to calm down and to let me help you right now. I wonder if it's okay for me to stay here with you until you are ready to tell me what happened".

Be aware of and monitor your own body language

Children and young people who have been maltreated are hypersensitive to others' body language as they look for clues about how they may or should act and, in particular, about whether or not they are physically and emotionally safe. These children and young people often interpret body language in negative ways, so that even a neutral facial expression or stance can be interpreted by the child as the caregiver being irritated or frustrated with them. Therefore, it is important to be aware of and monitor your own body language and what it may communicate to your child. If you notice that your child has misinterpreted your body language, gently correct them while showing them that you still care.

Recognise your own emotions

When children and young people don't show remorse or guilt for their negative behaviour, it can be frustrating and difficult to stay empathic, understanding and patient. Also, when caregivers repeatedly experience defensive behaviours and attitudes from these children and young people, it is easy for the caregivers to become defensive themselves as they enter protection mode and seek self-preservation. In order to avoid this, practise recognising your own emotional responses to your child's behaviour, and think about how your emotions affect your own behaviour towards them. This will ensure that you are as safe and regulated as possible during moments of conflict, particularly as your child will become more defensive and increasingly struggle to accurately identify your motives and feelings.

Avoid taking your child's behaviour personally

Remember that your child's defensive behaviour is an act of self-protection and not a personal attack against you.

Work with your child as a team

Sharing the blame and working on the problem together can be powerful when helping children and young people to manage feelings of shame. It takes the focus off them and their view that they are bad, it separates them from their behaviour and it shows them that you're there to support them unconditionally. For example, you may try saying, "I'm sorry I didn't realise that you felt sad after visiting your mum, and that you had to show me your sadness by breaking my favourite plate. Now that I know how you feel, I'm going to help you more after you come home from seeing your mum, by making sure that we do something together so that you can have some time to feel better".

Show empathy when your child experiences shame and identifies themselves as 'bad'

When children and young people who have been maltreated experience shame and refer to themselves as 'bad', resist the temptation to argue with them and to talk them out of it (for example by saying, "no, you're not bad"). This view is their truth and you will only come across as though you're rejecting their view. Most of these children and young people won't believe you anyway if they're experiencing feelings of shame in that moment. Instead, show empathy about how they see themselves by saying for example, "Oh, so when you make a mistake or do something wrong, you think that you're bad? Wow, and you've dealt with that for a long time. That must be so hard for you!" Such comments do not provide these children with anything to argue about and help them to feel validated, understood and respected.

Develop a 'happy book'

'Happy books' can be used to write genuine and positive things about children and young people that they can look at in their own time. These books help children see that other people think positively about them, and help them believe good things about themselves. For younger children, putting together a book of photographs depicting happier moments can also be useful.



Fact Sheet #3 'I Wonder' Statements

Tip of the iceberg

Children and young people who have been maltreated have often experienced a lot of rejection and abuse. As a result, they develop the belief that they are bad and unlovable, that caregivers are unavailable, insensitive and unresponsive, and that relationships are not safe. The different behaviours that we see these children and young people display are usually the only ways that they have learned to keep themselves safe from physical and emotional harm and to cope with, or defend against, the unpleasant feelings and beliefs that they have about themselves and the world. Unfortunately, the children and young people themselves often don't understand how their thoughts, feelings and behaviours are connected, and they need help with this.

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Underneath the surface

Maltreated children and young people often do not understand why they feel or behave the way they do, and therefore don't know how or why to change their behaviour. They may recognise that they feel terrible inside, but don't know how to express their feelings except with their behaviours (which are often negative).

It can be very helpful for these children and young people to have a caregiver who can help them 'join the dots', help them make the link between their thoughts, feelings and behaviour. The caregiver can help them look under the surface at the emotional issues that may be causing their behaviours, and start to understand what they're feeling, why they're feeling that way and that such feelings are okay. The caregiver can also help them to find a way to express their feelings differently and not have to rely on unhelpful behaviours.

A useful way of reducing children's unhelpful behaviours is with 'I wonder' statements where the caregiver observes the child's behaviour and suggests possible meanings for the behaviour. These statements don't require the child to say anything in response but the caregiver will be able to notice which meaning resonates for the child simply by watching the child's responses.

Strategies

"I can see that you're really angry ..."

- *I wonder if it's because your Mum didn't show up again today for your visit?*
- *I wonder if it's because you think that no one really cares about you?*
- *I wonder if it's because you think that you don't belong anywhere?*
- *I wonder if it's because you've had to become angry in the past in order for others to notice you?*

"I can see that you don't like it when someone new comes to our house ..."

- *I wonder if you're scared that they won't like you or will hurt you?*
- *I wonder if you think that I don't care about you whenever I give other people attention?*
- *I wonder if you're worried that I might like them better than you?*
- *I wonder if you think that you'll have to move somewhere else as there'll be no more room for you now?*

"I can see that you're really cross when I have to say 'no' to you ..."

- *I wonder* if you think that I don't like you anymore when I have to say 'no'?
- *I wonder* if you think that no one likes you when you are told 'no'?
- *I wonder* if this is because I haven't clearly explained to you why I've said 'no'?
- *I wonder* if my saying 'no' to you makes you feel bad about yourself?

"I can see that you're really agitated and I'm worried that you might run away again if I let you go by yourself ..."

- *I wonder* if running away is your way of testing to see if I really care about you? I hope that one day and without having to run away, you'll believe that I care about you.
- *I wonder* if you're noticing us getting closer lately and that scares you because those you cared about in the past had left you? So running away is your way of making sure that you don't get hurt again.
- *I wonder* if you've lashed out at others in the past when you've felt agitated and that running away is your way of making sure that you don't hurt others?

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #4 Use of Consequences

Tip of the iceberg

Children and young people who have been maltreated often don't respond well to discipline and consequences. You might find that a consequence you impose after a certain behaviour (eg removing their TV privileges after they hit you) doesn't seem to bother the child and doesn't change their behaviour. In fact, their behaviour might even escalate. Or, you might find that the child's behaviour changes temporarily, but that the very next day they're doing the same thing. Children and young people who have been maltreated respond very differently to traditional behaviour management strategies and consequences compared with children and young people who have not been abused, and there are good reasons why.

Underneath the surface

Discipline is typically used to teach children and young people about behaviours that caregivers view to be safe or unsafe, age-appropriate or inappropriate, right or wrong. Consequences are a form of discipline, and traditionally involve the removal of reinforcers or rewards (eg toys, choices, privileges and opportunities). Traditional consequences often motivate children to try harder to improve their behaviour as they want to avoid losing that reinforcer or reward in future.

While children and young people who have been maltreated might similarly change their behaviour in the short term to get back the toy or privilege that has been removed, this short-term change often doesn't result in longer-term behaviour change. This is because children and young people who have been maltreated are not often motivated towards good outcomes because they don't believe they deserve them, and so overall removing reinforcers or rewards from these children and young people often has little long-term positive effect. The effect it does have is to reinforce to these children and young people their belief that they are bad, unlovable and unworthy of good things, and that caregivers want to harm them.

Many children and young people in care have been repeatedly and seriously punished and harmed by adults. As a result, they have come to believe that adults are 'punishers' and that nothing they do can change this, therefore there's no point in trying to change their behaviour. These children and young people also carry the belief that they are bad and therefore deserve to be punished, which again leads them to believe there's no point in changing their behaviour.

While children and young people need to value and be motivated by relationships for consequences to be effective, many maltreated children and young people will deliberately engage in negative behaviours because this reinforces their negative view of themselves and caregivers.

Consequences also require children and young people to stop and think about their behaviour, to see the cause and effect patterns of how their behaviour affects other people and their circumstances. Unfortunately, the logical part of the brain responsible for this type of thinking is not easily accessible when children and young people are in a heightened state of emotional arousal (particularly when they are experiencing feelings of shame). In other words, stress will impair a maltreated child's ability to think clearly and to process information properly, which means they struggle to learn from traditional behaviour management strategies.

Further to this, maltreated children and young people have often had experiences of consequences being applied indiscriminately and inconsistently, such that they cannot predict which of their behaviours will please or displease their caregiver. Consequently, they lack the cognitive capacity to link their behaviours to future consequences and demonstrate poor understanding of 'cause and effect', such that the use of consequences has no learning value at all. Many traumatised children and young people also struggle

with consequences because they are fearful of relinquishing control as loss of control may result in helplessness and hopelessness.

Finally, some consequences also reinforce maladaptive patterns of behaviour that maltreated children and young people have learned to keep them connected to, or safe from, adults. For example, a child might escalate in their behaviour to the point that they need to be restrained, because early in their life they may have learned that, in the absence of any affection from others, this was the only way to get physical connection with people. Other children and young people might escalate in their behaviour until a caregiver tells them to go away (eg sending them to 'time out', or walking away to have a break from the child). This helps the scared and avoidant child to feel safe.

Strategies

Understand your child's behaviour before using consequences

The Iceberg Model suggests that many of the concerning behaviours displayed by children and young people who have been maltreated arise from a place of stress and fear, and are automatic responses to their perception of threat and danger. Therefore, using consequences to manage children and young people's behaviours without understanding the behaviours first is akin to disregarding their intrinsic needs and taking away their only strategy for coping with threat and danger.

This will leave them in a place of anger, fear and a sense of being overwhelmed and alone, lead them to feel more distressed and unsafe, and will result in more negative behaviour. As a result, your child will begin to distance themselves emotionally from you because the message to your child is, "Your needs are not important to me", "I have no tolerance for your feelings" or "Don't look to me to support and love you. Deal with your feelings on your own". Instead, try asking yourself, "What do I know about my child's history? How do they view the world, particularly given their history? Why did they learn to behave this way? How might this behaviour be keeping them safe?"

Once you are able to create an environment of physical and emotional safety, love and validation, the teaching and learning of appropriate behaviours will take place. Your child is also more likely to acknowledge their mistakes and modify their behaviour.

Make expectations and rules clear from the beginning and avoid changing these expectations and rules halfway through without good reasons

The more you can be consistent and predictable, the more your child will be able to feel safe and will not rely on their maladaptive behaviours to achieve safety. This means, you'll be less likely to need to use consequences.

Consequences should be naturally related to the behaviour

For example, if your child refuses to wear a bicycle helmet when riding their bicycle, a natural consequence is that your child cannot use the bicycle until they agree to wear the helmet. An unnatural, unrelated consequence would be taking away your child's pocket money because they didn't wear a helmet. Remember, you want to teach your child cause-and-effect thinking, and you can only do this if the consequences are related to the behaviour.

Consequences should be time limited

The length of time a consequence is imposed should be determined by how long the child needs to be supported until they can make better behavioural choices. For example, if your child has thrown something in anger (eg they threw a toy at the wall when angry), the natural consequence would be that the toy is taken away *until* they are calm again.

Extending consequences for too long doesn't help children and young people learn what the desired behaviour is. For example, taking away your child's toy for two days, even if your child calms down within a few minutes, doesn't help your child learn that being calm is a desirable behaviour. Instead, your child will feel continually punished, even though they've started doing what you asked of them by calming down. If this happens, your child will question why they would bother changing their behaviour.

Consequences require conscious and considered thought and the input of all relevant stakeholders (eg all caregivers in the placement or school staff involved with your child)

Consequences need to be responsive, not reactive. Avoid giving consequences when you are emotional, especially when you are still angry. Also, discuss in advance with all stakeholders what consequences you, as a team, will use with your child. Not everyone will agree on what is fair and reasonable, but children and young people respond best to consistency, so it's important that everyone agrees on the consequences that will be used.

There is no 'one-size-fits-all' consequence

Consequences should be developed and implemented on the basis of what you know about your child, and what you judge to be most helpful for them. If you have different consequences for different children in your family, be prepared to explain to them why there are differences (you can be sure that they will ask, and if you can't answer their questions in a fair and understandable way, arguments are sure to happen).

Never withhold your child's food, water, shelter and warmth as a consequence, and monitor the number of consequences used

When the number of consequences being used increases, the level of nurturing towards your child must also increase in order to maintain their sense of physical and emotional safety.

Always explain to your child your reasons for using consequences

Consequences should be seen as learning experiences to teach children and young people self-control and self-awareness.

The reasons for using consequences should be linked to your child's physical and emotional safety

For example, you may say, "Johnny, I was really worried when you rode your bike without your helmet. As a consequence, I will need to supervise you the next time you ride your bike so that I can be sure you are keeping yourself safe". This highlights to children and young people that you genuinely care about them and are not punishing them because they are 'bad'. Children and young people are also better able to accept the caregiver's authority when their inner self is not challenged or under threat.

Increase physical and emotional safety for your child when using consequences

When using consequences, safety is increased when your child knows that you are actively involved in addressing their behaviour and that you have the knowledge and experience to best manage it. You should openly and confidently explain your decision about the use of consequences in order for your child to make sense of this decision. Keep in mind that the aim of this is not to elicit your child's agreement as this may create more confusion and less clarity for them. You should also remain open to their point of view so they know that you are confident in your decision while still aware of their perspective. In addition, express empathy for the frustration that your child is likely to experience due to the conflict between your decision and their opinions and wishes. This may result in them accepting your decision more easily because it allows for them to feel understood and comforted.

Reinforce your child's positive behaviour by providing positive attention and tangible rewards, and use 'calm' time to teach and facilitate the learning of appropriate behaviour

It is important to avoid approaching your child about their behaviour in the heat of the moment. When children and young people are emotionally heightened, they are operating from the areas of the brain responsible for emotions and relationships, and they have less access to the areas of the brain responsible for complex thinking and planning.

Therefore, when your child is still heightened, the aim should simply be to create connection and for them to experience physical and emotional safety, security and unconditional love. When your child is calm, you will likely have more success at talking to them about how they can express themselves in a more healthy way and how they may behave differently next time (thereby giving your child a sense of control and a voice). You will also likely have more success at helping your child to develop empathy and to recognise the impact of their behaviour on others.

Be aware of your bad days

It is important to remember that everyone has good days and bad days. Therefore, it is useful to tell your child at the outset if you are having a bad day in order to warn them that you may be less tolerant and more prone to using harsher consequences than usual.

It should be 'business as usual' after consequences are applied

Children and young people need to be taught that the relationships between them and their caregivers are unconditional, regardless of their behaviour. Therefore, the aim of consequences should be to bring children and young people and their caregivers closer together rather than to isolate or separate children and young people from these relationships.

In other words, consequences should not be used to separate you from your child for an extended period of time; relationship withdrawal creates a fear of separation and abandonment (which in turn reduces your child's sense of physical and emotional safety). For example, a natural consequence after your child runs away may be that your child remains in the house for a set period of time. The aim of this consequence is for you to spend additional time with them in order to repair the relationship and to support them to reconnect with you.

Avoid conditional rewards

Conditional rewards such as, "If you stay at school all day today, I'll let you play on the iPad tonight" set children and young people up for failure, as any number of things can upset them during any given day that can undermine their ability to successfully achieve such rewards. When children 'fail' with these conditions, they often internalise the blame and it reinforces to them that they are bad and incompetent.

Instead, activities should be based on a child's emotional state at the time (eg "You're looking calm right now and I think you're able to use the iPad sensibly. Would you like to use it for five minutes?")

Avoid making your child responsible for family activities

Statements such as, "We'll go on a picnic on Saturday if you're good this week" place far too much responsibility on your child for events that will have an impact on everyone. This can generate anxiety and cause your child to feel unsafe when they 'fail'.

Instead, plan family events as per usual, see how your child goes during the week, and then make decisions about the feasibility of having a successful event (eg picnic) based on your child's emotional state at the time of the event (eg if your child is calm, the outing could be successful. If your child is angry or highly anxious, the outing might be too stimulating so it's better to stay home).

Build your relationship with your child

Within the relationship, you'll be able to model to your child that this relationship is different to the maltreating and unsafe relationship they previously had. Such efforts will help your child form a more positive view of themselves, caregivers and relationships (see [Fact Sheet #1: Building Relationships](#) for more information).

For your child's behaviour to change, they must feel safe and perceive you as safe and capable of managing their world so that they no longer need to resort to such behaviour.

Repair the relationship

Imposing consequences typically causes a break in the relationship between your child and you (see [Fact Sheet #1: Building Relationships](#) for more information). You should attempt to repair the relationship with your child and to reconnect with them as quickly as possible after a consequence has been applied. This sends your child the message that their relationship with you is unconditional and not dependent on their behaviour.

For example, you may consider saying, “Johnny, I know we had an argument over your bicycle earlier and you’ll have to be supervised on your bike for a while as a consequence. However, I want to let you know that while I did not like your behaviour earlier, I still like you as a person and care for you. We’ll start fresh in the morning.”

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #5 Physical Touch

Tip of the iceberg

Children and young people with histories of abuse and trauma often have distorted physical boundaries, or have not learnt what it means to experience appropriate physical touch. Instead of being affectionate or playful in the usual ways, (eg hugs, high-fives, holding hands, tickles or ruffling someone's hair) children and young people who have been maltreated often seek touch in maladaptive ways (eg via aggression, sexualised behaviour or age-inappropriate actions) or they avoid touch altogether.

Underneath the surface

Children and young people who have been subjected to histories of physical and sexual abuse learn that touch from an adult is dangerous. Touch becomes associated with fear, terror and trauma, and therefore can trigger traumatic responses such as avoidance, freezing or anger. To protect themselves from painful touch, children might fight against you or actively avoid you. Children and young people who have been sexually abused might similarly fight against or avoid touch due to fear. However, if they have been groomed for sexual abuse from a young age, they may incorrectly believe that sexual touch is appropriate in interactions with adults, or that adults expect sexual touch, and so the child might engage in sexualised behaviour with you as they expect this is what you want.

Children and young people who have been subjected to profound neglect have few of the experiences of physical comforting and affection that are central to a secure attachment. For these children and young people, touch might be incredibly unusual, frightening or uncomfortable, and therefore they're more likely to avoid touch. They might also believe that they're not worthy of affection, and reject it when it is offered. Other neglected children and young people who crave touch but have never received it, might seek physical touch from you in demanding or inappropriate ways.

Children and young people who are provided with appropriate physical affection are better able to learn to regulate their emotions through being physically comforted when distressed and frightened, and physically protected when feeling threatened. Gradually exposing children and young people to safe touch is needed for healthy emotional development. Appropriate physical touch from adults caring for children and young people with trauma histories is one of the most powerful means to support the development of a secure and trusting relationship, and to help the child work through their trauma history.

Strategies

Avoid confusing messages

Provide physical touch in a manner that keeps you safe and does not provide confusing messages to your child. Ensure there is no ambiguity about your motives for touching your child, or where you intend to touch. When you want to provide physical affection, talk to your child about what you're doing as you do it so they are clear about your intentions (eg "I'm so happy to see you, I'm going to give you a lovely hug").

Establish boundaries

It is important to ascertain with children and young people what type of touch they are comfortable with, and not to stray outside of those boundaries without the child or young person's permission. It's also important to establish boundaries with the child about who they should share physical affection with. For example, it is not appropriate for a child to hug a person upon meeting them for the first time. Children and young people need to learn that physical touch occurs after a period of relationship development.

Explain reasoning

Always be open and explicit about what type of touch you are comfortable with. If you choose to withhold touch at a certain point in time, always provide your reasons, otherwise your child might perceive this as rejection. For example, some caregivers are comfortable giving children and young people backrubs to help them go to sleep, other caregivers are not. It is okay for different caregivers to have different boundaries as long as your reasons are communicated to the child (otherwise you will risk the child believing that they are the cause of the differences).

Be prepared to initiate touch

Children and young people with abuse histories have learnt that touch from an adult is dangerous and/or unsafe. Therefore some children and young people never seek out touch and are not given opportunities to grow and heal. Exposing children and young people to safe touch will help them understand that they are lovable and that touch can be safe and affirming. Do not take it personally if your child pulls away from your touch.

Observe your child's reactions to physical touch

It is important to observe your child's non-verbal and/or verbal response to physical touch. Check in with your child about how they feel regarding physical contact and follow their lead.

Use natural interactions to increase touch

Natural interactions that occur in everyday relationships can be used to increase touch. Natural touch might include a pat on the back or shaking hands, playfully messing hair, 'high fives', etc.

Explain and discuss social rules

When providing touch, use this as an opportunity to explain and discuss the social rules around appropriate touch.

For further information

Archer, C. & Gordon, C. (2006), *New Families, Old Scripts: A Guide to the Language of Trauma and Attachment in Adoptive Families*, London: Jessica Kingsley Publishers.

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #6 Aggression

Tip of the iceberg

Maltreated children and young people may be aggressive. They can damage property, hurt themselves or hurt others. They can also engage in shouting, swearing, verbal abuse, spitting, punching, hitting, kicking, pinching, biting, throwing things, and other antisocial behaviours.

Underneath the surface

Children and young people with trauma histories often feel anger and rage, and this can be expressed behaviourally through aggression. For these children and young people, aggressive acts can be more intense, frequent and longer-lasting than aggressive acts that other non-traumatised children and young people might show. The aggression often arises from a state of stress and fear. Carers of these children and young people often become so threatened by the anger that they struggle to remain attentive to the fear that is driving the child's behaviour.

Some events and interactions can trigger the child into a traumatic state, causing them to behave aggressively. For example, when the child is over-stimulated by what is going on around them, their brain puts them in 'super-charged' mode as a matter of survival. This can happen within a millisecond and the child then enters into a state of fight, causing them to engage in aggressive and defensive behaviours. At these times, the child is in a 'survival state' and in many instances they are experiencing absolute terror.

It is important to realise that traumatised children and young people who act aggressively are often not in control of themselves or their feelings, despite often displaying 'controlling' behaviours. While specific incidents of violence may give the child a temporary feeling of control over their situation, they are also scared to feel this way. Consequently, they cannot control themselves and their carers can struggle to help them settle. These children and young people are often overwhelmed with fear and distress, and can feel quite helpless. Intense feelings of terror, panic and shame-related rage tend to arise at those times and seem to be at the heart of a traumatised child engaging in aggressive behaviour. They also feel terror about relinquishing control of those around them, and in doing so they will lose control of themselves. Therefore, aggressive behaviour by traumatised children and young people often seems to be a desperate attempt to exert control in an environment that the child believes is completely chaotic.

Children and young people can also feel terror in accepting close relationships as their experiences have been that these relationships might again turn to abuse or abandonment. The feeling of terror or fear that close relationships will bring emotional pain to the child can often lead them to vary between desperately resisting forming such relationships and seeking to be close with their carers. 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 with trauma histories may increasingly engage in aggressive behaviour as their relationship with their carers becomes closer and their existing beliefs about relationships begin to be challenged.

Strategies

Accept your child's anger

Anger is a feeling, just like any other, and maltreated children often have good reasons for feeling anger. While feeling angry is okay, aggressive behaviour is not okay, and it's important to separate out the feeling from the behaviour when talking with your child. While we can accept the child's feelings of anger, we need to help traumatised children and young people find better ways of expressing their anger.

Nurture your child

It is important to demonstrate to your child that you will love and care for them even after they behave aggressively. It may help to remind yourself that your child is usually behaving aggressively in a desperate and futile attempt to exert control over what they believe is a chaotic situation. Also, remember that a child's anger is a learned survival response and that it will take considerable time before they learn that they do not need to react in this manner. Sharing this knowledge with your child sensitively can help them make sense of their emotions which often feel overwhelming for them.

Empathise with your child

It is important to help your child understand that their conception of anger and aggression is likely to be deeply affected by their past traumatic experiences. Talk to your child about being sad that they now have to work hard to find new ways of expressing anger. This gives your child two powerful parallel messages: that anger is a reflection of early distressing experiences and that, with support, they can learn new ways of 'doing anger'. Over time, these messages can give your child hope that, with help, they can begin to take control of their anger, rather than their anger continuing to control them.

Notice out loud how you and your child are feeling

Children and young people with a trauma history can often struggle to recognise how they and others feel. This can lead them to misinterpret their own and others' feelings. For example, your child can realise that they are experiencing an intense emotion but may mislabel it as anger rather than anxiety. They then go on to respond to the situation in an angry manner. You can use "I wonder ..." statements to support your child to understand their emotional experiences, the reasons for these emotions, and their behaviour. (For more information, see [Fact Sheet #3: 'I Wonder' Statements](#)).

For example, "I wonder whether you hit me because you're feeling sad that mum didn't visit with you today."

Furthermore, it is important to notice positive aspects of your child's behaviour to help them change their negative self-perceptions. For example, notice when your child had a difficult feeling they were able to manage well:

For example, "I like it when you can wait your turn and give me time to get ready."

For example, "I could see you felt angry then. You made a good choice by walking away into the garden."

Communicate your understanding of your child's anger

The expression of anger through violence and aggression makes sense within the context of your child's early experiences. Communicate your empathy and understanding of this to your child, while also making it clear that aggressive and hurtful behaviour is not appropriate. The goal is to help your child realise that while their behaviour may be 'bad', this does not make them a 'bad' person. However, keep in mind that these conversations are only likely to be effective when both you and your child are in a calm state.

For example, "I realise that you had a tough day today and are upset with me because of that. However, when you use language like that, it upsets me. How about next time you just say, I had a bad day."

For example, "I feel sad about your behaviour. I'm a bit too sad to talk about the behaviour now, but I will let you know when I calm down and can talk to you again."

Help your child to practise new ways of managing overwhelming panic, terror and rage.

Try to find ways that enable your child to express their feelings to you. Some people clean when they're upset, some people eat chocolate, others go out for long walks or go jogging. Whatever you choose, doing it together with your child helps mimic the shared regulatory patterns of infancy (or attunement) that your child may have missed out on, especially if you can be playful and have some fun.

Recognise the triggers

Given that we know aggressive behaviour is often the result of the child experiencing intense stress, fear or shame, we can try to identify what specific triggers are causing the child to feel like this and then help them to cope with these emotions before they become overwhelmed and resort to aggression. (For more information about shame, see [Fact Sheet #2: Shame](#).) Even recognising how vulnerable children and young people feel at these moments can help them not feel all alone and therefore help them cope with their emotions. Knowing what settles your child when they are stressed and offering them an opportunity to engage in this activity (eg running outside or reading) 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 your child's ability to manage their emotions during stressful times.

Prevent some aspects of aggressive behaviour by safely storing objects that are precious, meaningful or dangerous

You can do this until you feel confident that your child can manage not to break them or use them harmfully. Remember that traumatised children and young people often have a negative view of themselves and may seek to destroy items that belong to them because they think themselves unworthy of such possessions. They could also damage property in their foster home in a subconscious effort to 'test' the closeness of your relationship with them. They may need evidence that it is safe for them to emotionally invest in forming a close relationship with you before making that leap.

Respond to your child's aggressive behaviour

It is important to have specific consequences that can be applied when a child or young person behaves aggressively. However, traumatised children and young people often struggle to make a connection between their behaviours and the consequences imposed. Consequences need to be as logically connected to your child's behaviour as possible (eg if your child damages a toy during a moment of rage, they may need help to fix it before they can again play with it). It is also important for your child to be aware of the consequences of their misbehaviour ahead of time as much as possible. However you choose to respond to your child's aggressive behaviour, always try to show them that you are sad that they could not make a better choice on this occasion, rather than getting mad at them (which will only result in sustaining your child's anger). Remember to let them know you believe they will learn to manage their feelings better in the future and give them the message that you will be there to encourage and support them.

Repair the relationship

After an aggressive incident or after a consequence has been applied, you should always attempt to repair the relationship and reconnect with your child as quickly as possible. This helps demonstrate to your child that your relationship has not been irreparably damaged by their misbehaviour.

Shift your mindset

Make the dramatic shift from asking the question, "What is my child doing to me?" to asking yourself "What is my child trying to say to me?" Gradually, you can add to this question, "How can I help my child 'do it' (tell me) differently?"

Manage your own reactions

Learn to manage your own reactions as this is a powerful way of managing your child's reactions. It is usually best not to try to hide your emotions from your child. This is because many children and young people with histories of abuse or neglect develop a very good ability to recognise when others are attempting to deceive them. Therefore, attempting to deny your feelings may cause your child to question whether they can trust you and may undermine your relationship. Furthermore, in appropriately expressing your feelings, you can model for your child how they can cope with their emotions in an appropriate manner.

Do not get into a loop of passive or aggressive responses

Feeling intimidated and putting up with aggressive behaviour may encourage your child to continue this behaviour. Similarly, aggression (including hurtful words or angry glances) should not be used to attempt to manage your child. This will give your child the message that the only way to manage anger is by using aggression, which is likely to reinforce their anger and 'hard wiring', as well as perpetuating the behaviour. Traumatized children and young people can often pick up your feelings very quickly. If they sense confidence and self-assurance, they are likely to feel and act as if they are in safe hands.

For further information

Archer, C. & Gordon, C. (2006), *New Families, Old Scripts: A Guide to the Language of Trauma and Attachment in Adoptive Families*, London: Jessica Kingsley Publishers.

Forbes, H. T & Post, B.B. (2006), *Beyond Consequences, Logic and Control: A Love based Approach to Helping Attachment-Challenged Children with Severe Behaviors*, Florida: Beyond Consequences Institute LLC.

See also the following Fact Sheets: [#1 \(Building Relationships\)](#), [#2 \(Shame\)](#), [#4 \(Use of Consequences\)](#).

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #7 Problem Sexual Behaviour

Tip of the iceberg

Problem sexual behaviour can include the use of age-inappropriate sexual language, watching other adults or children undress or bathe, advanced sexual knowledge, seductive behaviour or clothing, 'flirty' behaviour, public or prolonged self-stimulation, sexual behaviour toward animals, or instigating sexualised activities with younger or more vulnerable children.

Underneath the surface

Problem sexual behaviour rarely occurs on its own or in isolation of other events or emotional states. Children and young people who engage in, or display, problem sexual behaviour may do so as a way of coping with their feelings of anxiety or fear, which they may have previously expressed through other 'tip of the iceberg' behaviours such as aggression, absconding, self-harm etc. Problem sexual behaviour usually indicates that a child's usual coping strategies (whether these have been appropriate or inappropriate) are breaking down. Problem sexual behaviour can initially feel good and reduce feelings of anxiety and provide comfort, but it can lead to further guilt and anxiety afterwards, as the child becomes confused and stressed and may not understand what engaging in such behaviour means.

Children and young people who display problem sexual behaviour may not have been sexually abused themselves, but may have been exposed to poor sexual practice in the family, blurred boundaries, domestic violence or physical abuse. For children and young people who have been sexually abused, the abuse may have been projected as 'love' and the child may have learnt that sexual behaviour is how love is expressed. It is also likely that children and young people who have been abused have internalised other very powerful and destructive messages from their abuser. They were probably made to feel worthless and experienced helplessness and a lack of personal space, boundaries and trust. They may have seen contempt, disdain, disgust or even hatred in the eyes of the person who abused them. From this they may attempt to turn this powerlessness into superiority and control and victimise other children. They may also appear less likely to refuse the advances of other children due to a lack of adequate boundaries and a fear of rejection.

Normal sexual development in children and young people generally occurs through imitating, asking questions and through play. When a child's sexual behaviour is private, consensual and not interfering with their development or relationships, it may be regarded as age-appropriate and healthy development. The behaviour can be considered problematic when it interferes with the child's physical, social, cognitive and emotional development and when it is abusive to others. It is important for caregivers to receive psychoeducation to understand the difference between appropriate and inappropriate sexual behaviour in children.

Strategies

Use appropriate language when conversing about problem sexual behaviour

Terminology which reflects the adult context (eg perpetrator, abuser, victim, sex offending) is not helpful when talking with children. Use words that describe behaviour such as 'inappropriate', 'not okay' or 'against the rules' instead of words that judge the person, such as 'bad', 'misbehaving' or 'nasty'. Instead of 'perpetrator' which is a word that can convey a sense of criminality, use terms such as 'initiator' when talking about children. Instead of 'victim', use 'targeted child'.

Increase supervision

Supervision is the most successful strategy for reducing the risk of children and young people engaging in problem sexual behaviour. Supervision also provides a child with a stable carer who can help them regulate their emotions and cope with overwhelming anxiety and fear, without resorting to less appropriate coping mechanisms.

Look for risks and triggers

Triggers are events that activate a generally negative or painful emotion and provoke problematic behaviour. Children and young people need your help to understand these links between their emotions and the resultant problematic behaviour. Risk factors are those circumstances or situations that may contribute to or reinforce the occurrence of the sexual behaviours. Engage your child in helping to identify these and in developing an agreed prevention plan. Understanding risks and triggers for the occurrence of problem sexual behaviour allows carers to minimise the opportunity of future occurrences.

Provide consistent and repeated messages about the behaviours that are acceptable, and those that are not

For example, "In our home, we keep our bodies private," or "In this house, children do not touch each other's bottoms, but we can hold hands." These messages establish a sound structure around sexual behaviour without the carer appearing critical or rejecting of their child. Focus on clearly sending the message that such rules/actions are in place because you care about them and want to keep them safe.

Provide age and developmentally suitable information about appropriate sexual exploration and behaviour

This should be provided on an ongoing basis by a consistent figure.

Intervene in problem sexual behaviour

When you see your child engaging in problem sexual behaviour, intervene immediately and stop the behaviour by redirecting them and/or their attention in a calm, matter-of-fact tone. For example, if a child is masturbating in a communal area, state "Billy, touching your private parts in this area is not okay, you need to stop doing that now, we will talk about it later. Right now you can come over and play footy," or "Billy, you need to stop touching your private area here. It is not acceptable to do this in a place where other people are present. If you want to continue you will need to take yourself to your bedroom".

Discuss the incident in private with your child in a non-blaming way

Separate out the behaviour from the child and name the behaviour (eg "That kind of touching of other people on their private areas is not okay"). Assure your child that they are not in trouble although there may be consequences (eg that they won't be able to sit next to the targeted child).

Encourage your child to talk to you about the incident

Explain to your child that you would like to know the nature of what happened and who was involved in order to provide the best help. Be supportive and reassuring, build honesty and trust, and help your child to make the links between emotional triggers and behaviours and to learn new ways of coping.

Have ongoing conversations with your child around developing strategies for at-risk times

Provide your child with opportunities and support to report times when they have been the targeted child of problem sexual behaviour and sexualised incidents, and provide them with information on self-protective behaviour (eg knowing when to say "No" to physical contact with peers or adults).

Maintain routine and structure

Continue with routines and structures as they provide security and reassurance to your child.

Model personal and general boundaries and limits to your child

Be consistent and try not to give mixed messages. Give appropriate opportunities for your child to have safe, positive, physical contact (eg hugs, rough and tumble play) with carers.

For further information

Crundall, M. & Fernandex, C. (2005), Transforming Problem Sexual Behaviours, Australian Childhood Foundation

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #8 Self-harm

Tip of the iceberg

Self-harm is a deliberate attempt to cause injury to oneself, or acting without apparent concern for the likely harmful outcomes. This is different from experiencing suicidal thoughts or attempting to commit suicide, which is a conscious intent to end one's life. There are many forms of self-harm (eg cutting the skin, frequent risk taking such as unsafe sexual practices and drug/alcohol misuse). Self-harming behaviours are sometimes interpreted as the child or young person being manipulative for personal gain (eg seeking attention). This interpretation may lead the child or young person's carers to employ strategies such as ignoring the behaviour, giving a series of punishments, or involving the police.

Underneath the surface

Self-harming behaviour by children and young people often originates from their past experience of trauma, such as sexual abuse, physical abuse, neglect, prolonged separation or loss of a carer and insecure attachment to a carer. Emotional neglect is one of the strongest predictors of self-harm. Self-harm usually serves 3 main functions for children and young people with traumatic histories:

It helps regulate intense internal emotions and sensations

Children and young people who have experienced trauma usually have an emotional 'volume' and level of physiological arousal that is never quite at normal resting level. Their arousal levels are often either at 'full blast' or 'switched off' and they often move very quickly from the one extreme to the other. Children and young people in these situations often self-harm to alter their extreme levels of arousal because being at either extreme is very unpleasant for them. That is, self-harm can serve to help them feel more 'calm' when they are overly excited (ie full blast) and can help them feel more 'awake' and 'alive' when they are under aroused or physically and/or emotionally numb (ie switched off).

It can be a form of communication

Children and young people with a history of trauma may also self-harm as a way of expressing their emotions when they are unable to verbalise them. For example, "I want people to see how much pain I am in," and "I want the physical pain to match how I feel on the inside".

It can help them to influence the closeness of their interactions with their caregivers

When a traumatised child experiences strong emotions but is too afraid and/or unable to verbalise their need for nurturing care, self-harming behaviour can serve to draw their carers closer to them as they provide your child with physical care for their injuries. On the other hand, when a child with a history of trauma is fearful of relationships or feels vulnerable, self-harming can serve to push their carers away by shocking/overwhelming or disgusting them with the behaviour. This creates some protection for the traumatised child from the closeness of nurturing care which can often feel very unfamiliar and threatening to them.

Strategies

If your child has sustained an injury, provide first aid and seek medical assistance as necessary

When providing medical care, remain calm and consider what is driving the behaviour. If your child is using self-harm to gain connection with you, it can be counterproductive to be overly affectionate and nurturing when providing medical care, as this may reinforce your child's use of self-harm to be close to you; in this case, being matter-of-fact when you respond to the injury can be more helpful, and instead provide lots of nurturing during other interactions with your child.

Prevent self-harm by safely storing objects that are dangerous

Communicate to your child the reasons why you are removing unsafe items (eg knives, razors) in a way that doesn't elicit shame but does show your child that your actions are to keep them safe.

Published April 2020

Your child's case manager should be advised of any instance of self-harm. A collaborative approach to managing self-harm is essential and your child's case manager may be able to obtain help from other relevant professionals (such as psychologists and medical professionals).

Supervise your child during stressful situations

A child or young person with a trauma history who tends to engage in self-harming is more likely to do so at times of high emotional stress. Providing close supervision can sometime reduce their likelihood of engaging in self-harming, and it offers you an opportunity to help them cope with their stress. It may be helpful to explain that you are monitoring your child because you are concerned about them and would like to help them work through any difficulties they are facing.

Be alert to times of risk

It's important to recognise that, while there may be multiple triggers for your child's self-harm, many of which we won't know about or understand, a common risk factor is idle time. When a child or young person is left alone with their unpleasant thoughts, feelings and memories, their distress can become overwhelming, which can lead to the need to self-harm. Always have activities planned and available to your child, and avoid times of boredom or isolation.

Make an agreement with your child

Make an agreement with your child that they will come to you if they feel the need to self-harm. Sometimes shaking hands or signing a contract can support a verbal agreement. Discuss with them that the purpose of this agreement is to support them and not to punish them. Check-in regularly to see if they have been able to keep the agreement.

Increase your child's self-awareness

Help your child to become more aware of their levels of physiological arousal and begin to understand what influences them. You could use "I wonder ..." statements to help your child explore and notice connections between emotions, thoughts, their environment and physical sensations. By doing this, you could assist your child to identify triggers in their environment (eg contact with biological family, changes to routine, influence of peers and historical issues) and within themselves (eg emotions and bodily sensations such as anger, rejection, loneliness and fear) that can affect their arousal levels and thus lead to an urge to engage in self-harming behaviours.

Teach appropriate self-soothing behaviours

Carers can play an important part in assisting traumatised children and young people to learn and utilise more adaptive ways to alter their level of arousal, including using self-soothing activities. Some children and young people will need their carers to take a more active role in helping them soothe until they learn how to do so on their own (this can take a significant period of time). Self-soothing activities need to fit with the individual child, but might include a warm bath, preparing food together with the carer, being wrapped in a warm blanket, watching a favourite TV program, listening to soft music, reading with the carer, patting the child on their back as they lay on the couch/floor, singing, writing, drawing, etc. Physical exercise and activity that is rhythmic can also be soothing. For example, dancing, swimming or bouncing a basketball can all be soothing activities. Finding the right self-soothing activities is likely to require some experimentation and your child may end up using different self-soothing activities depending on the nature of their distress.

Limit your child's ability to make poor choices

When a child or young person is continually making choices that result in self-harm, try to limit the choices that they need to make during their day (as much as this is possible without engaging in a power struggle with your child). For instance, support and encourage your child to try new activities/hobbies, plan activities that you do with them (side-by-side), etc. A child or young person with a history of trauma may resist any attempts to impose structure, but if you discuss your motives and plan together with them, they will eventually begin to appreciate being provided with such nurturing and no longer having to try to self-impose boundaries.

Teach alternatives to self-harm (have a backup plan)

If the urge to self-harm is too great, your child may need alternative strategies to distract and/or delay self-harming and to minimise harm (eg contact telephone numbers if your child runs away, safety plans etc.). For cutting, this might mean options that simulate pain. It may be beneficial to discuss these alternatives together with your child when they feel settled, rather than attempting to come up with them in a moment of crisis. This also enables your child to plan how to cope with intense feelings before they become overwhelming and lead them to self-harm.

Some examples include:

- snapping a rubber band on the wrist
- immersing hands into cold water
- drawing on the skin with red textas
- rubbing sand or rice between the hands
- waxing legs (with the safer pre-prepared wax strips, rather than hot wax and fabric strips)
- exercising
- ripping up a piece of paper
- writing in a diary
- playing exciting computer/video games.

Support education and rehearsal

When your child is feeling safe and is emotionally regulated (ie not being overly aroused or physically and/or emotionally numb), carers should review the outcomes of self-soothing attempts and the use of alternatives to self-harm. It is important to acknowledge your child's efforts and bravery, whilst offering them empathy and ongoing support.

Be available

Verbally remind your child that you are always willing to listen to them, and that you will listen without judgement. When you are listening to your child talk, do just that – listen. Do not attempt to problem solve, just listen with empathy. Physically show your child that you are always available to be with them and listen to them – not just in times of distress, but always. This means not ignoring them, seeking to spend time with them, and prioritising being with your child over doing other tasks.

Give messages of unconditional love and commitment to your child

Continually tell your child that their self-harming behaviour will not lessen your commitment to care for them as they may be seeking to push you away due to their own fear of closeness. Caring for a child who self-harms can feel very de-powering and frustrating. However, these children and young people need to feel cared for and loved despite their confronting behaviours. Most often, it is the quality of the relationship between you and your child and your sheer tenacity (ie never say never attitude) as their carer that will enable your child to eventually and increasingly confide in you and seek your assistance.

Recognise positive change

As your child begins to learn new strategies of emotional expression and regulation, they need to be reminded of their positive progress. Remember to praise your child when they come to talk to you or use a self-soothing strategy instead of self-harming.

For further information

Bradley, J. 2003, Managing Self-Injury Among Youth in Residential Placement, Residential Group Care Quarterly, 4(2)

Gratz, K., L. 2003, Risk Factors for and Functions of Deliberate Self-Harm: An Empirical and Conceptual Review, Clinical Psychology: Science and Practice, 10(2), 192-205

Iceberg Model

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Fact Sheet #9 Play and Playfulness

Tip of the iceberg

Children and young people who have been maltreated often struggle with play. They may play with such seriousness and intensity that it looks more like a chore than fun. They may not know the rules of play (eg sharing, turn taking) and struggle to play with others. They might also sabotage play by becoming avoidant, aggressive or controlling.

Underneath the surface

Play takes many forms but the heart of all play is pleasure. If it isn't fun, it isn't play. We play using our bodies (eg dancing, building) and our minds (eg fantasy play). We use words (eg jokes and humour) and we use props (eg blocks, toys, games). Being able to play helps a child's motor development, social development and even their emotional development. Unfortunately, maltreated children and young people often have real difficulty with play. If they were neglected and rarely experienced play before, they may never have learned the rules or the joy of play, and find play activities unusual and uncomfortable.

Other children and young people may have experienced play as dangerous (eg 'games' that involved physical or sexual abuse), and are therefore skeptical of people's motivations for play. Many maltreated children and young people also struggle with play because they haven't yet learned how to regulate their emotions; when they start to play and have fun, they have trouble regulating themselves and can easily become overwhelmed, which can lead to aggression, tantrums and general dysregulation. Finally, maltreated children and young people who believe themselves to be bad can struggle with the good messages that playing with others give them, so they may reject play.

Play and playfulness are the building blocks of relationship development and all subsequent childhood developmental tasks. A young infant will smile and a parent will reciprocate the smile, thus telling the infant, 'You are special ... you matter!' A toddler will play hide and seek with a parent and in doing so, learns about their body in relation to their physical environment. A young child who engages in rough and tumble play with a parent learns how to develop control over their body and the impact of their physical actions on others. Older children play with their peers and experiment with roles, which provides the foundation for future identity development. Many children and young people who have experienced trauma struggle with both singular and peer-based play because they have not had these early play experiences and neither have they had a responsive adult to guide their play activities and share playful moments with them. For these children and young people, play and playfulness has often occurred inconsistently, has been severely restricted, or, it has been inter-mixed with abusive or frightening experiences.

In short, the parts of the brain responsible for fun and spontaneous interactions remain under-developed, and as such, playful exchanges can be foreign, confusing and anxiety provoking.

Children and young people who have experienced trauma require ongoing opportunities to experience playful activities and interactions with adults. Play has a central role in the following:

Social development

Learning how to share and interact with peers, negotiation and taking turns.

Attachment relationships

These relationships are developed through responsive and playful interactions. Play fosters both belonging and achievement and allows children and young people to be close to an adult, without involving close affection which increases anxiety.

Emotional development

Play allows children and young people to experience a diversity of emotions and have adults support them to make sense of these. Happiness and fun remain underdeveloped for these children and controlled play allows children and young people to experience these positive affect states while feeling safe and relaxed. In addition, play artificially increases a child's arousal levels, and when this occurs with the support of a safe adult, it provides an opportunity for the child to learn and develop emotional regulation.

Exploration and curiosity

Play is central to the developmental tasks of exploration and curiosity, as it relates to children exploring both their outer (physical) and inner (sense of self, identity) worlds.

Reducing shame and feelings of worthlessness

It is impossible to experience shame when you are laughing.

Imagination and creativity

Imagination is central for children to explore and create a better future.

Sense of self

Play shared between a child and an adult provides the most powerful non-verbal message to a child that shows that they are valued, and that your relationship with them is unconditional, even when their behaviour has been challenging.

Strategies

Continue to acknowledge that play and playfulness are fundamental developmental tasks of childhood and adolescence (and even adulthood for that matter)

All interactions and activities undertaken with children and young people should be grounded in this principle.

Use playful exchanges and interactions when repairing a relationship with your child

Especially use this strategy after you have had a disagreement or a consequence has been delivered. This is a powerful non-verbal message that your relationship with your child is unconditional.

Use playful interactions with your child, especially when discussing the really hard topics

This will take the emotional intensity out of the interaction and your child's shame will decrease. This may include gentle teasing, exaggerating your emotions and body language, smiling, telling a joke, sharing a laugh or engaging in unexpected activities. Be extremely careful if using sarcasm (children and young people who have experienced trauma have a tendency to take sarcasm personally).

Coach your child while they are engaged in play

During the playful activity be the 'brain' for your child and support them to learn about the emotions they may be experiencing, how to regulate these emotions and the rules of the game.

Restrict the competitiveness of social play

There should always be a focus on the 'process' of play (eg enjoyment and fun), as opposed to the 'outcome' of play (eg winners and losers). Any form of competitive play should be closely supervised and supported by adults.

Intervene to ensure safe play

Even in children and young people's play, social conflicts often occur when they try to negotiate. Adults should help children and young people when they cannot solve these conflicts by themselves.

Create opportunities for your child to engage in playful activities, use their imagination and creativity, and have fun!!

Restrict the time spent on passive forms of play like video games, computers and television. Ideas for play include:

- blowing bubbles with your child (depending on their age)
- playing hide and seek, peek-a-boo, building a cubby house
- drawing, arts and crafts
- sport, recreation, rock climbing and camping.

Participate in the fun and playful activities with your child

Show your child that adults are human and make mistakes, that you enjoy spending time with them and teach them about responsive and positive adult-child relationships.

Take a follow-lead-follow approach when supporting the play

During the play follow your child's lead on the direction of the play activity, then gently guide the play activity and then once again, follow your child's lead.

Target playful interactions and activities at both your child's developmental and chronological age

Play should always be matched to the development of the individual – for instance some children may only be ready to play catch, while other children may be able to cope with the more complex social rules of a game of basketball.

Encourage your child to engage in pretend and imaginative play

This allows your child to practise new roles and assists in their identity development.

Actively monitor your child while they engage in play

Heightened arousal levels, indicated by aggressive, oppositional or controlling behaviour will require an adult presence, debriefing and temporary removal from the play until a point is reached where the arousal levels are lowered. Always stop the play activity at the point when it becomes a negative experience for your child.

Engage in play and playfulness in a manner that always makes your child feel emotionally and physically safe

Know your child and their threshold for play. Some children and young people can only cope with short bursts of playfulness that should be gradually built up over time. Some children will sabotage their playful experience either during or after the event. This is a sign that your child is not ready for that level of play intensity.

Explore the deeper meaning of why your child is unable to engage in pro-social play

For instance, does the play overwhelm your child's arousal levels? Does the social play always lead to competition and conflict, which in turn triggers shame for your child?

For further information

Ginsburg, K.R. (2006) 'The importance of play in promoting healthy child development and maintaining strong parent-child bonds', *Paediatrics*, 119(1), 182-191
<http://www.aap.org/pressroom/playFINAL.pdf>

Hughes, D. (1998), *Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children*, America, Rowman & Littlefield Publishers, Inc.

Perry, B, Logan, L, & Marlin, SJ, *Curiosity, Pleasure and Play*,
<http://www.childtrauma.org/ctamaterials/Curiosity.asp>

Iceberg Model

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Fact Sheet #10 Lying

Tip of the iceberg

Children and young people with trauma histories often lie about misbehaviour, or make up fantastic stories about their lives and skills. Some children and young people will lie about misbehaviour, even when they've been 'caught in the act'. If confronted about their lies, some children and young people will make up further lies to cover up their wrongdoing, or will try to shift blame to others.

Underneath the surface

Traumatised children and young people sometimes use lying as a way to keep themselves physically and emotionally safe. Children and young people might lie to avoid punishment, especially if punishment used to include physical abuse, so lying could be a strategy the child developed to keep themselves physically safe. Children and young people might and young people lie to avoid the shame of being seen to be 'bad', especially if they were previously humiliated when they misbehaved or did something 'wrong' and so lying could be a strategy the child developed to protect themselves from emotional harm. Children and young people might also use lies to express a wish they have about their life that they're struggling to achieve (eg that they have friends, that their parents want them, that they are smart).

Children and young people generally lie because they are afraid. They're afraid that if people find out the truth, they will be punished, humiliated and rejected. Lying can become a very strong (and effective) protective strategy.

Children and young people can also lie as a way of maintaining control. Many children and young people who have been abused have not had any control over their lives. They were often helpless, and scared. Even though they may now be living in a safe environment, that fear of being helpless stays with them, and the need to regain control over what happens to them can be very strong. So children and young people can lie in order to get some control over their life. While this can be seen as 'manipulative' or 'devious', it's helpful to remember that the child or young person is just trying to avoid feeling helpless and scared.

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Example

Tip of the iceberg:

Sally (aged 5) lied about kicking another child.

Under the surface:

When Sally lived with her parents, she would often get so upset that she would kick out at people because she didn't have the words to say how she was feeling. Sally's parents would punish her with physical discipline. Sally learned that she had to lie to her parents, to avoid getting beaten. Lying became Sally's way of managing situations in which she feels she will be hurt.

Strategies

It is often tempting to demand that children and young people tell the truth, because we want to encourage honesty. However, when confronted about a lie, children and young people can experience intense stress and shame, which can lead to further lies (to try to cover their shame) or an escalation in other behaviours. So wherever possible, avoid challenging children and young people, and avoid debating or arguing about the truth of the matter. Instead, you might try these strategies:

In a matter of fact way and without argument, tell your child what you believed or what you know happened

For example, "I believe / know that you took money from my purse". If it later turns out that you were wrong, you can admit to that and apologise. But initially, take a matter of fact stance and don't argue with your child about what happened.

Use consequences for the behaviour, not the lie

The lie is a self-protective strategy, so it makes no sense to punish your child for doing something they think will keep themselves safe. Instead, if a consequence is necessary, focus on the behaviour that your child has lied about.

For example, if your child lies about stealing money from your purse, you might say, "I know you took money from my purse. That's not okay, and that money needs to be repaid. So I'm going to take \$2 from your pocket money each week until the money you took is repaid".

Don't lecture about truth and lies

When children and young people lie, they are often in a state of fear or anxiety. When they're in these states, they're not able to think rationally or learn from what you are saying. If you want to talk to your child about the difference between truth and lies, and about the importance of telling the truth, wait until your child is in a calm state and keep the conversation light (if it gets too intense, your child will become stressed, and will again be unable to learn from the discussion).

Avoid setting your child up to lie

If you know that your child's 'default setting' is to lie when questioned about their behaviour, avoid questioning them, and instead focus on helping your child with their behaviour.

For example, if your child spills milk on the floor, don't ask them "Did you spill that milk?" as this will put your child in a position where they might lie. Instead, say, "I see there's been an accident with the milk. Let's clean that up together". This response shows your child that it's okay to talk about mistakes, and that you're there to help them find solutions when things go wrong.

Pre-empt the lie

When a child has difficulty telling the truth, it can be useful to prepare them for situations where they might be tempted to lie.

For example, if you need to ask your child whether or not they took something from you, you could say, "I'm going to ask you something that you might find tricky to answer. You might even feel you have to lie about it. But you're safe here, and you can tell me what happened".

Notice the truth!

Praise your child when they do tell the truth, even about little things. For example, "Thanks for telling me honestly about where you put my keys".

Model honesty

Children and young people who lie may have been told many lies from adults, and have learned to expect that lying is normal behaviour. Being honest with your child at all times will help model to them a new way of behaving, and will help correct the misperception that lying is normal. Important in this is being able to admit to your child when you've made mistakes or done the wrong thing, as this will teach your child that it's okay to make mistakes.

For further information

Forbes, H. & Post, B. (2006). Beyond Consequences, Logic and Control: A Love-Based Approach to Helping Attachment-Challenged Children With Severe Behaviours, Florida: Beyond Consequences Institute

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Fact Sheet #11 Stealing

Tip of the iceberg

Children and young people can repeatedly take things that don't belong to them at home, at school or from shops. They can take things as small as pens or socks, or as valuable as money or jewellery. Children and young people might hide these items away in their room and hoard what they take. Other children might throw the items away soon after taking them.

Underneath the surface

Children and young people with histories of neglect sometimes steal because they believe that no one will meet their needs, no one will provide for them, so they have to provide for themselves. They might also feel a compulsive need to collect things, even when they're not needed, just in case the time comes when they're on their own and fending for themselves again.

Children and young people might also steal because this was taught to them by their parents as an acceptable behaviour. Or they might steal because they don't understand this to be wrong, because no one has ever given them a good moral compass to guide their behaviour.

Children and young people might also steal because they have poor impulse control and, when they're stressed or excited (ie emotionally aroused), they're less able to access the parts of their brain that help them to think logically about their actions and consider the possible consequences.

Stealing can also be a way of regulating emotions. Children and young people who are abused are often not given support to regulate their emotions, they don't know how to soothe themselves when they are distressed, and so they have to create strategies (often maladaptive, unhelpful strategies) to do this on their own. For children and young people who are hyper-aroused, stealing and collecting things can help them calm down. For children and young people who are hypo-aroused, stealing can give them a buzz or a 'rush' that makes them feel alive. In this way, stealing has nothing to do with the material value of what a child takes; instead, it is a child's way of achieving emotional and physiological regulation.

Some children and young people, particularly adolescents, will steal with other children and young people because it gives them a sense of belonging and connection. This is often seen among children in residential care settings, where it's harder to feel as though you belong because there's often little sense of family or little connection to the placement.

Finally, some children and young people might steal objects that are valuable to their carers as a way of seeking connection with them, when they don't know any other way to do this.

Example

Tip of the iceberg:

Thomas (aged 7) often steals his carer's bracelet, hair ties and car keys, and hides these under his pillow.

Under the surface:

When Thomas lived with his parents, they were very neglectful and often left him by himself for hours at a time. When they were around, they would ignore Thomas' efforts to interact with them, and shut him in his bedroom. The only closeness Thomas had with anyone or anything was when his parents dropped items around the house, and he would hide them away and hold them during the night. Thomas learned that he couldn't have real closeness to anyone, but he could feel close to them if he took their things and hid them under his pillow.

Strategies

In a matter of fact way and without argument

... tell your child that you know that they have taken something. For example, "I believe/ know that you took money from my purse". If it later turns out that you were wrong, you can admit to that and apologise. But initially, take a matter of fact stance and don't argue with your child about what happened.

Ask questions about what's happening 'under the surface', without judging your child's character or your relationship with your child

For example, instead of asking "Why is my child so naughty?" (which judges their character) or "Why does my child do this to me?" (which questions the relationship), instead ask yourself "What's happening for my child that they feel a need to steal? How does stealing help my child?"

Help your child make sense of their behaviour

You can help your child to understand why they might have stolen something, by wondering about what's happening 'under the surface'. For example, "I wonder if you took that food because that's what you had to do before you came to live here, you had to take care of yourself?" Or "I wonder if you feel calmer when you take food?"

Offer help

Pre-empt and address stealing behaviour pro-actively by helping your child make plans for what else they can do when they have an urge to steal. For example, "When you feel anxious and want to steal, you can come tell me and we'll do something calming together".

Provide alternatives

Explore options with your child (eg going for a walk, reading a book, listening to music, playing video games) that they can do when they feel an urge to steal. It's preferable that you do these activities with your child, to help build your relationship so they can rely on you (instead of the stealing) to help manage their feelings.

Increase safety in situations where stealing occurs

If you notice that your child steals more often in certain situations (eg at school, or after family contact), increase your efforts to help your child feel safe and calm at those times. Increase supervision, spend more time together, and remind your child of their alternatives to stealing.

Don't lecture about stealing

When children and young people steal, they are often in a state of fear or anxiety. When they're in these states, they're not able to think rationally or learn from what you are saying. If you want to talk to your child about the problems with stealing, wait until your child is calm and keep the conversation light.

Notice and praise changes in behaviour

Praise your child when they don't take something that they usually would. For example, "Thanks for leaving my earrings on the dressing table today".

For further information

Forbes, H. & Post, B. (2006), *Beyond Consequences, Logic and Control: A Love-Based Approach to Helping Attachment-Challenged Children With Severe Behaviours*, Florida: Beyond Consequences Institute

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Fact Sheet #12 Hoarding and Gorging

Tip of the iceberg

The child or young person may appear obsessional about food. They may steal food and hide it, or gorge on large quantities of food in the middle of the night. The caregiver may find multiple wrappers stuffed behind the closet or hidden under the bed. In the same day, the child or young person may swing from refusing to eat to eating uncontrollably.

Underneath the surface

Feeding an infant or a child goes beyond simply a physical need. It is also a time of engagement and bonding, which teaches children that soothing occurs through relationships with others. Children and young people with food-related issues such as hoarding and gorging often have food-related trauma in their history. For example, they may have often gone hungry, or they used food to comfort themselves when a parent was not available to regulate their emotions. As a result, the child learns that soothing does not come from relationships with adults but comes from relationships with food.

In addition, experiences of neglect also affects the child's developing brain, suppressing their circadian (or bodily) rhythms which impacts on bodily functions such as heart rate, blood pressure, digestion, body temperature, sleep and *hunger*. However, food (especially sweet food) activates certain hormones which provide regulation to these bodily functions. In times of stress the reliance on food is more pronounced and children may over eat, under eat or engage in hoarding and gorging behaviours in order to calm themselves down. These behaviours are not intentional but occur automatically in times of anxiety and fear and were once used as a way to self soothe and regulate their emotions.

Strategies

Recognise the behaviour as a sign of stress

For example, understand that fifteen lolly wrappers under the bed is a message from your child stating "My body is craving sweet things because I am stressed. I need food to help me calm down".

Communicate understanding to your child

For example, "I know that when you feel anxious in the middle of the night the first thing you want to do is eat something sweet. It really helps you calm down".

Offer help when the desire to hoard or gorge food arises

For example, "When you feel like you want to hide food under your bed come and tell me. If you are stressed I want to be able to help you".

Help your child to calm

Assist your child to soothe and return to a calm state when they feel like engaging in maladaptive food-related behaviours. Some examples may include talking with them, listening to relaxing music with them, etc.

Offer safety

Don't use approaches which shame your child or punish them. Remember that your child hoards and gorges when they are scared and anxious. Your child is not engaging in this behaviour intentionally to annoy.

Provide your child access to snacks throughout the day

These snacks should include foods that are naturally sweet (eg apples, sultanas, muesli bars). This reassures them in a tangible way that food will always be available. In contrast, denying your child food may recreate the neglectful experiences that caused this behaviour in the first place. If needed, provide your child with their own food compartment or allow them to carry food on themselves (eg in a bag).

Give your child a schedule of meals

For some children and young people this may be useful as a visual reminder that food will always be available.

Be involved and provide positive experiences at meal times

This may include assisting your child to make choices about what they want to eat, helping them with their food where appropriate and eating with them. Conversation should be limited to positive and non-anxiety provoking topics during meals to assist your child to feel secure and relaxed at meal times. For example, it is more helpful to talk about an enjoyable activity than it is to talk about upcoming changes in routines etc.

Be patient

It may take a long time for these behaviours to change as they have very often been present for a long time. Also remember that even when hoarding and gorging behaviours decline they may remerge in times of high stress.

For further information

Forbes, H., & Post, B. (2006), Beyond Consequences, Logic and Control: A Love Based Approach to Helping Attachment-Challenged Children with Severe Behaviours. Florida: Beyond Consequences Institute LLC



Fact Sheet #13 Fire Lighting

Tip of the iceberg

Children and young people may set small fires (eg lighting matches in their bedroom), or they might set large fires (eg setting bushes alight in the yard). Fire lighting can lead to a range of other problems, including physical harm (eg burns) and contact with the youth justice system.

Underneath the surface

Children and young people's interest in fire often begins at an early age. Some children and young people might begin setting fires out of curiosity and experimentation, and the interest can grow from there. For children and young people who aren't provided with good boundaries or supervision, fire lighting which started as simple curiosity can grow into an habitual problem quite quickly. Children and young people with poor boundaries / supervision might never have had an adult teach them the dangers of lighting fires, and so they might light fires without any understanding of the serious consequences of this behaviour.

Children and young people might light fires because it gives them excitement (when they are otherwise under-aroused), or comfort (when they are over-aroused). Children and young people with social difficulties might light fires as a way of becoming more interesting to other children. For children who have been abused and feel powerless, lighting fires might give them a sense of power and therefore help them feel that they can defend themselves from future abuse.

For some children and young people, lighting fires might remind them of fond memories of their family. For example, a child who used to go camping with a family member and would spend time sitting around a fire together, might light fires to recreate feelings associated with those positive memories.

Generally, children and young people light fires as a way of expressing an unmet emotional need, be that comfort, arousal, protection or connection. It's important to explore what the unmet emotional need is for a child who is lighting fires, and to help address that unmet emotional need, if the behaviour is going to change.

Example

Tip of the iceberg:

Joe (aged 14) lights fires in the rubbish bin in his bedroom. He tends to do this at night and generally has the fires under control, such that the carers only know he's lit the fire when they find the ash in the morning (although sometimes he's lost control, smoke alarms have been triggered, and carers have had to extinguish the fire).

Under the surface:

Joe was badly neglected as a young child, and his parents rarely gave him any attention. Joe would be left by himself for hours, sometimes days at a time. Joe started lighting fires in his bedroom as a way of giving himself some comfort on cold, lonely nights. The behaviour became a habit, and even though Joe is now safe and warm in care, he still lights fires at night to comfort himself in the dark.

Strategies

Recognise the behaviour as a sign of stress

Children and young people can light fires as a way of bringing comfort and managing stress. When a child lights a fire, they are telling you that they are stressed and need a calm adult to help them become more emotionally regulated.

Communicate understanding to your child

Recognise that the fire lighting has a purpose for your child. For example, "I know that when you feel angry or frustrated, lighting a fire can help you feel better, it might help you feel more powerful or in control".

Assist your child to recognise when they have an urge to start a fire

When a child or young person can recognise the feelings that lead to lighting a fire, they have greater opportunity to make a better choice of behaviour. You can help a child or young person with this by asking them to think about the events leading up to the last fire they lit. Ask them to think about what they were thinking and feeling, and how lighting a fire helped them (or at least how it changed the way they thought or felt). As your child develops greater insight into why they light fires, they will be better able to find alternative ways of managing those thoughts and feelings (and you will be better able to identify times of high risk).

Give alternatives

Explore options with your child (eg going for a walk, reading a book, listening to music) that they can do when they feel an urge to light a fire. It's preferable that you do these activities with your child, to help build your relationship so they can rely on you (instead of fire lighting) to help manage their feelings.

Offer to help when the urge to light a fire arises

For example, "When you feel like you want to light a fire, come and tell me, and I'll try to help you manage those feelings".

Avoid punishment

Remember that lighting fires can be a child or young person's way of trying to manage unpleasant, stressful feelings. Using consequences for a child or young person to try to manage their feelings is only going to make your child feel worse. Instead, after ensuring safety by putting out the fire and reminding your child of safety concerns, empathise and offer to help (eg "You find it so hard sometimes and lighting fires feels like it helps, but it's really very dangerous, so next time come tell me when you're struggling and I'll try to help").

Praise your child when they don't light fires

Notice when your child successfully stops themselves from lighting a fire during a time when they usually would, and praise them for this. Praise can help children and young people realise that they can be successful, that they can overcome this behaviour.

Increase supervision

Let your child know that, because lighting fires is so dangerous and you're worried about safety, that you are going to spend more time with them and check on them more often to make sure they aren't lighting fires, and don't have any equipment (eg lighters, matches) that can be used to start a fire. It's especially important to increase supervision at high-risk times.

For further information

Bumpass, E, Fagelman, F & Brix, R (1983) 'Intervention with children who set fires', *American Journal of Psychotherapy*, 37(3), 328-345

Kolko, D & Kazdin, A (1986) 'A conceptualisation of firesetting in children and adolescents', *Journal of Abnormal Child Psychology*, 14(1), 49-61

Sharp, D, Blaakman, S, Cole, E. & Cole, R. (2006) 'Evidence-based multidisciplinary strategies for working with children who set fires' *Journal of American Psychiatric Nurses Association*, 11(6), 329-337

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #14 Drugs and Alcohol

Tip of the iceberg

Children and young people can start experimenting with drugs and alcohol from an early age, and might develop habitual or regular drug and alcohol use. When children and young people use drugs and alcohol, there can be noticeable changes in their presentation. Their behaviour might change, such that they become moody, aggressive, paranoid, or withdrawn. Changes in sleeping and eating patterns might emerge. And physically, children and young people who use drugs and alcohol can look different, with red or puffy eyes, loss or gain in weight, track marks on their arms (with intravenous drug use) or stains around their mouths (with paint sniffing).

Underneath the surface

Children and young people who have experienced abuse and trauma may use drugs and alcohol to help them feel good. Just as some adults use anti-depressants or anti-anxiety medication, children and young people may use drugs and alcohol to self-medicate the unpleasant emotions that they live with following abuse. Using drugs and alcohol can alter a child or young person's mood and physiological state, which can help children and young people feel better or even 'normal'. Drugs and alcohol can also help to numb negative emotions or memories, so some children and young people might use drugs and alcohol as a way of dissociating from or forgetting about their abuse.

Some children and young people who use drugs and alcohol do so because it was modeled to them as an acceptable coping strategy by their parents or other adult caregivers. Other children and young people use drugs and alcohol because of pressure from peers, and a desire to belong to a group of friends.

Children and young people who use drugs and alcohol are at higher risk of developing substance abuse issues in adolescence and adulthood. They are also at higher risk of developing serious physical and mental health difficulties.

Of note, some children and young people find the process of getting ready to use drugs quite soothing. For example, the habitual process of cleaning a pipe, cutting up marijuana leaf, filling the pipe and smoking can become a soothing ritual. This is also often seen among people who use intravenous drugs regularly. This is important to know, as it's not just the effects of the drugs that need to be replaced by other activities, it's the ritual of preparing for drug use that also needs to be addressed.

Example

Tip of the iceberg:

Michael (aged 15) smokes marijuana daily. When he can't access marijuana, he steals and inhales toxic substances such as glue. Michael becomes aggressive when he can't access marijuana or other substances. He also becomes aggressive and cannot sleep when he's withdrawing from substances.

Under the surface:

Michael experienced extreme physical abuse as a young child, and was rejected from his family after he developed behavioural problems as a result of the abuse. Michael began smoking marijuana to be accepted by his peers at school. Michael learned that marijuana gave him a sense of calm, helped him sleep better at night, and improved his mood. When he got older, he copied friends who inhaled glue and paint. Inhaling gave him a rush and also improved his mood, but only temporarily, and so he needs to use more of this, more frequently, when he doesn't have access to marijuana in order to get the same positive effect.

Strategies

Refer to your agency's operating procedures, policies and guidelines

... about substance use, and discuss any changes in approach (as based on the guidelines below) with your supervisor / support worker.

Recognise the behaviour as a sign of stress

When children and young people are using substances, it means that they are physiologically or emotionally stressed, and are likely using substances as a way of self-medicating.

Communicate understanding to your child. For example, "I wonder if you got drunk last night because you were stressed about something, and didn't know how else to manage?"

Recognise the behaviour as connection seeking

Some children and young people use substances as a way of seeking connection with (and acceptance from) their peers.

Communicate understanding to your child. For example, "I wonder if you got drunk last night because all the other kids were drinking, and it was important to you to be accepted by them?"

Offer to help when the desire to use substances arises

For example, "When you feel like you want to smoke marijuana, come and tell me, and I'll try to help".

Provide alternatives

Explore options with your child (eg going for a walk, reading a book, listening to music) that they can do when they feel an urge to use drugs or alcohol. It's preferable that you do these activities with your child, to help build your relationship so they can rely on you (instead of the substances) to help manage their feelings.

Avoid giving consequences

Remember that using substances is a child or young person's way of trying to manage unpleasant, stressful feelings. Punishing your child for trying to manage their feelings is only going to make your child feel worse. Also, the most natural consequence of substance use is the unpleasant symptoms of withdrawal – no punishment you can deal out will be any worse than that.

Instead of using consequences, you can remind your child of safety issues and behavioural expectations, then you can empathise and offer to help. For example, "It's unhealthy and risky for you to inhale glue, and you know we don't allow that here. I know it's hard for you, because you're so used to using glue to help you feel better. Next time, I'll try to help you".

Don't lecture

While children and young people need to know the risks associated with drug and alcohol use, and they need to know that you worry about them when they use, lecturing can provoke anger, anxiety and defensiveness, which can lead to more substance use.

Instead of lecturing about what your child has done (eg "You're headed for trouble if you keep using, what do you think you're doing?"), you can use "I ..." statements to show empathy and support (eg "I get really worried when you use methamphetamines, because I know how dangerous it can be. I'd like to help you find other ways of coping").

Stay calm

Caring for a child or young person who is intoxicated can be frightening, as you will be worried about their health and safety, worried about their behaviour, and worried about their recovery. It is important to stay calm, and show your child that you are calm and in control. The more worry you show your child, the more anxious your child can become.

Talk to your child about the risks and benefits of using drugs and alcohol

When children and young people are calm, they can often tell you what they like about using substances, what benefit it gives them. Some children and young people can also reflect (again, when they're calm) on what they don't like about using substances, what disadvantages there are. You can use these times to help your child weigh up the pros and cons of substance use.

When your child is intoxicated ...

Talk calmly and focus on meeting your child's basic needs for safety (emotional and physical) and nourishment (food and beverages). While your child is intoxicated it is not the time to talk about consequences for other behaviour they might have engaged in when becoming intoxicated (eg running away, being aggressive, stealing etc.), nor is it the time for big conversations about the dangers of substance use. All of that can come later, when your child is sober and calm.

When your child is intoxicated and highly agitated or physically unwell ...

seek consultation with your child's case worker or a supervisor / support worker, and contact a medical officer (either via ambulance or locum doctor). If you are unsure about what to do, you can telephone the Alcohol and Drug Information Service on 1300 131 340.

When your child is intoxicated and aggressive ...

your primary goal should be to ensure everyone's safety, including your own. Remain calm and verbally try to calm your child. If necessary and safe to do so, give your child some space (but continue to supervise as best you can). If your child becomes threatening to others, it may be necessary to contact the Police on 131 444. You should also consult your supervisor or support worker for further guidance and assistance.

When your child is intoxicated and threatening to hurt themselves ...

a mental health assessment may be necessary. Stay with your child, and contact the Child and Adolescent Mental Health Services (CAMHS) office in your area. You can also contact the Women's and Children's Hospital (WCH) on 8161 7000 and ask to speak with the Emergency Mental Health Team. Alternatively, you can call for an ambulance through the emergency line 000.

For further information

Drug & Alcohol Services South Australia (DASSA), phone: 1300 131 340.
Website: www.dassa.sa.gov.au

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #15 Eye Contact

Tip of the iceberg

Children and young people may avoid eye contact in several ways. Most commonly children and young people avert their gaze when directly looked at or spoken to. This may involve staring at the ceiling or floor. They may also begin hiding their face with their hands, shadowing their face with their hats, blinking a lot, shifting and rolling their eyes, becoming preoccupied with objects or physically hiding under objects, such as blankets, tables etc. Some children and young people may even present with a glazed look over their face, looking completely blanked out.

Underneath the surface

When a child or young person with a history of childhood trauma becomes stressed, one of the first responses is to stop eye contact. Eye contact is a very personal, relational experience and, when stressed, children and young people who have experienced relational trauma (ie when the person who was supposed to care for them hurt them), eye contact can be very overwhelming. Maltreated children and young people are used to seeing anger, resentment, hatred and fear in the eyes of their maltreating caregivers, and so eye contact becomes a frightening experience. If a child or young person is struggling to provide you with eye contact it is usually because they are scared and in a state of fear. These children and young people are not purposely avoiding eye contact to control you, they are simply trying to avoid what they believe will be a negative experience.

Eye contact also provides us with lots of information about others and our relationships. When we share eye contact with someone, we receive information that tells us how they are feeling, what judgments they are making about us, and what they might be thinking. A traumatised child or young person's system can only take in a limited amount of sensory stimulation at any given time. Therefore, children and young people may avoid eye contact with you to reduce the amount of sensory information they have to make sense of, otherwise they can experience information overload, which leads to stress.

Relate this to yourself at the moment. Are you presently aware of the temperature of the room, the way your clothes sit on your body, the noises in the room, the taste in your mouth, the muscle tightness in your shoulders etc? We are incapable of being aware of all of this sensory information at one time, and also remaining engaged and focused on our task at hand. We would become overwhelmed if we had to stay alert to every stimulus within both our bodies and our environment. What prevents us from becoming over-stimulated is our regulatory system. A well-developed regulatory system is equipped to keep us from becoming overwhelmed; it modulates, it regulates, it calls upon specific senses when appropriate in a balanced and regulated way. Most adults have a well-developed regulatory system that is intact and is able to shift from moments of feeling overwhelmed back to a state of balance, all within a millisecond. These experiences, shifting from a state of balance to a state of being overwhelmed, happen countless times throughout the day. However, traumatised children do not have this regulatory flexibility. It is impossible for their systems.

Children and young people with histories of childhood trauma have developed, through their experiences, a pervasive sense of shame that centres on their core belief that they are bad, worthless and unlovable. For example, adults often demand children provide them with eye contact when they have misbehaved, which increases the child's sense of shame and avoidance of eye contact in other instances. They often believe that if they were to look an adult in the eyes the adult would be able to see into their core and see that they were born a bad person, not worthy of anything good. Lack of eye contact is a defence mechanism and can be a child's way of coping with the deep sense of underlying shame that they experience after being told off, denied a request, or when they are feeling blamed, ignored and rejected (for more information see [Fact Sheet #2: Shame](#)).

Example

Tip of the iceberg:

Sarah (aged 8) often struggles to look people in the eyes, especially when she is being praised by her carer or her teacher. When people ask her to look them in the eye she gets angry and lashes out.

Under the surface:

Sarah was sexually abused as a young child. She has a strong sense of shame and becomes overwhelmed when given direct eye contact. Her mother was emotionally and verbally abusive and so she has rarely been praised. Therefore she feels uncomfortable with praise and the intimacy of eye contact.

It is also important to understand that lack of eye contact can be a sign of respect in some cultures and may not be indicative of shame or stress as outlined above.

Strategies

Be aware of non-verbal communication

When your child looks away from you, 'listen' to what this behaviour is telling you. Your child is saying, "I can't take anymore stimulation! If I keep looking at you anymore it will be too much". Pay attention to what is happening under the surface for your child, and respond to that (not to the behaviour).

Do not force your child to make eye contact

Forcing a child or young person to have eye contact will only inflame the situation. Join in the direction of your child's gaze, and by doing this you are acknowledging their discomfort, thereby giving them safety to shift back to a place of emotional regulation.

Stop talking

When you see your child is not making eye contact either talk more slowly and softly or stop talking altogether, as the talking is adding to the overload of stimulation.

Work to calm your child through your relationship

Reposition yourself to the side of your child which puts them in a less threatening position, thereby removing the perceived threat. If your child pulls away do not attempt to put your arm around them but accept that physical touch is adding to your child's stress. If your child is sitting or standing up, it is particularly effective for you to sit on the floor next to them (if safe to do so), lower than your child. You can divert your gaze in the same direction as your child (for more information see [Fact Sheet #1: Building Relationships](#)).

Increase your child's self-awareness

Assist your child to become more aware of their levels of physiological arousal and begin to understand what influences them. Carers can use "I wonder ..." statements to help their child to identify triggers in their environment and within themselves, which can affect their stress levels. For example, looking down at the floor with your child, you may say, "John, what's going on? I can see that you're struggling right now?" John moans, "I don't know". You may respond with, "Well, I can tell you're stressed and feeling overwhelmed about something because you can't look at me. I wonder if you're feeling stressed because of ..."

Communicate positively

The more positively you can communicate, the less your child has a need to escalate. If you stay in a positive state, it will encourage your child to move to a positive state. Your

child will make eye contact when their neurological system is in a peaceful, balanced state. These moments of regulation should be more appropriately celebrated and seen as opportunities to make deep connections with your child.

Allow the process to take its course naturally

Eye contact will happen, but it can only happen when your child is shifted out of their heightened stress state. Lack of eye contact is not 'us against them' or 'them against us'. And it is not a 'must have' in order for attachment and regulation to occur. Eye contact does not have to be forced, and if it is forced, it is not genuine and may further contribute to the child's experience of shame.

For further information

Forbes, H. T & Post, B.B. (2006), 'Lack of eye contact' (Chapter 11). In Beyond Consequences, Logic and Control: A Love-based Approach to Helping Attachment-Challenged Children with Severe Behaviours, Florida: Beyond Consequences Institute LLC

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #16 Change

Tip of the iceberg

When faced with changes (even minor alterations to their daily schedule), maltreated children and young people may react negatively and problematic behaviours may escalate. They may tantrum, become defiant or aggressive, withdraw or become depressed and anxious. They may demand control over seemingly minor aspects of the change (eg selecting the next activity), or refuse to participate in the proposed change.

Underneath the surface

For many people, pleasant surprises, unexpected visitors, or a change in the daily routine are easily accepted. In fact, people often enjoy a break from the predictability of their lives. However, children and young people in care have very often experienced little that is predictable. Instead, their lives have been characterised by uncertainty and instability. They have learnt that the world is a frightening and unsafe place, and that change often signifies threat. For these children and young people, any change (large or small, positive or negative) may be experienced as a frightening and anxiety provoking experience. Think about the anxiety you may have felt when making big changes in your life, such as changing jobs, or moving house. Often children and young people in care feel extremely anxious about even minor changes. Transitions, surprises, chaotic social situations, even positive events like birthday parties that involve lots of change, can all be highly disorganising for these children and young people. The problematic behaviours children and young people often exhibit in association with change typically arise from this anxiety and/or fear.

Example

Tip of the iceberg:

David (aged 10) has access visits with his mother and siblings once a month. Occasionally David's mother misses an access visit or asks for it to be rescheduled. When this happens David becomes defiant and will often make demands of his carers for the next few days.

Under the surface:

As a young child David's family moved frequently. David's mother abused substances and would often be gone for days, leaving David at home with his siblings. This caused David a significant amount of anxiety. He learned to manage this anxiety by being very structured and controlling with his routine. David finds changes to his routine, especially last minute changes, very difficult. His anxiety increases and he manages this by attempting to control all the details in his life.

Strategies

Provide a consistent predictable pattern for the day and avoid surprises

Ensure your child knows what to expect. Knowing what comes next is very reassuring (eg talk to your child about the planned activities for the day) (for more information see [Fact Sheet #19: Social Events](#)).

Establish routines

This includes establishing morning and night time routines. This also assists children and young people to develop independence skills as they learn what to do next. Visual schedules may be useful for some children and young people.

Prepare your child for change

Talk to your child and reassure them about upcoming changes well in advance. This helps them to prepare themselves and to feel safe. This may include discussions about a new carer or a change to the daily routine (for more information see [Fact Sheet #20: Transitions](#)).

Explain why the change is necessary

Tell your child the reason behind the change. This helps them to realise that the change is not random.

Use repetition

Your child may need to have repeated discussions about upcoming changes to minimise anxiety. Whilst this can be time consuming and sometimes frustrating, it is important in reducing your child's anxiety and preventing escalations in their behaviour.

Offer help

This may include identifying the source of your child's anxiety and helping them to feel safe. 'I wonder ...' statements may be helpful. For example, "I can see that you are feeling anxious about the fact that John is coming into the unit. I know you have had some bad experiences with new people in the past and I am wondering if you are worried that he might treat you badly. If you are feeling unsettled about what is happening I would like you to come to us so that we can help you". Help your child make links between their anxiety and the change (for more information see [Fact Sheet #3: 'I Wonder ...' Statements](#)).

Be consistent and predictable

Adopting a consistent approach to children and young people is important in assisting them to feel safe and secure. For residential care staff this includes adopting an overall approach to children and young people which is agreed upon by staff members and being consistent in your individual dealings with them.

Give your child some choices

Where possible provide your child with some measure of control over the upcoming change by offering them choices. Whilst they may not have a choice in whether the change itself takes place or not, their anxiety may be reduced if they can assert influence over some aspect of the change.

For further information

Hughes, D. (1997), *Facilitating Developmental Attachment*, Northvale, NJ: Jason Aronson

Archer, C & Gordon, C (2006), *New Families, Old Scripts: A Guide to the Language of Trauma and Attachment in Adoptive Families*, London, Jessica Kingsley Publishers

Forbes, H, & Post, B (2006), *Beyond Consequences, Logic and Control: A Love-Based Approach To Helping Attachment-Challenged Children With Severe Behaviours*, Florida: Beyond Consequences Institute LLC

Also see [Fact Sheet #19: Social Events](#), and [Fact Sheet #20: Transitions](#)



Fact Sheet #17 Bedtime Routines

Tip of the iceberg

The transition to bedtime is a problematic time for many children and young people in care. Children and young people may blatantly refuse to go to bed, appear erratic or oppositional, and continually seek connection. For example they may get up to make small requests (a glass of water), demand a bedtime story be read, or sneak around the house in a playful or disruptive manner.

Underneath the surface

Think back to the last time when you had a really hectic evening with a child or at work. How long did it take you to go to sleep later that night? My guess is that you needed a period of winding down. Similarly, children and young people in care have heightened levels of background arousal and anxiety. Bedtime is often a time of the day associated with past abusive activities, for instance, inappropriate sexual contact or a caregiver returning home drunk and violent. It is also a time of the day when they are likely to ruminate about negative events that occurred during the day or previous abusive incidents. In addition, this is the time of the day when it is quiet and children and young people have more time to listen to their thoughts without the distraction of background noise. Therefore, the oppositional and/or erratic behaviour seen at this time is a means for children and young people to self-manage their arousal levels (or feelings of being unsafe) as well as distract themselves from their obsessive thoughts.

Example

Tip of the iceberg:

Jessica (5 years) has difficulty with bedtime every night. Her carers argue with her to brush her teeth and get into her pyjamas. Once she has been put to bed, Jessica often calls out, gets out of her bed to play, or sneaks into her siblings' bedrooms.

Under the surface:

Jessica's step father often drank excessive amounts of alcohol at night. He would then become violent, shouting, and sometimes physically assaulting Jessica's mother. Night time was always a scary and dangerous time. Therefore Jessica seeks contact with other people at night time in an effort to feel protected and safe (and to check the safety of the other people in the house).

Strategies

Maintain a structured and predictable night-time routine

For instance, the time that your child has dinner, gets into pyjamas, brushes their teeth, gets into bed, has a story and turns out the lights should be as consistent and predictable as possible.

Engage your child in some form of physical activity before bed

This is best done at least 2 hours before their scheduled bedtime.

Reduce the intake of sugary foods or drinks (and caffeine)

This should be done in the 2 hours before their scheduled bedtime.

Reduce the level of stimulation (eg loud music and light)

This should be in the hour before their scheduled bedtime.

Reduce the levels of arousal in the hour before bedtime

This is a time when computers and video games should not be watched or played. Good

activities include yoga, relaxation and meditation, reading, journal writing, listening to relaxing music, watching low stimulation television programs, taking a bath or shower.

Give your child the opportunity to wind down in their bed

Good wind-down activities include reading a story together or reading alone, colouring-in, listening to music, brushing their hair, or providing shoulder, back or hand massages.

Assure your child of the stability of the placement

Even if the placement is considered to be short-term, spend time with your child speaking about shared upcoming events and/or the next day's activities. Other ideas include choosing a book to read together the following night, or planning meals for the rest of the week.

Provide a bedtime focus

This is a shared activity between the child and carer that is promised to a child earlier in the evening and occurs at the point when the child goes to bed. This provides your child a 'bedtime focus' (and something to look forward to) and will support the transition to bedtime. For example, during the afternoon and evening, you could tell your child, "I'm looking forward to reading you a story tonight when you go to bed".

Involve your child in safety checks

If your child is very fearful at night and constantly asking about safety (eg "Are the doors locked?"), involve your child in a 'safety check' of the house. Take your child on a walk around the house to check and show them that the windows and doors are locked, and the curtains are drawn. Make this as playful as possible (eg you could pretend you are police officers or detectives, searching the house for danger, and when no danger is found you've earned your 'holiday' of bedtime).

Overall, shared time spent between a child and their carer (even if it is only 5 minutes) at the point of bedtime, is the most effective way to support them to reduce their anxiety levels. This also has the additional bonus of building positive connections.

For further information

Archer, C & Gordon, C (2006), *New Families, Old Scripts: A Guide to the Language of Trauma and Attachment In Adoptive Families*, London, Jessica Kingsley Publishers



Fact Sheet #18 Social Events

Tip of the iceberg

At times of special events (eg Christmas, birthdays) and anniversaries (eg entry into care) problematic behaviours often escalate. This may occur no matter how seemingly pleasant the scheduled event may be. Children and young people may tantrum, become defiant, become aggressive, withdraw or become depressed and anxious. They may also become demanding and appear unappreciative, or sabotage the event.

Underneath the surface

Children and young people who have been raised in an environment of abuse and trauma are often constantly watching activity going on around them. They have developed this strategy as a way of protecting themselves from potential threats, because they previously needed to fight or flee a situation at any given moment to keep themselves safe. While your child is now safe with you, they will still be hyper-vigilant to potential threats in their environment. During special events, there is more stimulation and more sensory information that children and young people have to be alert to and make sense of, and this can be difficult and create fear in hyper-vigilant children and young people. Therefore, they may avoid or sabotage a social event in order to avoid the fear that comes with it.

Special events are also a time of lots of social contact, and children and young people are expected to behave in socially appropriate ways. During these times, children and young people's emotions are often heightened and they are not always able to cope with the stress that social contact requires. Maltreated children and young people often have difficulties with social skills; they don't know the 'rules' of socialising, they are vigilant to what other people are thinking of them, and they are constantly watching to see if someone will harm them. Combine this with their heightened emotions and difficulty with emotional regulation, and most maltreated children and young people just cannot cope with social events.

For children and young people who struggle to understand their emotions, social events can be emotionally confusing. While a child or young person might start out feeling happy during, for example a birthday party, as that emotion gets bigger it becomes overwhelming and confusing. Their level of emotional arousal rises higher and higher, and can be misinterpreted by children and young people as anxiety, stress or fear. This can lead to an escalation in the child's behaviour.

Many special events such as Christmas or birthdays may also remind the child or young person of earlier times with the people that maltreated them. This may evoke many mixed and confusing feelings for the child or young person including anxiety, longing, loneliness and fear. To avoid those painful feelings, children and young people may avoid or sabotage social events, or their behaviour may dysregulate during the event.

Anniversaries such as the anniversary of coming into care may be experienced as an extremely distressing time for children and young people, as it reminds them of their separation from their family, and they can feel abandoned or rejected. This can also lead to an escalation in their behaviour, as they engage in behaviours that confirm their belief about themselves that they are unlovable, unwanted and deserve bad things.

Additionally, children and young people who have histories of abuse and trauma often feel unworthy of large celebrations. They may feel uncomfortable with the positive attention they receive and may feel shameful and not worthy of the gifts and attention they receive at these events.

Example

Tip of the iceberg:

Emma (13 years) wanted a big birthday party with all of her friends. However on the day of the party she was verbally cruel to her carers, ignored many of her friends, and hid in her bedroom for a large part of the day.

Under the surface:

Emma used to live in a chaotic and neglectful household with many people. There was often violence between the adults. While Emma liked the idea of parties, when her house was filled with multiple people she felt overwhelmed. The noise and chaos of parties made her feel insecure, overwhelmed and at risk. The only way she knew how to manage this was to reject people and hide.

Strategies

Prepare your child

Talk with your child about what is likely to happen during the event, who will be attending, and the duration. Try to avoid surprises as this creates a sense of uncertainty and fear for your child.

Keep events manageable

Decide what your child can reasonably tolerate. Children and young people with histories of trauma and broken relationships have repeated failures and without careful management, special events may be experienced as yet another failure in their lives. Limit the size and scale of the event to maximise your child's chances of success. It is important to recognise that 'small' successes are more beneficial for your child than 'large' failures.

Limit the duration of the event

Children and young people are most likely to succeed when the duration of the event is for a short period of time. For example, some children and young people may only be able to cope with birthday celebrations for half an hour before feeling a sense of stimulation overload leading to emotional dysregulation. If children need to be involved in an event for longer periods of time, then it is important to be physically and emotionally available to them in case they require some assistance to calm down.

Pitch the event and supports provided at your child's social and developmental age

... rather than their chronological age.

Reduce the number of presents given to your child at one time

For example, stagger the giving of gifts as this can create a very stimulating time for your child.

Keep numbers of guests to a reasonable level

Explain to your child that you're keeping things small to make sure it's successful and safe.

Avoid competitive games and engage in activities that are less stimulating

For example, if children and young people are going to be involved in a treasure hunt then they need to take all that they find to one adult who will then divide the findings equally amongst participants. Also consider the number of participants in any games.

Limit sugary foods

Provide nutritious foods. If sugary food must be provided keep it to a minimum and offer it only at the end of the event.

Anticipate difficulties

Familiarity with your child's history will help identify which times are likely to be difficult for your child.

Monitor behaviour

Be aware that your child is likely to be in a high state of arousal. Intervene before they escalate by offering them some cool down time.

For further information

Forbes, H. T & Post, B.B. (2006), In Beyond Consequences, Logic and Control: A Love-based Approach to Helping Attachment-Challenged Children with Severe Behaviours, Florida: Beyond Consequences Institute LLC

Iceberg Model

A trauma-informed approach to helping caregivers understand and manage challenging behaviours.



Fact Sheet #19 Transitions

Tip of the iceberg

Maltreated children and young people often struggle with change, especially transitions. This could be transitioning between their placement and respite care, transitioning between classrooms at school, or even transitioning from one activity to the next. Regardless of whether the transition is large or small, maltreated children and young people can find transitions difficult, and often resist them. They might refuse to transition, become stubborn or argumentative, use aggressive behaviour, or become withdrawn and sullen. This fact sheet predominately discusses how children and young people manage transitioning between placements.

Underneath the surface

Most children and young people in care have had to endure multiple changes in their care and living arrangements. Each new placement brings with it many changes, including new carers, rules, children, beds, food, schools, and sharing of resources. Maltreated children and young people are usually ill equipped to manage transitions well. Transitions often occur suddenly with no preparation for the child or young person, resulting in them feeling further grief and loss and blaming themselves for previous placement disruption or failure.

Transitions are very scary times as impending changes increase the stress levels of children and young people in care. Every move from one placement to another, even when this is positive, is another experience of loss and trauma for these children and young people, and the process is very overwhelming for them. They may behave in an erratic way and experience mixed emotions about the changes. They are likely to show a range of dysregulated behaviours or regression that stems from heightened internal stress. Emotional reactions may include anxiety, confusion, anger, blaming themselves for the move, thinking about other times that they have experienced this and wondering if they will fit into the new placement. It is likely to trigger feelings of loss and grief, and to highlight unresolved and painful losses from the past. The child or young person may interpret the impending change to mean that they are unlovable, bad and undeserving of nurture and care.

Research tells us that multiple placement changes for children and young people can be very damaging. Overall we should aim to establish long-term, stable placements for children and young people so they can begin to relax, instead of being exposed to ongoing change. This requires long-term case planning and not moving the child or young person through a series of shorter term options, as even if these are all positive, the change in and of itself will be damaging. Wherever possible, we should only attempt placement changes when there is a reasonable chance of it being a successful and positive experience for the child or young person, as another failed placement is likely only to reinforce negative internal messages to them.

Example

Tip of the iceberg:

Jack (aged 9) recently moved into a new home. He was excited about the change, but during the process of actually moving he became defiant and ran away.

Under the surface:

Jack has experienced multiple placement breakdowns. As a result, he feels unwanted and is scared of future rejection. Jack was so excited about his new placement, yet when it became a reality it triggered his fear that his new carers would not be able to care for him and he would be moved again. This made Jack feel scared to even move into the house for fear of the pain that it would cause if the placement fell apart.

Strategies

Communicate the impending move or changes in a non-blaming manner

Be mindful of your child's possible reaction. Involve your child as much as possible and impart a sense of hope and the message that we want the best for them. Honesty is extremely important. When a new placement option (eg foster family, new rostered house) has been identified, your child must be told and involved in the process. If not, they are more likely to sabotage or to draw the wrong conclusions regarding why they are moving.

Reassure your child that as many things as possible will remain intact

For instance, their new carer will be briefed about your child's current routine, special likes and dislikes and attempts made to maintain these.

Orient your child to the new environment but reassure them that links with their current placement will be maintained (if possible)

It is important to consider who the key contacts in your child's life are, and to maintain these where possible. This will be particularly important in the initial stages of a transition and will help your child not to feel so isolated and alone. Key contacts may include not only contact with birth family, but also other children that the child may have lived with, siblings who may be in different placements, previous carers etc. In addition, let your child know that you, as the adult who provided them with care, will think about them when they are not there, and that they are often held in your mind. Organise appropriate farewells, such as a party or a special dinner.

Use transitional objects

Allow your child to take with them a special object/s from one placement to the next, to help them feel connected and safe. You can also encourage the people with whom your child has a current positive relationship to share photos, letters or a story book about their time together that your child can take to their new placement. This can help lessen your child's feelings of rejection and abandonment.

Share information

New carers, teachers, respite workers and others need to know something about your child's story, who they are and what has shaped their experiences. Sharing relevant information about your child's experiences of abuse, what your child struggles with and how many placements your child has had can be helpful. The new carers etc. will also need to know how your child is likely to accept the new care arrangement, how best to facilitate a positive connection, and how they should be responding to questions your child may have along the way.

Match carer expectations and the needs of your child

New carers need to know what your child needs from them. They should then be given an opportunity to say whether they believe they can meet your child's needs. Thorough assessment of whether your child's needs and the new carer's skills are compatible is necessary. For example, if a child is likely to have difficulties with their morning routine and needs the carer to be able to transport them to school and to take them into the classroom, help settle them, or to be involved in their weekly therapy sessions, then there are likely to be difficulties if the carer is unable to do this.

Support your child through the change by providing information to, and involving, all of the key people in your child's life

All children and young people have many key people in their lives. These key people may include therapists, school personnel, case worker, past carers and mentors. Include them in the planning and advise them to anticipate some degree of unsettled behaviours. Information to, and involvement of, these people will help support your child through their change and help to stabilise the new placement.

Listen with understanding

... to your child's expectations and fears about the changes and what they need from their carers right now. Recognise that this may be very hard for your child to articulate. Empathise with your child regarding how difficult it is for all of us to go through change – that it contains both a fearful aspect but also opportunity.

Prepare your child for their transition out of care

A child or young person's transition out of care when they turn 18 will be managed better by the child or young person if they are well prepared emotionally and practically from the age of 15 or 16 (or whenever they are developmentally ready). This preparation might include: involvement in independent living skills training; emotional preparation for living alone; managing friendships and relationships; and developing safety plans for managing contact with family members who have been abusive and primarily responsible for the child or young person being in care. It is important to recognise that family contact is likely to occur when your child is 18 and that they will need to develop skills to manage this situation safely.

Ensure that transitions are graduated

... such that your child achieves a sense of growing confidence over a period of time. This increases the chance of success.

Give consideration to the timing of changes and minimise the number of changes at any given time

Whilst some things will need to change when a child or young person moves to another placement, it is important to minimise these as much as possible. Ensuring your child has the same daily routine and using similar language in communicating with your child will help your child to feel less anxious. The timing of other significant changes should be considered carefully. For example, it may be wise to hold off changing schools, if at all possible, until later that year or early in the following year.

Provide your child with emotional regulation strategies that they can use during stressful times in their transition

As discussed in other fact sheets, activities such as progressive muscle relaxation, calm breathing, meditation, mindfulness, relaxing music, walking, yoga, having a warm bath and therapeutic writing can all be helpful for children and young people who are struggling with big emotions.

Provide support for the new placement

Consideration must be given to support the new carers, both during the process and also post placement. Sometimes the transition may go well initially but then experience difficulties later. New carers need to have support to help ensure placement stability.

For further information

McIntosh, J. (1999), 'Therapeutic transitions in out of home care', Children Australia Volume 24 (4), 29-33

Fahlberg, V (1991), A Child's Journey Through Placement, Indianapolis: Perspective Press

Also see [Fact Sheet #17 \(Change\)](#)

