



Iceberg Model trauma-informed guide

Understanding and responding to hoarding and gorging

Introduction

Some children or young people in care may struggle with food related behaviours, including hoarding and gorging behaviours. Hoarding behaviours means seeking and storing food so that it can be accessible at later times. Gorging behavior means eating far beyond the point of fullness. Many children and young people who struggle with hoarding or gorging behaviours have experienced chronic neglect where their needs for adequate food and nutrition were not consistently met.

Tip of the iceberg (what we can see)

Hoarding behaviours in children and young people who have also experienced harm may include taking food from pantries and fridges and hiding it in other places such as in or under bedding and inside cupboards. This may happen when others in the placement are distracted or asleep. Caregivers may find food going missing and then discover wrappers, scraps or other food-related rubbish hidden in the home.

Gorging behaviours may happen with others present (for example, during sit-down meals) or sometimes in private or late at night. At times, children or young people may gorge to the point of vomiting.

What is happening underneath the surface?

The child or young person has experienced chronic neglect

Children and young people who have experienced trauma may have been extremely hungry over extended periods of time and/or experienced anxiety about when food would next be available. These experiences lead to food preoccupation where the brain becomes fixated on finding and accessing food. This is involuntary and not something the child or young person can 'switch off.' Instead, they may find themselves thinking about food excessively and being compelled to hide food that they can easily access later or can eat quickly and in large quantities in case this resource is not available again. Having consistent access to adequate food is one of our most basic drives, and if this has been disturbed in a child or young person's past, it often takes a long time for these behaviours to change. As a caregiver, it is important to know that these behaviours are not personal or related to the care they are now being provided in any way. The child or young person is not judging or responding to their current caregiver's ability to meet their needs. Instead, they are living with the legacy of their past experiences which continue to affect them for some time, even after they are safe.

They are driven by unmet emotional needs

Children and young people may engage in hoarding and gorging behaviours in order to meet their emotional needs. Being fed goes beyond simply having a physical need met. It also involves feeling noticed, attended to, cared for and important. In healthy families, eating together is a time of engagement and bonding with the child or young person's caregiver and teaches children and young people that soothing occurs through relationships with others. Some children and young people engage in hoarding or gorging behaviours in the pursuit of feelings of closeness, specialness and being cared for.

There are also biological processes which make eating (especially sweet or calorie dense food) very soothing. Some children or young people may have discovered that food helped them feel better when a previous caregiver was not available to regulate their emotions. Sometimes, past caregivers may have used food (especially treat foods) to distract or comfort the child or young person when they had other needs that needed to be met, such as needs for safety or emotional support. This means that later in life, the child or young person who had these experiences are likely to use the same strategies when they are feeling sad, bored or angry, and seek comfort from eating rather than from supportive relationships with their caregivers. Again, these behaviours are not intentional but are survival behaviours which the child or young person automatically relies on when their emotional needs are triggered.

Strategies to promote healing

Create predictability around eating

Helping the child or young person have a clear understanding of the eating routines in their home can help reduce problematic food related behaviours. Depending on the age and developmental skills of the child or young person this may occur in a variety of ways. It might be helpful to tell the child or young person when meals are scheduled and what will be available, for example say "At 7.30 we will sit down to breakfast and there will be cereal, toast, and eggs on the table. There is also juice or milk to drink" then "*We just finished breakfast but there is fruit on the table if you like and I've put some new bars in your snack box too. We will have lunch at 12.00pm. If you're hungry before then please let me know. You can ask me how long until lunchtime whenever you like.*" For some children or young people, it might be helpful to use a visual schedule that is placed somewhere easily accessible or in their room.

Make food easily accessible

In addition to regular mealtimes, caregivers can actively offer healthy, filling snacks throughout the day. This will help children and young people to experience their caregiver as someone who will provide food consistently and predictably. It might be helpful to offer snacks frequently early on (perhaps once every hour) and then reduce it over time as the child or young person becomes more comfortable and familiar with the meal schedule and develop trust that they will be provided with adequate food.

It is also helpful to have food that is readily and easily accessible. This could include a fruit bowl on the table, a drawer in the cupboard or fridge that has food that only the child or young person can eat, or a snack box or bag with non-perishable items that they can access at will.

Increase engagement and sense of control during meals

Increase the child or young person's engagement and sense of control during meals by assisting the child or young person 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 the child or young person to feel secure and relaxed at mealtimes. For example, it is more helpful to talk about an enjoyable activity than it is to talk about upcoming changes in routines or other possibly anxiety provoking topics.

Offer compassionate understanding

Engaging in eating behaviours that feel out of the child or young person's control can be a scary and unpleasant experience that comes with feelings of shame. It is helpful to defuse stress or blame around the child or young person's eating behaviours even when they are extreme. This can feel challenging when, for example a week-old sandwich is discovered in a sock drawer but it is important to remain compassionate and use a light touch. For example, say *"Oh wow, there's a sandwich in here. Hmm, looks like it's gone bad. Let's top up your snack box with some other things and put this one in the bin, so it doesn't make you sick. Would you like me to make you a sandwich to eat now?"*

Help the child or young person make sense of their behaviour

Narrating the child or young person's behavior in a compassionate, non-judgmental way can help them to understand their own actions and make sense of their behaviour. For example, if you find a handful of sweet wrappers in their bedroom the morning after a tough day, say *"Looks like you needed something sweet last night. That makes sense. You had a big day yesterday and I know that eating something sweet helps you feel calmer."* If the child or young person is engaging in gorging behavior while eating together, say *"Wow! You really need to be full today huh? That makes sense. You had a big day today and eating lots helps you feel calmer."*

Offer alternative strategies (with no expectations)

It is difficult for children and young people who have not experienced a safe and responsive caregiving relationship to learn how to lean on their caregivers for support. Caregivers can encourage children to reach out to them by offering different strategies for feeling safe and soothed but it is especially important to do this without any expectation that they will accept or that it will change their behaviours in the short term. Expectations often invite feelings of fear and shame in children and young people who have experienced trauma because they fear letting their caregivers down, which is likely to escalate behaviour rather than reduce it. Once it is understood what is underneath the iceberg for a child or young person, caregivers can offer alternative strategies for helping the child and young person get their needs met. For example, if the child or young person uses food to help themselves feel cared for and connected, caregivers could say something caring, offer a hug or affection, or invite them to do an activity.

Help the child or young person connect with and understand their body

Children and young people who have been harmed may pay little attention to and have a poor understanding of messages that their body is sending them (for example, feeling hungry, thirsty or tired). Caregivers can model and teach body awareness by stopping and doing a 'check-in' to see how their body is feeling, narrating body changes as they notice them throughout their day. For example, say *"I see you're rubbing your eyes. I wonder if you're getting pretty tired?"* or *"You're jumping about a bit there. I wonder if your body is saying that you need a wee?"* Caregivers can

then introduce non-food related ways to help a tired, scared, angry or sad body feel better such as stretching, dancing, listening to music or getting wrapped up in a blanket. Caregivers can also model awareness of their own body while they are eating. For example, say *“How is my tummy feeling? I think it’s starting to feel full. I’m going to wait 5 minutes and if I’m still hungry, I’m going to get some more!”* to help the child or young person learn satiety/hunger cues.

Be patient with progress

It may take a long time for the child or young person’s behaviours to change as they have very often been present for a long time. Also remember that even when hoarding and gorging behaviours decline or stop, they may remerge in times of high stress. This is not a sign of failure but a natural, human reaction that needs to be met with compassionate understanding.

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

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

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander, children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported.

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

Children and young people from culturally and linguistically diverse (CALD) background also have cultural templates and concepts of food related behaviours which may be different from the caregivers’ understanding. For example, a child or young person may only be used to certain foods and flavours and they may hoard and gorge when a particular food is available in the house if they know this may not become available anytime soon. Caregivers may not be aware of this issue. Therefore, it is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

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

Iceberg model in action

Abby in family based care

8-year-old Abby experienced significant neglect before entering her current family based placement and is focused on food. She thinks about it most of the day, takes food from the fridge and pantry to hide in her room, and has recently gotten into trouble at school for taking food from other children's lunches even though her own lunchbox is full of food.

Her caregiver listens to the messages underneath the behavior - *"I know what it's like to be hungry for a long time. Nobody else helped me with that. I'm the only one who can make sure I will have enough to eat. Even if there's food right now it might not always be that way. I don't want to be caught out if I get hungry!"*

Abby's caregiver responds by offering her comfort and helping her understand the behavior *"I know there was a long time there where you had to find your own food. It makes sense that you still feel like you need to do that now."* Her caregiver asks Abby's case worker to organise a meeting with the school to create a plan to better support her with food. Abby is also given her own drawer in the fridge and a box in the pantry at home full of items only she can access. Her caregiver also asks Abby to choose some muesli bars which she can keep in her school bag, and they pack Abby's lunch together every morning so she can see what is in her lunchbox.

Oliver in residential care

15-year-old Oliver struggles to make friends and doesn't talk much about how he's feeling. He loves sweet food and often asks for his residential care workers to buy lollies and treats when they are out. Oliver's residential care workers often find him eating Nutella out of the jar while gaming on his computer. After family contact visits, residential care workers often find empty jars of Nutella in Oliver's room in the morning.

Oliver's residential care workers listen to the messages underneath the behavior - *"I don't really understand my feelings or trust anybody to help me when I'm upset. But when I'm feeling sad or lonely, I can eat sweet things and that helps me feel better."*

Oliver's residential care workers respond by compassionately helping Oliver understand his behavior by saying *"Hmm, there's a Nutella jar here today. You know, I've noticed that Nutella helps you when you're feeling sad. I wonder if you sometimes have some tough feelings after you've seen your family. Lots of kids feel the same way."* Oliver's residential care worker then gently offers an alternative strategy but accepts that Oliver might not take it - *"We can schedule in a gaming session after family contact next week? Just you and me? What do you think?"*

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