Government of South Australia
Department for Child Protection

Iceberg Model trauma-informed guide

Understanding and responding to shame

Introduction

From an early age, children and young people begin to learn what behaviours are expected of them. Human beings are wired for connection and relationship so negative responses to behaviour may cause children and young people feelings of sadness and discomfort which are underpinned by emotions of shame. In most cases, shame is painful but temporary because the caregiver then helps the child or young person to stop feeling shame by providing reassurance and relationship repair.

Children and young people are often left with feelings of shame when they have been harmed. Shame can also impede on a child or young person's ability to heal, build, and maintain positive relationships with caregivers.

Tip of the iceberg (what we can see)

A child or young person who has experienced trauma and feels shame may show behaviours such as: anger, anxiety, signs of sadness, jealousy, withdrawal and avoidance. Their behaviour will reflect their sense of powerlessness and at times their own self-disgust.

What is happening underneath the surface?

There are many reasons as to why children and young people experience shame and guilt.

Internal working models

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

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

I am… bad, not good enough or unworthy

Relationships are… unavailable, undependable, or scary

The world is… unpredictable, unsafe confusing.

A negative internal working model may lead to increased feelings of shame in children and young people.

The child or young person experiences shame more frequently

Children and young people who have been harmed and neglected often have a different experience of shame. They may have grown up in unpredictable environments with inconsistent messages about desired and undesired behaviour. This makes it difficult for them to learn what kind of behaviours are most likely to keep them safe and connected to their caregivers. As a result, they have frequent experiences of upsetting their caregivers and feeling shame about it.

The child or young person was not helped to stop feeling shame by a safe and responsive caregiver

Children and young people learn to manage shame by being helped by caregivers to stop feeling shame. Unfortunately, sometimes caregivers are consistently unable to recognise the child or young person's needs and are unable to meet them in a safe responsive manner. In the absence of reassurance and relationship repair, children and young people may experience blame, anger, or abandonment, which they are left to manage on their own. Children and young people do not have the cognitive and emotional resources to do this consistently and the best solution that they can find is to hide the shame feelings deep inside themselves and try not to think about them. This does not help resolve the feeling, but it does make it less painful to live with it until it is triggered again.

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The child or young person blame themselves for feelings of shame

Given their brains are still developing, children and young people make sense of the world in a way that puts them at the center of it. This means that if they are hurt or treated badly by their caregivers (and do not have help from a safe adult to understand this), children and young people conclude that they have been harmed because there is something bad or wrong about them. This causes powerful and painful feelings of shame. Some thoughts that children and young people can have in these situations include:

"This happened to me because I'm bad."

"If I were a good kid, they would treat me differently."

"There are more important things than keeping me safe. I guess I'm not worth very much."

"There's just something about me that people don't like."

Children and young people who have been harmed learn quite different things about shame. They learn that the world is unpredictable, and it is unlikely that they will be able to understand how to succeed in it. They learn that they have needs and behaviours that make others angry or sad. They also learn that they are alone in their big feelings (like shame) and must somehow cope by themselves.

Children and young people who have had these experiences are unable to move on from feeling shame because they have not had access to a caregiver who can help them. They often have a lot of shame 'stored up' inside them because they have not been able to resolve it and let it go. This makes them extremely sensitive to any shaming or rejecting experience from others, stops them from being able to ask others for help with their struggles, and leaves them with unhelpful beliefs about being 'bad' or 'wrong.'

Children and young people use survival behaviours to cope with shame

Children and young people who have been harmed use a variety of behaviours to help themselves cope with shame. These are called survival behaviours because they are strategies that help children and young people cope in very difficult circumstances even though they may not be helpful later in life. Survival behaviours are involuntary and may 'happen' before the child or young person is even aware of what they are doing. These include:

- hiding or lying about anything that others might not like or approve of
- trying to please others or give them what they want so they will like them
- hiding what they really need in case other people do not like it
- trying to control other people or situations
- spending a lot of time 'zoning out' on books or electronics to avoid their feelings
- pushing other people away so that they do not become too close
- pulling other people in close so that they are not alone
- avoiding relationships altogether to protect themselves from being hurt
- hurting themselves which relieves the pain on the inside by bringing to the outside.

Children and young people 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.

The Iceberg model can help caregivers better understand a child or young person's behaviours which are often reflective of their attempts to minimise or avoid shame.

Understanding shame in the context of Aboriginal and Torres Strait Islander culture

The impact of colonisation, historical trauma, and ongoing social injustice has influenced how shame is perceived and experienced in Aboriginal and Torres Strait Islander cultures. For Aboriginal and Torres Strait Islander people, shame holds significant cultural and social significance. It differs from western interpretations of shame, encompassing a complex web of emotions, behaviours, and social norms deeply rooted in community values, kinship systems, and cultural practices. Contrary to western interpretations, shame is not only an individual feeling of embarrassment or guilt, but it also extends to the broader context of respect in the community. From a cultural perspective, there is a sense of responsibility towards others (i.e., family, community, ancestors, and land). Failing to fulfill these responsibilities is seen as disrespecting cultural protocols and dishonouring yourself or the community.

To navigate feelings of shame in Aboriginal and Torres Strait Islander children and young people, it is important to foster strength/staying strong, healing, and self-determination. Equally the systemic challenges and factors which contribute to feelings of shame and marginalisation for Aboriginal and Torres Strait Islander young people needs to be acknowledged.

Strategies to promote healing

Caregivers can help a child or young person to understand and manage feelings of shame. The following strategies can help caregivers provide support to children and young people in their care.

Self-check in

To be an effective support to the child or young person, caregivers need to be calm before responding to the child or young person. Shame related behaviours are often hard to understand and manage. Caregivers might feel frustrated, scared or saddened by what is happening. It is important for caregivers to take a moment to notice how they are feeling and ensure they feel safe and secure before trying to engage with the child or young person. Some helpful strategies include putting a hand on the heart and breathing slowly out of mouth, imagining someone who is calm and powerful (this could be a family member or even a character from a movie or tv show) or reflecting on a happy or successful experience involving the child or young person. Getting into a more empowered and compassionate state of mind is important because it will set the tone for the rest of the response.

Remember that the child or young person's behaviour is not personal

It is natural to have all sorts of thoughts and feelings in response to the child or young person's behaviours, especially if their needs have been high recently. Sometimes caregivers have thoughts like *"why are you doing this to me?"* or *"you're just doing this to get at me."* This makes it difficult to remember the iceberg and be able to see the child or young person clearly. It is important to try to remember that children and young people's challenging behaviours are often about survival. They are a child or young person's best attempt to meet their own needs with the limited skills and resources that they have available. The behaviours are a way through which a child or young person is communicating that they need help.

Neutral body language

Children and young people who have been harmed are hypersensitive to others' body language. They are looking for warning signs that they might not be safe and are likely to read even neutral expressions as potentially dangerous. Given this, it is important to make sure caregivers body is communicating safety and acceptance. Caregivers should consider their facial expression (are they frowning, or do they have a furrowed brow?) and their posture (are shoulders up or fists or teeth clenched?). Caregivers should try to relax their muscles and push their weight into the soles of their feet, so they feel strong and grounded. Caregivers should also speak in a gentle tone of voice and use simple words and say as little as possible – for example, *"I don't know what's happening for you mate but I'm here and I care. I'm with you – you're not alone. You really need a cuddle – my arms are open!"*

Get down on their level

One of the most powerful ways caregivers can show the child or young person that they are with them is to physically get down on their level as best they can. If they can do so, caregivers can sit down on the floor. It may be appropriate to leave some space between them and the child or young person and to face their body away from the child or young person if being face-to-face tends to upset them. If caregivers are unable to get down to the floor, they can change their body language to show that they are 'getting down' by leaning their head downwards and opening their posture). The message is *"I'm coming to you."*

Let them know that you care about them

Many children and young people worry that others will give up on them because of some of the behaviours they rely on to keep them safe. It is important for caregivers to let children and young people know that the way you feel about them is not affected by their behaviour. The safety and security of the caregiver's connection is the most important thing to the child or young person even if they cannot communicate that or seem unconcerned on the surface. Caregivers might say: *"This doesn't change how I feel about you. You're important to me. We're going to figure this out together. I care about every part of you - including the angry/sad/scared bits!"*

Help the child or young person to talk it through

If the child or young person shares some thoughts about being 'bad,' give them some space to talk about this. Show empathy and ensure that you understand what they have said while also sharing a different view – for example, "*Oh, so when you make a mistake or do something wrong, you think that you're bad? It must be so awful to not see how special you are to me."* This approach helps children and young people feel validated, understood, and respected, whilst gently challenging their negative internal working model.

Work with the child or young person as a team

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 shows them that the caregiver is there to help. Caregivers can help them feel less alone by using words like 'we', 'us', 'together' when they are problem-solving. Caregivers can also acknowledge any ways in which their own actions may have contributed to the situation – for example, *"Ah, so when I said it's time for homework, you felt like I was bossing you around / I didn't realise you were feeling sad after seeing your family. Next time we'll do something special together after your visit to help you feel better."*

Separate the child or young person's self-worth from the behaviour

The child or young person may have a deep belief that they are in some way 'bad' or 'wrong.' They will make sense of their behaviours by linking them to this belief – *"I did that because I'm a bad kid. I did that because I don't know how to do the right thing/make good choices. I did that because there's something wrong with me."*

Caregivers can challenge these beliefs by reassuring children and young people that every caregiving relationship has challenges (for example – "everybody does things they regret sometimes"; "lots of families have disagreements, nobody gets it right all the time"). Caregivers can also tell them straight out that they think they are a good person, that they try hard or that they have good intentions. Caregivers can remind children or young people of a time when they showed some of their strengths. Caregivers should talk about the behaviours in a neutral and matter of fact manner. For example, *"Hitting hurts people. I will help you learn a different way to get what you need", "Throwing things can hurt. I will help you learn a different way to show how you feel" and "Shouting hurts my ears. I will help you learn a different way to get my attention."*

Understand Shame versus Guilt

At about three years of age, most children who have experienced safe caregiving start to move from feelings of shame to feelings of guilt. Shame and guilt are often talked about as if they are the same thing but in fact, they are very different.

Shame	Guilt
Intensely painful feeling about **who we are**	Uncomfortable feeling about **what we have done**
'I am bad/wrong'	'I have done something bad/wrong'
Anti-social (disconnects us from others)	Pro-social (connects us with others)
Feel bad about yourself	Feel bad for the other person
Driven to hide	Driven to repair
Long lasting	Temporary
Feels too big	Feels manageable
Survival mode – reacting automatically	Can make choices about behaviour
Freezes our coping skills	Motivates change

These differences are important for caregivers to understand as most traditional parenting strategies are based on using guilt to help motivate children and young people to choose desired behaviours. Such strategies might include saying:

- *Don't do that. It's bad/naughty*
- *You need to make good choices*
- *Look how you've made me feel*
- *Look at this mess you've made*
- *You need to go and think about your behaviour*
- *I can't talk to you until you apologise for what you've done*

When these strategies are used with children and young people who have experienced harm, they are less likely to work or not work at all. Instead of motivating more helpful behavior, these strategies may make things worse because they reinforce the child or young person's shame and other negative beliefs about themselves.

Reconnect through play

Play is an enormously powerful way to build relationships and help children and young people to express themselves and feel safe. Caregivers can use playfulness to get children and young people moving and change the mood by (for example):

- doing a little dance to their favourite song
- playing a movement game like Simon Says or Heads and Shoulders
- trying to do a trick and failing ("See if I can balance this pen on my elbow")
- singing a playful song or making one up.

Caregivers can also invite children and young people into a mutually enjoyable activity – *"Hey you want to go outside and play/look at the garden/make tea/do a puzzle/play a game with me?"*

The child or young person may have some powerful survival strategies which makes it extremely hard for them to respond when caregivers try to reconnect. Even if the child or young person does not initially appear to respond (or respond positively), it is still important that caregivers try and over time the response from the child or young person should improve. It is okay to acknowledge that the child or young person is not responding and to try again later.

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 and young people 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 happy moments can also be useful.

Notice what makes the child or young person feel connected and cared for

All children and young people are unique and have their own personal likes and preferences. Caregivers attempt to identify times, activities, places or experiences that seem to help the child or young person to be particularly relaxed or connected with them. For some children or young people, this may be obvious, like being curled up on the couch reading a story together. For others it might be harder to pick up, like being in the same room but doing different activities or being outside working on some practical tasks together.

Give the child or young person encouraging messages

For many children and young people, having a tangible, physical reminder that somebody cares about them can be a powerful thing. Leaving them brief, encouraging notes, texts, pictures or voice messages to find in on their devices or around the house can be helpful. Some examples including - "I'll be thinking of you today. Here is a smile for you to take with you. This happy thought is just for you." If the child is young, a small picture of something they like will have a similar effect.

Remind the child or young person of positive stories and shared experiences

Many children or young people enjoy reminiscing about positive stories or experiences with their caregivers. It makes them feel important, noticed and helps them construct a strong memory of their life after entering care. Recall a brief, positive memory and share it with the child or young person – "*Remember when we went…. And you said… and this happened? That was so funny/enjoyable/awesome.*"

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

In addition to the strategies mentioned above, the experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which may lead them to have increased feelings of shame in a new environment. 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 promote healing.

Caregivers should also understand that connection to culture, Country, kin and family are highly important for Aboriginal and Torres Strait Islander children and young people and therefore assisting the child or young person to maintain these relationships may help overcome any negative feelings and the associated sense of shame.

Caregivers should be curious to understand why a child or young person might feel shame in a certain situation and then have a supportive conversation with the child or young person to promote a sense of safety and emotional support.

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 shame which may differ from the caregiver's own understanding of shame. 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

Sarah in family-based care

Three-year-old Sarah entered a foster care placement a few months ago. Her caregiver knows that Sarah experienced chronic neglect and physical harm. Sarah is quiet, withdrawn and avoids closeness. Her language skills are very delayed, and she seems unfamiliar with typical family routines such as brushing teeth, bedtimes, and sitting down for meals. When Sarah perceives that she has done something 'wrong', she becomes very distressed and hides under furniture. If her caregiver tries to reach her, Sarah becomes increasingly shut down and non-responsive.

Sarah's caregiver listens to the messages underneath these behaviours – *"I've messed up because I'm a bad kid"* or *"I don't want you to see this. I'm afraid you will give up on me because I don't know how to do this."*

Her caregiver responds by giving Sarah more space but persistently offering her support when she is upset. They get down on her level and sit on the floor a few metres away from where she is. They speak gently, reassuring Sarah that she is safe and that they are not going to hurt her. They normalise feeling confused and take time to learn new routines. Her caregiver then reassures Sarah that they still care about her and that they will be available when she feels ready to join them. When Sarah comes out, her caregiver invites her into a shared activity that Sarah knows and feels confident with.

Jayden in Residential care placement

15-year-old Jayden is having a tough time at school. He is struggling with classwork and often comes home with a disciplinary note that his residential care workers need to sign. When Jayden hands over these notes, he often becomes terribly upset, says hurtful things to his workers, and blames them for what is happening. He will not make eye contact and pushes his workers away, goes to his room and slams the door.

Jayden's residential care workers listen to the messages underneath his behavior – *"I can't keep up with the rest of my class. Everybody is doing better than me. There's something wrong with me. I'm not smart like the rest of them. I don't want you to see that I'm not good enough."*

Jayden's workers respond by taking a moment to settle themselves before Jayden walks through the door and keeping their body language neutral. One weekend, they invite Jayden into a shared activity that he loves (going to the beach) and talk about how they can make the notes less uncomfortable for him. They use some of Jayden's suggestions (like having a place where he can leave them without having to hand them directly to his workers) and help him feel that they are on the same team. Jayden's workers then boost his self-worth by printing out pictures of themselves with Jayden doing things he loves like playing sport, surfing and fishing and putting them up in the room where he usually does his homework. Jayden's workers also try to choose dinners that he enjoys because they know this means a lot to him and helps Jayden feel cared for.

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