



Iceberg Model trauma-informed guide

Navigating physical touch

Introduction

Receiving safe physical touch is a requirement of optimal development and functioning. As social beings, human development and survival is geared towards being in close proximity to people who can keep us safe and meet our needs for care and comfort. For newborn infants, skin-to-skin contact with a caregiver is associated with greater physical health. As a baby develops, consistently being physically nurtured by being held, rocked and patted (for example) supports brain development, including the development of the stress response system. Bodily rhythms like heart rate, temperature regulation and blood sugar levels can all stabilise through physical touch. In fact, all humans regardless of age can benefit from the positive effects of physical touch on their physical and psychological wellbeing.

Tip of the iceberg (what we can see)

For children and young people who have experienced trauma in relationships, physical touch can be difficult. Children and young people in care may find touch hard to accept and they may avoid attempts to offer them physical comfort or affection. Alternatively, they may seek physical closeness in ways that seem awkward or inappropriate (like wanting to engage in play that is too rough or too persistent, or inappropriately touching others' bodies).

What is happening underneath the surface?

In the past, touch has been uncomfortable, painful or life-threatening

Children and young people who have suffered physical and/or sexual abuse can learn that touch from others is dangerous. Physical touch becomes associated with fear, terror and trauma. Unfortunately, that means that touch can trigger painful feelings long after the abuse has ended, and children and young people may engage in 'survival behaviours' to cope, such as freezing or reacting with anger. They might also distance themselves from others to protect themselves from being touched.

It is a re-enactment of what the child or young person knows

For children and young people who have suffered sexual abuse, their perpetrator may have led them to believe that physical touch is a way of expressing love or affection. They might incorrectly believe that sexual touch is appropriate in interactions with adults or that adults expect sexual touch from them. These children and young people may engage in unsafe physical touch with others.

The child or young person did not receive nurturing touch

Providing safe, nurturing touch to a baby not only helps their brains and bodies to develop healthily but teaches them that touch is pleasurable and can make them feel safe and comforted. When a baby is upset or scared and their caregiver physically comforts them (by holding them gently, rocking and swaying, and cuddling them closely), their distress will (eventually) stop. Over and over again, the baby learns that physical touch is soothing. As adults, our brains can be calmed by close contact with the people who we love due to our earlier experiences. Children and young people who have grown up in environments in which their care needs have been neglected may have had very few experiences of being physically comforted or soothed. Their brains did not have the opportunity to learn that physical touch feels good and can be safe.

Strategies to promote healing

Gradually exposing children and young people to safe touch is needed for healthy physical and emotional development. Appropriate physical touch from adults caring for children and young people with trauma histories is also important in supporting the development of a secure and trusting relationship.

Establish boundaries for everyone involved

It is important to ascertain with the child or young person what type of touch they are comfortable with and not to stray outside of those boundaries without the child or young person's consent. Where possible, seek the child or young person's consent before you touch them, and let your intentions be known. For example, ask *"Would it be okay if I gave you a hug goodbye?"* Observe the child or young person's reactions to your physical touch, paying attention to both their verbal and non-verbal responses. Check in with them about how they might be feeling and follow their lead. If you notice that they seem uncomfortable, stop immediately. It can be helpful to bring the child or young person's attention to their response by wondering aloud about it to help the child or young person to recognise what their body might be telling them about touch. For example, say *"I just noticed that you pulled away a little when I was stroking your hair. I wonder if that felt a little uncomfortable when I was touching you? I'm really sorry about that and I'll stop now"*.

A good way to teach the child or young person about consent and respect of personal boundaries around touch is to model this yourself. By communicating your personal boundaries in a sensitive way, the child or young person is given permission to do the same themselves. For example, say *"I don't really like having my face stroked. Maybe you could sit beside me for a cuddle instead?"* Try to be explicit about what type of touch you are comfortable with to reduce the likelihood that the child or young person will perceive that they have been rejected. It is okay for different caregivers to have different boundaries, as long as reasons are clearly and sensitively communicated to the child or young person.

Be prepared to initiate touch

Some children and young people who have suffered harm might rarely seek out touch and are therefore not given opportunities to grow and heal. Exposing the child or young person to safe touch will help them understand that they are lovable and that touch can be safe and affirming. The child or young person may pull away from touch – this may be a reflection of their attempt to keep themselves safe rather than a reflection of their feelings towards the person offering touch. It is important that the child or young person continues to be provided with opportunities to receive safe touch from trusted adults in small, tolerable doses over an extended period of time.

Use natural interactions and creativity to increase incidental touch

If the child or young person is not comfortable with forms of touch such as hugs and hand holding, consider more natural interactions that occur in everyday relationships to ensure they are still being exposed to touch. These might include a pat on the back, a high five, shaking hands or playfully ruffling their hair. Personal grooming activities provide good opportunities for physical touch, like brushing or stroking hair, applying fingernail or toenail polish, and applying play or costume make up. Remember, nurturing activities that help the brain to feel calm through rhythm and touch can be used for children and young people of all ages, even if you think they might be 'too old' for it. Many children can benefit from the positive effects of rocking in a rocking chair with their caregiver or being held like a baby. Activities such as these provide therapeutic opportunities for older children and young people to experience some of the nurturance that they missed out on when they were younger.

Explain and discuss social rules

When providing touch, use this as an opportunity to explain and discuss the social rules around appropriate touch. Help the child or young person to learn that physical touch occurs after a period of relationship development, about who they can and cannot share physical affection with and about the types of touch they can use with different people. For example, waving hello to someone they have met for the first time rather than hugging them. Remind the child or young person that they are in charge of their body and support them to use their voice to stop any unwanted touch.

Remember that we are all different

All individuals will have preferences for certain types of touch. Touch preferences can be affected by personality, experiencing of touching during childhood, culture, religion and societal norms, in addition to experiences of trauma. It is also important to remember that some children and young people who are neurodivergent may have sensitivities to certain physical sensations and touch may need to be lighter or firmer depending on how well they are able to tolerate it. Where necessary, consulting with the child or young person's therapy providers about how to provide physical touch given their unique sensory needs may be helpful.

Understanding physical touch in the context of Aboriginal and Torres Strait Islander culture

For Aboriginal and Torres Strait Islander people, physical touch carries cultural significance. Physical touch symbolises connection, belonging, and healing and is deeply rooted in traditions and familial bonds. Physical touch can transmit cultural knowledge and values, while fostering resilience and identity. It is critical to respect cultural protocols associated with physical touch by understanding appropriate boundaries, acknowledging the significance of touch, and being sensitive to individual preferences and comfort levels.

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 and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their ability to form and maintain relationships. Therefore, caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship with the child or young person and to continue to 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.

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 therefore assisting the child or young person to maintain these relationships may help strengthen their own relationship with the child or young person.

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 relationships and the importance of physical touch which may differ from the caregiver's own understanding of these concepts. 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. This can also help caregivers understand the significance of physical touch and the nuances related to it from a cultural perspective which can assist them with providing culturally safe and responsive care.

Iceberg model in action

Leah in family-based care

4-year old Leah struggles with healthy boundaries around touching. Leah experienced neglect in the past. She craves contact and connection with her caregivers but can seek this out in inappropriate ways such as crawling over their bodies or intrusively touching their faces, mouths and eyes.

Leah's caregiver listens to the messages underneath this behaviour – *"I want to be close with you. I would like to feel connected and loved. I want you to see me."*

Leah's caregiver responds by setting clear boundaries around appropriate and inappropriate touch. These are affirmed, modelled and frequently repeated by all members of the household and Leah is offered alternative ways to have her needs met. For example, when Leah tries to climb onto her caregiver, they use a narrative to express wonder about her need *"Wow Leah. It looks like you would like to feel close to me"*, clearly express their boundary *"I don't want to be climbed on right now"* and then offer a way to meet that need which is acceptable to them *"Come and sit by me instead and I'll put my arm around you while we watch TV"*.

Elijah in residential care

11-year-old Elijah generally avoids physical closeness with others. If his residential care workers instigate physical touch, Elijah will move away or sometimes flinch. He prefers to sit across from people rather than next to them and never approaches others for physical affection. Elijah's care workers know that he was exposed to domestic violence and experienced physical abuse earlier in life.

Elijah's care workers listen to the messages underneath his behaviour – *"It isn't safe to be close to people. I need to keep myself away or I will be hurt, even if I want to feel close I can't show it."*

Elijah's care workers respond by providing narratives to explain social rules around safe touch *"Elijah you've got some hair going into your eyes. I'm just going to use my hand to brush it out of the way."* They also take advantage of natural interactions to increase safe, predictable physical contact for Elijah such as inviting him for a fist-bump when he comes home from school and inviting a hi-five when he has a success. Elijah's care workers continue to invite him into physical contact with narratives to explain what is happening *"You know Elijah I'm having such a nice time cooking with you. I feel we're really getting to know each other. I'd like to give you a bit of a squeeze on your shoulder – would that be ok?"* While Elijah initially does not respond to these invitations, his care workers know that underneath Elijah's protective strategies, he craves closeness and healthy touch just as much as any other young person. With time, Elijah becomes able to allow some physical contact and his relationships with his care workers improve.

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