



Iceberg Model trauma-informed guide

Supporting sleep

Introduction

Going to bed is difficult for many children and young people who have experienced harm. The child or young person may seem particularly unsettled or oppositional and continually seeks connection with their caregiver.

Tip of the iceberg (what we can see)

Children and young people who have difficulty going to bed or sleep will often make attempts to avoid or prolong bedtime routines. For example, they might:

- ask for additional time before going to bed
- avoid or refuse entering their room or bed
- ask for “one more” story or a drink
- repeatedly come out of their room.

Once in bed, children and young people may have trouble falling or staying asleep.

Some children and young people who have experienced harm also struggle with nightmares

What is happening underneath the surface?

Children and young people who experienced harm may have struggles around sleep for a number of reasons.

The child or young person do not know how to ‘go to sleep’

All children and young people need help to learn healthy sleep routines. In infancy, they depend on their caregivers to read their sleep cues and actively help them to fall asleep through rocking or patting. Some children continue to require this level of support for their sleep in their toddler and preschool years. In the primary school years and beyond, children and young people continue to depend on caregivers for oversight of their sleep routines, connection and calming before bed, and troubleshooting times when sleep is difficult. Many children and young people who experienced harm did not have consistent access to a safe, responsive caregiver who was able to help them learn to sleep well. Instead, they may have been left to cope on their own or may have experienced anger or punishment for expressing their sleep needs. Their care environment may have also been chaotic meaning that sleep routines could not be established.

The child or young person struggles to relax

Children and young people who have experienced harm often have higher stress levels than their peers. This is because their body and brain have developed in an environment which has been unsafe so they have had to use their 'emergency stress response system' more often than is healthy. This is the system that is activated in response to the perception of danger. Because of this, the child or young person can often feel stressed, upset or escalate quickly, and often have a hard time calming back down again. In addition, the child or young person who has experienced harm, often have a greater need for control because they have had to rely on themselves instead of others. This makes calming down at the end of the day and drifting off into sleep challenging.

The child or young person worries are louder during quiet times of the day

Most people have experienced poor sleep when they are worried or stressed. Some children and young people may experience more worry, anxiety and distressing memories in the evening when the house is quiet and there is less stimulation to distract their attention. Children and young people who have experienced harm may struggle with a number of worries (about themselves, family members or valued others) which are particularly evident at night.

The child or young person has had upsetting experiences around bed

Many children and young people have associated beds or night time with abusive experiences in their past. For example, they may have been sexually abused in their bed or at night time, or violence in the home may have mostly occurred when adults were drinking alcohol at night. Children and young people also may have been aware of others in the household being harmed at night time and may therefore feel a compulsion to check on the wellbeing of others in the home at night. Children and young people may have also developed a fear of going to bed or sleep and may therefore make attempts to avoid it.

The child or young person is alone and disconnected

Sleep represents a period of physical and/or emotional disconnection from the people who keep them safe. This can be very distressing for children and young people, who feel the need to be connected with their caregiver or loved ones at all times (similar to young babies who want only to sleep close to their caregiver). Children and young people may protest or delay bedtime in an effort to keep their caregivers close to them. Similarly, children or young people may become concerned about whether their caregivers will be present when they wake in the morning.

Strategies to promote sleep

Help the child or young person feel connected and secure

Spending time with a caregiver in the lead up to bedtime is the most effective way of helping the child or young person feel more connected and secure.

Caregivers can also try:

- doing some relaxation activities together
- getting set up for the next day together (for example, getting clothes ready or packing lunchboxes)
- singing lullabies or other favourite songs
- sharing the happiest or funniest thing that happened today with each other
- writing the child or young person a 'goodnight' note or picture that you put on their bedside for them.

Build safe sleep supports

Strategies to help the child or young person feel more safe at bedtime include:

- cuddling a special toy
- choosing special sheets or pyjamas
- listening to audio books, calming music or a white noise machine
- making a recording of reading their favourite story or singing their favourite song
- installing some 'fairy lights' or a nightlight that they find comforting
- giving one of your possessions to hold onto to help them feel that they are connected to you even while apart during the night.

Try to give the child or young person as much control over this process as you can. For example, let the child or young person identify what may make them feel safer or ask them to choose what supports they would like to try from a list.

Build a predictable bedtime routine

Children and young people also feel more secure when they know what to expect and what is going to happen next. Building a predictable bedtime routine can make sleep onset quicker and more easily. An effective routine may include:

- transition away from screen time (about an hour before sleep)
- do a connecting activity together (for example, reading a book together)
- get ready for bed by bathing, putting pyjamas on and brushing teeth
- do another connecting activity together (another book!)
- make sure their sleep supports (like a favourite toy or a nightlight) are in place
- say goodnight.

If the child or young person finds some parts of getting ready for bed stressful (such as brushing their teeth or bathing), you can move these up earlier in the routine so that there is more opportunity for you to focus on calming and connecting with the child or young person in the lead up to bedtime.

If the child or young person struggles to transition away from electronics, try joining them to watch a calm and age appropriate show together before moving on to doing another wind-down activity. This might help them make the move from a screen to something else easier for them.

Help regulate the child or young person's nervous systems

Some children and young people benefit from a quiet, calming and relaxing routine before bed. They may cry at bedtime to help release some of the difficulties from the day and to help settle their nervous system for sleep. It may be helpful to introduce other activities in the hour or so before the child or young person's scheduled bedtime to help their brain slow down and get ready for sleep. Children or young people may enjoy listening to music, watching a familiar, low-stimulation television program, having a bath or a shower, doing a relaxation exercise, reading, journal writing, drawing, or completing some familiar and repetitive household routines like packing their lunchbox or setting out clothes for the next day.

For other children and young people, their nervous systems may be more “amped up”, and restful activities might not help them to settle down due to the extra cortisol and adrenaline running through their systems. While it sounds counterintuitive, they are likely to respond better to noise, boisterous play and laughter right before bed (including pillow fights and dancing together). Children and young people may consistently need the same kinds of routines before bed, or it may change depending on the type of day they have had. Considering the child or young person’s energy levels before bed might help decide what they need.

Make the child or young person’s bedroom a safe and positive place to be

It is important to avoid asking the child or young person to go to their bedroom or to go to bed earlier than planned as a punishment. Negative experiences with bedtimes or bedrooms can make it harder for the child or young person to sleep. Instead, it is important that the child or young person’s bedroom is a positive place for them where they can feel safe and connect with caregivers.

Assure the child of the stability of the placement

Even if the child or young person’s placement is considered to be short-term, it is important to spend time speaking to the child or young person 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. For children and young people who are cared for in residential care by a team of workers, informing the child or young person who will be in the home when they wake up can help them to feel safe.

Involve the child in safety checks

If the child or young person is fearful at night and constantly asking about safety (for example, “Are the doors locked?”), involve them in a ‘safety check’ of the house. Take the child or young person 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. For example, 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.

Remember that older children need bedtime support too

Caregivers might be interested to know that while the specific activities that you do together might change, the same steps are just as appropriate for teenagers as they are for very young children. Many teens benefit greatly from support around maintaining their sleep routines especially if their development has been impacted on by earlier life experiences. In addition, young people who have experienced harm may have developmental delays and/or unmet needs for nurturance from earlier in life which will make care and support around bedtime especially helpful.

Nightmares

Nightmares are dreams with distressing or upsetting content. People are usually easy to wake up out of a nightmare and will often remember the dream when awake. Children and young people can be upset for a while after a nightmare and need special care in order to settle down again. If the child or young person struggles with nightmares, it is important to make yourself available to be with them when they wake up, help them orientate to the present (for example, tell them where they are and that you are there), and let them know that it’s ok to feel scared after a nightmare.

Night terrors

Night terrors are brief (1-10 minute) episodes of distress during which a child or young person remains asleep. It is very hard to wake someone out of a night terror and they usually do not remember what has happened when they wake up. If the child or young person has a night terror, you might see them:

- flail their arms or legs
- sit upright in bed
- moan
- cry
- shout
- open their eyes and seem to be looking around (they won't really be able to see or know where they are because they are still very much asleep)
- move around trying to escape something you cannot see.

Night terrors can be distressing to watch but you can take comfort in the fact that the child or young person will remember little to nothing about this the next day. If the child or young person struggles with night terrors, it is important to avoid waking them up. It is very hard to wake someone out of a night terror and waking will just cause confusion, distress, and make it go on for longer. It is better to let them sleep through it. Stay close so that you can keep them physically safe with pillows or blankets if they are thrashing or moving around, but do not touch them unless it is necessary. Gently guide the child or young person back to bed afterwards.

Bedwetting

Wetting the bed is another challenge experienced by many children whose development has been impacted on by trauma. It is important to know that bed wetting is out of the child or young person's control and that shame and punishment will most likely make the problem worse rather than better. These strategies can help make bed wetting easier to manage:

- limiting fluids before bedtime
- having a potty or other appropriate device next to their bed
- having 3-4 mattress covers that you can rotate through
- putting a fresh set of sheets (with mattress cover) and PJs somewhere within easy reach of the bed
- having a special hamper for wet bedclothes to go into in the room.

If the child or young person has persistent difficulties with any of the above concerns, please speak with their case worker for further guidance.

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

The experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political, and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their ability to form and maintain relationships and may affect their ability to go to and remain asleep during the night. 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 a culturally safe and 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 with certain difficulties and challenges such as sleep issues in a new care environment. Additionally, caregivers should obtain information about the child or young person's sleeping routine and arrangements prior to coming into their care as there are cultural differences such as the child may be used to co sleeping with their parent or may have slept in a room with others around them. Therefore, it is important for caregivers to understand these differences and how they can make the sleeping experience more comfortable for the child or young person in their care.

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 certain challenges with going to bed and remaining asleep during the night. This could be due to a number of factors such as differences in the previous and current care environment, sleeping arrangements etc. 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. Caregivers should obtain appropriate information about the child or young person's sleeping arrangements prior to entering their care so they can understand where the challenges could be stemming from. For example, a child may be co sleeping with a parent and they may find the new care environment challenging to adjust to if they have to sleep in their own space.

Iceberg model in action

Eva in family based care

7-year old Eva has a difficult time staying in bed. Once her wind down routine is finished she often sneaks out of bed and visits her siblings rooms or creeps into the lounge room and tries to watch the tv shows her caregivers are watching. Eva's caregiver knows that earlier in life her family struggled with domestic violence and substance abuse. Night was a particularly dangerous time in Eva's house when her father could become violent, scary, and hurt her mother.

Her caregiver listens to the messages underneath the behaviour: *"This is a really scary time of day when bad things happen; You are alone with (male caregiver), I need to make sure you are safe!; Sometimes kids get hurt in the night so I better check on everyone to make sure they are ok; I need to be the one to keep us all safe because I can't trust adults to do it for themselves".*

Eva's caregiver responds by using "I wonder" statements to help make sense of her behaviour *"Eva I see you checking on everybody, I wonder if you are worried that we are not safe?"* Her caregiver then reminds Eva of the house rules (no hitting or hurting others) and reassures her that she can count on her caregivers to keep her, and the other children in her house, safe. Eva's caregiver then works with her to design a bedtime routine which will better support her, including doing a 'safety check' of everybody in the house before she gets tucked in, her caregiver doing a 10-, 20-, and 30-minute check-in after bedtime, and having a walky-talky in her room that she can use when she needs some connection.

Noah in residential care

15-year-old Noah has just entered a new residential care placement. His caregivers know that he has had many placement changes. Noah seems to struggle greatly with sleep, often staying up until very early in the morning gaming on his devices and then needing to sleep until early afternoon to make it up. Noah also struggles with self-care and often forgets to shower or brush his teeth before bed.

Noah's care workers listen to the messages underneath the behaviour: *"I don't know how to do this "falling asleep" thing that seems to come easily to other people; Nobody has helped me learn how my body relaxes or how to help myself wind down at the end of the day; I may be a teenager but I still need your love and care."*

Noah's care workers respond by having several short chats about getting ready for sleep and being able to drift off to sleep over a couple of days. They introduce the idea of sleep being something that you have to learn how to do and that there are things that can make sleep easier. They help Noah reflect on how tired and cross he feels most mornings because he is so tired and that he might feel better if he got a bit more sleep. Once Noah starts showing an interest, his caregiver helps him set up a basic sleep routine. They also help Noah experiment with some ways to relax including having a hot shower and getting into a fresh pair of pyjamas. They might talk about the need for the care workers to keep his gaming device in a safe place overnight so that Noah can focus on sleep, and reassuring Noah that he will have time to play on it during the day (for example, after school).

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