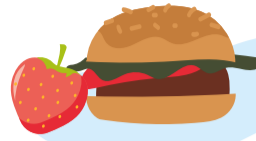


EATING THEIR FEELINGS

PROBLEMATIC EATING AND FOOD-RELATED BEHAVIOURS



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Children who have experienced trauma often have attachment difficulties and can use different strategies to help make themselves feel safe, even when they are no longer in any danger. These strategies can relate to any area of their life, including their relationship with food. So, what types of food-related behaviours may indicate a child isn't coping and what can carers do to help them?

Why children use food to cope

There can be many reasons why a child may develop problematic eating or other food-related behaviours. It may be to help them:

- > **manage their emotions** by conscious or subconscious eating or restricting food to make themselves feel better (self-soothe)
- > **gain connection** with their carer where they link food with experiences of receiving attention rather than feelings of hunger
- > **distance themselves** from others in the absence of nurturing relationships.

Whatever the reason, it is important to try and understand **why** the child is using food in a particular way and to not make them feel 'bad' or 'wrong'. Negatively responding to their behaviour may only increase their feelings of **anxiety, shame** or **mistrust**.

Types of food-related behaviours

Some common food-related behaviours include:

- > **Overeating or binge eating** – Eating more food than the body requires, which can lead to weight gain. Often tied to emotional wellbeing and feelings of shame.
- > **Food hoarding** – Storing or hiding food to ensure food is always available. This can be linked with stealing food or money to buy food, and can stem from not having regular access to food in the past.
- > **Restrictive and picky eating** – Refusing foods or not wanting to try new foods. 'Problem feeders' typically eat less than 20 foods and may refuse to eat entire food groups or textures.
- > **Pica** – Eating non-food items (beyond two years of age), such as sand, dirt, paper, soap or hair.



Supporting positive eating behaviours

Just as building a trusting relationship with a child takes time, helping them to eat better will also take **time, patience** and **care**. Here are some tips to help make a child feel more comfortable and reduce their need to use food as a coping mechanism.

- ✔ **Increase feelings of safety and predictability**
 - > Provide regular, routine mealtimes.
 - > Guarantee food is always available by leaving out a fruit bowl or other healthy snacks.
- ✔ **Create family mealtime rituals and routines**
 - > Sit and eat the same meal together. Encourage rituals such as setting the table, using place mats and cutlery, and everyone helping to clean-up.
 - > Role model trying new foods and new experiences.
- ✔ **Support positive food associations**
 - > Avoid labelling foods as 'treats', 'sometimes foods', or 'dessert'. Labels can increase food anxiety and overeating behaviours. Instead, offer small amounts of these foods alongside some meals in a neutral manner.
 - > Avoid offering dessert as a reward for eating meals.
- ✔ **Minimise negative food associations**
 - > Keep foods associated with overeating or hoarding out of sight.
- ✔ **Link present challenges with past experiences to develop insight and build trust**
 - > Show interest and talk calmly with the child. For example: 'I wonder if you're worried there won't be enough food for you because you had to go without when you were little? I want you to know, there will always be enough food for you in this house'.
- ✔ **Seek professional support**
 - > If you have concerns about a child's weight, nutrition or food-related behaviour, seek professional support from a GP, paediatrician or dietitian.

Note: The terms 'child' and 'children' also refer to 'young person' and 'young people'.

Here to help! Come and talk to us if you'd like more practical ways you can be trauma informed.

Sources:

- > Casey, C. M., Cook-Cottone, C. & Beck-Joslyn, M. (2012). An overview of problematic eating and food-related behavior among foster children: Definitions, etiology, and intervention. *Child and Adolescent Social Work Journal*, 29(4), 307-322.
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