

Managing Emotional “Hot Spots”: Tips for Resource Parents

Emotional “Hot Spots”

Safety is important for all children, but it is particularly crucial for children who have experienced trauma. For these children, the world has often been a harsh and unpredictable place. Before such children can heal, they need to feel safe and believe that there are adults in their lives who can offer safety and security.

Feeling oriented is an important part of feeling safe. To a child, coming into a new home—even the home of relatives—may feel like being sent to another planet. Some times or situations may be particularly emotionally charged for children who have experienced trauma, and may trigger a child to act out, struggle over control, or become emotionally upset. These emotional hot spots include:

- Mealtimes or other situations that involve food
- Bedtime, including getting to sleep, staying asleep, and being awakened in the morning
- Anything that involves physical boundaries, including baths, personal grooming, nudity, and privacy issues

Food and Mealtimes

Being fed by a caregiver is one of the first and most significant interactions we have with the outside world. It is how we come to understand whether—and how—our needs will be met.

For many traumatized children, food and the experience of being fed are emotionally charged. Meals may have been inadequate or unpredictable. In some families, mealtimes may have been scenes of verbal or physical abuse. In other families, food may have been the only source of comfort. In others, children may have been forced to fend for themselves, scrounging food from dumpsters or begging from strangers.

The foods we eat, how we prepare them, and how we behave during mealtimes are also partly determined by culture. Foods that a

I made a list of things my sister and I eat so [our new foster mother] could buy our food, but she didn't buy exactly what we wanted.

She bought the wrong kind of cereal, she put ginger in the juice even though I told her not to, and the bread was some damn thick . . . bread.

All of these little things made me furious. I believed she thought it didn't matter what I told her, and that she could treat us how she wants.

A. M., former foster child

Am I too angry to love? *Represent*. Nov./Dec. 2004.

Available at <http://www.youthcomm.org/FCYU-Features/NovDec2004/FCYU-2004-11-10.html>

child may equate with safety and comfort may seem foreign or even unhealthful to you. How we handle mealtimes can send traumatized children powerful messages about:

- Your interest in nurturing them
- How your family works
- Whether they really belong

You can help make mealtimes “safer” for the children in your care by:

- Accommodating their dietary preferences as much as possible
- Giving children a chance to help plan and prepare meals
- Ensuring that at least some of their favorite foods are available
- Setting consistent mealtimes
- Having meals together as a family
- Keeping mealtimes calm and supportive

Sleep and Bedtime

Bedtime and sleeping may be especially difficult for traumatized children. A child suffering from traumatic stress reactions may have trouble sleeping. When children who have been through trauma close their eyes at night, images of past traumatic events may appear. When they do fall asleep, nightmares may awaken them. Being in bed can also make children feel especially vulnerable or alone. They may have been sexually abused while in bed, or thrown into bed at the end of a parent’s raging and physical abuse.

For this reason, traumatized children may avoid bedtime. They may also find waking up in the morning difficult. Children who have grown up in unstable, unpredictable environments may feel that no sooner did they feel safe enough to go to sleep than they were being asked to wake up and face the day again.

Helping a traumatized child to feel safe and protected when going to bed, sleeping, or waking can be challenging. But there are steps you can take to make these potentially frightening times safer for your children:

- Reassure children that their rooms are their personal space and will be respected by all members of the family.
- Always ask permission before sitting on a child’s bed.
- Set a consistent bedtime to give children a sense of structure and routine.
- Set up predictable, calming bedtime rituals and routines.

- Encourage a sense of control and ownership by letting children make choices about the look and feel of the bedroom.
- Acknowledge and respect children's fears—be willing to repeatedly check under the bed and in the closet, show them that the window is locked, provide a nightlight, and provide assurances that you'll defend them against any threat.
- Let children decide how they want to be awakened. An alarm clock might be too jarring for children who are always on alert for danger. How about a clock radio tuned to their favorite station? A touch on the shoulder?
- Make sure children know exactly what to expect each morning by creating dependable routines so they can start the day reassured of their safety.

Children who are having a great deal of trouble with bedtime and sleep may need help from a therapist specifically trained in trauma treatment.

Grooming and Personal Boundaries

Many children who have experienced physical and sexual abuse have learned to see their bodies as the enemy, or as something that needs to be hidden and made as unattractive as possible. Seemingly positive things like a hug, having their hair brushed, or a hot shower may have very different meanings for children whose bodies have been violated. So we need to be very sensitive to our children's trauma history when it comes to situations that involve physical boundaries, including personal grooming, privacy, and touch.

Children who have been abused and neglected may never have learned that their bodies should be cared for and protected. Sexual and physical abuse can leave children feeling disconnected from—or even at odds with—their physical selves, with no sense of ownership, comfort, or pride in their bodies. Instead, their bodies may feel like “constant reminders not only of what has happened to them but of how little they are worth.”¹

All too often, children come into care with teeth that are desperately in need of cleaning, hair so tangled it's hard to get a brush through it, or clothes that are soiled or ill-fitting. They may be resistant to grooming, to bathing, to anything that involves seeing or touching their bodies.

I don't think there was a time when I wasn't abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I'm in.

Still, my body sometimes betrayed me. Crying when I wanted to remain strong, becoming tired and refusing to obey my commands to stay awake, and, most horribly, physically responding to sexual advances. It seemed to me like my body had a mind of its own. I hated the thought of sexual contact, yet my body would respond to it, even when it was unwanted.

C. M., former foster child
 My body betrayed me. *Represent*. Sept./Oct. 2003.
 Available at <http://www.youthcomm.org/FCYU-Features/SeptOct2003/FCYU-2003-09-24.htm>

Helping such children to feel safe enough to respect and care for their bodies will take time and patience. Steps you can take include:

- Respect children’s physical boundaries—don’t assume a child wants to be hugged; take cues from the child before initiating physical contact.
- Introduce older children to all the workings of the bathroom, and make it clear that their time in the bathroom is private and that no one will be walking in on them during bath time.
- When helping to bathe younger children, be careful to ask permission before touching and to be clear about exactly why, how, and where you will be touching them.
- Give young children the time to splash around, play with water toys, and enjoy the positive sensations of bath time.

References

1. Pughe B. & Philpot T. (2007). *Living alongside a child’s recovery*. London, UK: Kingsley Publishers.