This is a letter in a series of emails being created to help understand some of the common diagnosis of children within the foster care system.

The term "special needs" is applied to any condition that may make it harder for a child to be adopted. Kids with special needs may have a mental, physical, or psychological problem.

Children in foster care comprise some of our most medically at-risk and vulnerable children.

As the result of various circumstances, including poor prenatal care, maternal substance use, and erratic past medical care, these children may have significant unrecognized or under-treated illnesses, immunization delays, failure to thrive, and dental caries. Mental health concerns secondary to removal from the family unit are also common.

Developmental delay that is secondary to one of the above risk factors or the result of parental deprivation occurs in about half of all children

# Understanding Foster Children

**February 2011**

## Understanding Foster Children

Being removed from home has a massive impact on children, regardless of their age. How *trauma of separation* manifests itself depends on the age of the child and their stage of natural development.

Younger children, infants through to children of early school years, will exhibit a wide variety of common behaviors and *health concerns*. All of which are directly attributed to *separation anxiety*. Often behaviors can commonly be seen across all age groups and are not exclusive to younger or older children.

Behaviors and symptoms in young children (aged from infant to 9 years) are...

http://www.power4parents.org/fosterchild.htm

### Cognitive:

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- Disassociation and detachment
- Startling easily
- Lowered school marks
- Unusual imaginative play
- Memory problems
- Lack of concentration
- Distorted perception of self
- Educational issues
- Learning difficulties
- Developmental issues
- Fussiness
- Hyper-vigilance
- Excessive worry
- Confusion
- Feeling powerless
- Intrusive thoughts and images
- Over-protectiveness
- Clumsiness

### Emotional:

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- Nightmares
- Disturbed sleep patterns
- Anxiousness and anxiety
- Unstable emotions
- Clinginess
- Lack of empathy
- Shyness
- Unusual phobias or fears
- Excessive crying and irritability
- Fear of sleeping alone
- Avoidance
- Fear of authority figures
- Suffering flashbacks
- Repetitive self-stimulation
- Anxious in unknown environments
- Anxious around strangers
- Oversensitivity
- Withdrawal

who are less than age three when they enter foster care.

## Levels of Childhood Vulnerability:

There are 4 levels of childhood vulnerability to trauma...

**Level 1**... The child who has direct exposure to the traumatic event... The victim.

**Level 2**... The proximity of the child to the event resulting in them almost becoming a victim, but remaining a witness.

**Level 3**... The child who was within hearing or sight of the event, but did not witness it.

**Level 4**... The child who was outside the event, but has been exposed to the event via media or conversation.


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- Difficulty being soothed

## Behavioural:

- Bed wetting
- Deliberate disobedience
- Thumb sucking
- Bullying
- Refusal to communicate
- Guilt and/or self-blame
- Destructiveness
- Fear of being left alone
- Anger and combativeness
- Defiance
- Rebellion
- Verbally abusive
- Physically abusive
- Regression
- Re-enactment through play
- Avoidance
- Fear of the dark
- Withdrawal from friends
- Seeking solitude

## Physical:

- Constantly recurring cold and flu symptoms
- Loss of appetite
- Dermatological skin conditions
- Joint or limb pain
- Nausea
- Headache and dizziness
- Developmental issues
- Stomach aches
- Restlessness
- Irritated bowel

Behaviours and symptoms in older (aged from 10 to 18 years) children are...

## Cognitive:

- Disassociation and detachment
- Lowered school marks
- Memory problems
- Lack of concentration
- Poor judgment
- Negative point of view
- Trouble thinking clearly
- Indecisiveness
- Heightened reaction to stimuli
- Helplessness
- Repetitive questioning
- Hyper-vigilance
- Nervousness
- Excessive risk-taking
- Talk of retaliation

## Emotional:

- Nightmares
- Disturbed sleep patterns

**Level 4**... The child who was outside the event, but has been exposed to the event via media or conversation.

## Beware of the Pitfalls!

- Don't assume that all children will respond to therapy in the same way.
- Don't pathologies early distress or reactions.
- Don't convey the message that the experience of trauma leads to long-term psychological damage.
- Don't assume that all children exposed to trauma will require professional psychological intervention (but recognise that some may).
- Don't force the child to tell their story - but listen if they opt to themselves.
- Don't create situations where a traumatized child has little choice or control.


**A FAMILY FOR EVERY CHILD**

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- Anxiousness and anxiety
- Unstable emotions
- Lack of empathy
- Unusual phobias or fears
- Low self esteem
- Sense of loneliness and isolation
- Depression
- Suicidal thoughts
- Attention seeking
- Demanding reassurance
- Appearing dazed or trancelike
- Obsessive compulsive
- Anger and rage

### Behavioural:

- Bed wetting
- Deliberate disobedience
- Bullying
- Refusal to communicate
- Guilt and/or self-blame
- Acting out
- Deliberate isolation
- Sexual promiscuity
- Substance abuse
- Teeth grinding or jaw clenching
- Regression
- Rebellion
- Verbally abusive
- Physically abusive
- Argumentativeness
- Judgmental
- Stubbornness
- Repetitious play
- Oppositional
- Delinquency
- Truancy

### Physical:

- Constantly recurring cold and flu symptoms
- Loss of appetite
- Dermatological skin conditions
- Self harming
- Dermatological skin conditions
- Headache and dizziness
- Insomnia
- Weigh loss or gain
- Nervous habit (EG: nail biting)
- Disrupted menstrual cycles
- Shaking or shivering
- Tic
- Restlessness
- Increase in conflict

## Recognizing Grief and Trauma in the Foster Child:

It is *extremely important* to acknowledge and identify trauma in the fostered child. Children do not enter into the foster home environment free of trauma. It is barbaric to assume that they would. Even the most severely abused child

who has been placed into a foster home will be suffering separation anxiety due to their removal from the parent whom they still love despite the abuse and the trauma of being placed with complete strangers.

It is also important for parents to realize that when their child is finally reunified back into the family home, a certain degree of trauma will be exhibited by their child because that child has bonded with the foster family and is again being uprooted.

Having a new foster child in the family home will pose many challenges until the child feels safe enough and comfortable enough to settle into their new environment. Recognising that the child is traumatised plays a huge role in being able to support the child and help them work through their grief and succor them.

Upon a child entering foster care, *immediate priority* must be given to easing the trauma the child will be experiencing. Of course the child needs to be assured that they are in a safe environment and needs to feel loved and cared for, but if *immediate emphasis* is not placed on supporting and succoring the traumatized child failure to bond with the child is already beginning.

It is also important to distinguish between genuine trauma and a concern that may warrant a notification to DoCS. For example, when a new foster child comes into the home, it does not necessarily mean that the child is re-experiencing something that Mum or Dad did or said simply because the child is having nightmares... Such an event may actually be a nightmare caused by the child being removed from their family home. Or, if the child says that they are scared of a parent may actually be simply because said parent played monster games with them in fun and pretended to be the monster chasing the child in fun.