

Children with severe trauma can be fostered and recover with the right treatment and care

June 1 2018, by Kathomi Gatwiri And Lynne Mcpherson



Traumatised children can go on to lead better lives. Credit: Bruno Nascimento/Unsplash

Being a foster carer for <u>children who have experienced early life trauma</u> – such as emotional and physical violence – can be challenging, complex



and confusing. For children, experiencing severe early trauma can manifest in <u>difficult behaviours</u>, resulting in <u>unsuccessful foster care</u> <u>placements</u>.

We were commissioned to evaluate the effectiveness of a Victorian, home-based therapeutic program that only accepts <u>children</u> who aren't suitable for traditional foster care because their needs are deemed too complex. These children are either already in <u>residential care</u> – a system of care that involves rostered staff as carers, and group living – or are eligible for it.

In residential care, a child may be exposed to other young people with high-risk behaviours and can be disconnected from family, culture, school and community supports. This delays their recovery and puts them at risk of further trauma.

The Treatment and Care for Kids (<u>TrACK</u>) program was developed as an alternative to residential care for children with complex needs. Some children in the program have experienced severe trauma including witnessing murder by their parents and being subjected to chronic sexual assault (with some being involved in paedophile rings organised by their parents).

Among the 48 children who have been fostered through the program, 19 had come from residential care where they had multiple placements. Fifteen of these children had lived in more than six placements before TrACK and seven had experienced more than ten placements. One child had experienced 18 and another 30 placements within five-and-a-half years.

A review of their case files identified a shift from placement instability to long-term placement stability after joining TrACK. The program showed encouraging results in other domains too, including education,



forming peer relationships and emotional regulation.

These results show complex trauma can be healed.

Children in care and TrACK

In Australia, one in every 32 children has <u>received child protection</u> <u>services</u>. By the time they are in residential care, they have often experienced <u>physical</u>, <u>sexual and emotional violence</u> in early childhood, as well as <u>severe neglect from their caregivers</u>.

After ageing out of care at 18 years, many of these young people are <u>over-represented</u> in the criminal justice system. They experience <u>homelessness</u>, unemployment, mental illness and poor social relationships at greater rates than the rest of the population.

Due to the complexity of their trauma, every child in TrACK has a therapeutic plan tailored to their needs and a team of specialists who support them and their family. For children who are placed in care, <u>complex trauma</u> has mostly been acquired through repeated traumatic experiences in the context of a relationship that's meant to be secure and trustworthy.

TrACK's approach to treating complex trauma is informed by the <u>science of neurobiology</u>, which suggests <u>trauma</u> develops in a relationship and can also be healed in a relationship. This is also referred to as the <u>neurobiology of love</u>, where love isn't just a simple emotion but a deep sense of care, concern and connectedness to the child.

We are all wired for connection. However, most children in care have been denied this opportunity. The neurobiology of love, in this case, is about accepting their complexities and vulnerabilities, providing comfort and constantly nurturing the relationship between the carer and the



traumatised child.

The success of a placement is mainly based on the carer's capacity to respond to the complexity of the child. TrACK carers are trained in several key areas. This involves knowing ways to counter some of the negative self-perceptions the child may have; having appropriate expectations of the child and showing them love and acceptance even if their behaviour isn't changing; avoiding escalation; and noticing and responding to the <u>child</u>'s emotional needs.

TrACK only recruits carers who are prepared to commit to the long-term care of children with significant adversity. In return, they are offered "round the clock" support. This includes specialist training on parenting children with complex needs and individualised coaching.

What we found

Our key finding was a considerable reduction in the number of placements children experienced after joining TrACK. It fell from a median of 6.1 to 1.9 (remember seven children had over ten placements before joining the program).

We also found all children in TrACK at the time of the evaluation were attending school full-time. A 2012 <u>Victorian report</u> showed 49% of children in residential care, and 88% in other home-based care programs, were going to school every day.

All children in TrACK experienced enhanced emotional stability and capacity to regulate their own emotions. Although this was hard to measure, carers reported their children were less volatile than when they first arrived in their care.

Stability of relationship with carers was another key outcome. All the



children in a TrACK placement at the time of the evaluation were able to develop trusting relationships with their carers. This result is encouraging because many of these children had previously been identified as being too complex, volatile and aggressive for a homebased care placement.

One young person in TrACK, Daren, said: "I definitely think I am part of the family, from the first time I walked in, they were welcoming [...] had a joke which was amusing and funny [...] and not leaving me out of anything pretty much [...] they let me know everything that involves me and [even] when it does not involve me, [they tell me] what they are doing in their lives [...] there are no secrets."

Daren now continues to live with his foster parents despite his foster care arrangement ending at the age of 18.

One of the carers said his strategy for reassuring his foster sons that he will never leave them is by speaking to them in future tense. "I talked to [our foster son] when he was 14 about how I'm going to teach him how to drive [when he is older] and he knows he is welcome to stay here for the rest of his life."

Our interviews with young people and reports from their carers showed recovery started when the young people felt the foster family would never abandon them, reject them, retraumatise them, hurt them or withdraw their affection, regardless of how slow or complex their healing journey was.

It's critical that locally grown programs do not fall off the agenda as viable and cost-effective <u>strategies for reform</u>. Often, our systems are criticised for what they do not achieve for children; they also need to be acknowledged when they do something well.



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