Module 2: Understanding the past for a child or young person
Handouts for participants

Emotional development

Age group	Expected emotional development	Interrupted emotional development could mean	Resulting behaviour may include
Birth to 1 year	• Trust begins to develop • Strong attachment to key people begins • Wariness of strangers	• Insecurity • Mistrust	• Being passive • Lack of response • Constant crying
1 to 3 years	• Self-confidence and sense of self develops • Need to use primary carers as a base from which to explore • Trying to gain some control over world	• Lack of trust in carer may result in child becoming very fearful in exploring – or too independent of adults and a danger to themselves • Inability to control anger and frustration	• Return to baby behaviour (regression) • Being very clingy, dependent, wanting to be close to adults at all times • Being stubborn, very resistant to control tempers and tantrums
4 to 6 years	• Curiousness and eagerness for information – lots of questions • Sharing and cooperating with others • Enjoyment of company of other children and adults • Increased self-reliance	• Lack of curiosity • Social isolation • Feeling of being ‘bad’ and to blame for what has happened • Feeling of being out of control • Lack of control over own bodily functions	• Lack of interest – acting as though ‘frozen’ • Nightmare terrors • Extreme clinginess • Restless energy – hurtling around the room • Aggression towards self, other children, objects

7 to 10 years	• Beginning to see a sense of order in the world • Developing a clear sense of right and wrong	• Being overwhelmed by a sense of grief and loss • Poor concentration at school – grieving takes energy and leaves little time to develop new skills • Finding it hard to make new friends	• Feeling of sadness, anger, guilt and depression – "Why me?" • Being very withdrawn or bossy with other children • Difficulties in developing greater reasoning skills • Telling lies to cover up lack of skills • Trying hard to "get in" with older peers, acting streetwise
11 to 16 years	• Need to make important relationships outside the immediate family • Trying to make sense who they are and of strong emotional feelings including sexuality • Questioning of adult values and changing views of the world • Exploring from a secure base • Changing views about yourself • Establishing a clearer sense of identity	• Insecurity • Having a low opinion of yourself • Greater intensity of emotions • Inability to make lasting friendships • Identity confusion	• Aggression and violence, verbal and physical "shutting off" from adults • Constantly challenging people in authority • Inappropriate attention seeking, eg. stealing, truanting, running away • Misuse of alcohol and drugs and other forms of self-abuse

Case Study 1

Part 2

It was agreed that Steve and Jenny would take Sam to a placement for a short time. They would meet the foster carers and make arrangements to visit Sam regularly.

Sam was at that stage in his development where he was clearly attached to his mother, and as soon as he was taken from her, he became distressed.

Jenny was distraught to think that she was going to leave without Sam and was clearly seeking reassurance that this would not be a permanent thing.

Steve was confused and upset that he had caused such a disruption to their lives. He accepted responsibility for Sam's injury and was still unclear how he could have let it happen. He kept saying that he was "no good". Steve worked long hours at the restaurant and was often tired – but he was determined to show that he was a good worker. He said that he didn't know what to do with babies – but found it easier to relate to his 4 year old because they liked to do things together.

Case Study 2

Part 2

Tyrone had been cared for by his maternal grandmother till the age of 3 and she was a mother figure to him. After her death, Mannie had difficulties caring for Tyrone and his 3 older half siblings. She had periodic heavy drinking bouts and was injecting speed. John did not live with them consistently, and his visits were marked by heavy drinking and arguments.

Shortly after his grandmother's death, Tyrone's older siblings were taken away by their father.

Tyrone experienced several moves while Mannie struggled to keep rental properties. He missed significant schooling.

There were periods when Mannie was able to provide adequate care, mostly when John was not there. However there were many times when there was insufficient food in the house, and Tyrone's other needs for clothing and supervision were not met. He was often seen wandering the streets late at night and would ask neighbours for food.

At the age of 5 Tyrone went to live with an aunt for 5 months. During this time he saw his mother infrequently and did not see his father. He returned to live with Mannie when his aunt moved interstate.

Tyrone spent a few months with his mother when he was 6 – but they left there to live with John again in Brisbane.

After the current physical abuse, a placement was found. When he first arrived in the placement, Tyrone was sad, and appeared lost and dazed. He spoke little and would not look at his foster carers. On the first night he ran away and was eventually found at the railway station, saying that he wanted to go home. In the first few weeks he presented as fearful, unresponsive and confused. He would avoid speaking to the foster carers.

Tyrone's current teacher has reported that Tyrone has speech difficulties and appears to have difficulty comprehending instructions. This is evident in classroom activities and in even simple instructions about collecting belongings and moving to other activities. He is not at all responsible for his belongings and seems to have problems understanding consequences of his behaviour eg keeping to routines. He does not have any close friends at school and seems to hang around on the edges of groups. He avoids any contact with his teacher.

Tyrone does appear to like doing things with his hands and he enjoys craft classes. He relates best to the craft support teacher who is very gentle and gives him simple tasks that he can easily achieve.

Case Study 3

Part 2

Up to the age of 6 Jess lived with her mother and father. Because of her mother's psychiatric illness, Jess experienced dramatic inconsistencies in parenting. When Anita was taking her medication, she was a caring mother, who provided good care of the children. However she frequently refused treatment, and during those periods her behaviour was erratic and confusing for the children, and she could not meet their needs.

Jess's father, John, lost his job when Jess was 2 and he remained at home, reluctantly doing a minimum of daily tasks. John had grown up in an abusive family situation himself, and had been physically and sexually abused by his grandfather. He was a short tempered man with little awareness of the needs of others. He spent most of his day watching TV, and was irritated by the fact that Anita was frequently chaotic and unpredictable. He managed to maintain basic standards in the home and the family did not come to the attention of the Department until the year Jess started school.

Jess's behaviour at school had attracted the attention of school staff. She was often inappropriately affectionate to other children and teachers, and always seemed over anxious to please. Other children found her annoying – and in an attempt to gain attention she had been exhibiting sexualised behaviours. She was attempting to touch other children and tried to get one of the boys to lay on top of her. She told her teacher that "Daddy did this when he slept in her bed."

John was charged as a result of Police investigations and went to jail. Both children were removed from Anita's care when she refused to get treatment for her mental illness.

Jess seemed to adapt easily to her first placement – she was overly affectionate to both her foster mother and father immediately. She engaged in lots of attention seeking behaviour and seemed unworried by her new circumstances. She was keen to visit her mother when this was possible, but quickly moved on when returned to the foster carer.

Jess tried to be affectionate to her brother also, but he tended to brush her off. He blamed her for the fact that his father had gone to jail. His behaviour became increasingly aggressive and violent and as Jess grew older, she also found herself increasingly in trouble at school and at home.

Anita moved to Melbourne with another man when Jess was 8, and Jess's behaviour escalated again. By the age of 11 she was actively saying she wanted to go to live with her mother. She had occasional phone calls from her mother.

Because of their difficult behaviours, Jess and Tim had 3 placements in 2 years until finally Tim ran away. This appeared to impact heavily on Jess, who by this time was 12 years old. She herself was suspended from school, and there had been frequent instances of running away involving sexual activities.

If a child or young person discloses abuse to a foster carer?

- Be a listener not an investigator - encourage children to talk in their language and ask just enough questions to act protectively, say “can you tell me more about that?”. Do not conduct any form of interview with the child.

- As soon as possible after the disclosure make written notes including when and where the disclosure took place. Pay attention to body cues such as changes in their behaviour, feelings, and words they used.

- Be calm and reassure the child or young person that it is alright to talk about this and they have not done the wrong thing.

- Do not make promises you can’t keep, for example promising you will not tell anyone, as you need to tell someone in order to get help for the child.

- Tell the child or young person that you will need to talk to their CSO. You should engage the child or young person in this – eg say this information needs to be shared with someone and ask how you can both do this.

- Believe what the child or young person is saying and demonstrate that you are taking it seriously.

- It is vital to call the Child Safety even if you do not have all the details.

- Seek support, both for the child, and for yourself or your family.

- You should prepare your own children for the fact that sometimes they will be told things that may make them uncomfortable, but that it is important to pass information on so that appropriate actions can happen. When this happens, spend time with your own child, reassuring them that they have done the right thing and helping them understand the processes of support for the foster child.

- Keep information confidential. Only those who absolutely need to know should be told. If in doubt about who to tell, seek advice from a Child Safety Departmental officer or of your fostering agency.

- Do not notify the individual against whom an allegation or complaint has been made, regardless of who this person is. Leave this to the Police and/or Child Safety.

Experience of sexual abuse

Sexual abuse is common in our community. One in four girls and one in seven boys will have been sexually assaulted before reaching the age of eighteen years.

It is common for children in care to have experienced sexual abuse.

- In the majority of cases, children and young people are sexually harmed by someone they know and trust, eg a parent, step-parent, other family member, family friend or babysitter.
- Child sexual abuse is often achieved through tricks, bribes, promises or threats. Violence rarely occurs.
- Because the offender is usually someone known to the child, it is likely to occur more than once and in some cases it continues for years.
- Many children do not report sexual abuse out of fear that they will not be believed or that they will be punished. Children rarely lie about sexual assault.
- Child sexual assault happens to children of both sexes and to children of all ages including toddlers and babies.

The effects of sexual abuse can last a lifetime and may be observed in children and young people as:

- A pre-occupation with sexual matters that are not age appropriate, including a detailed knowledge of adult sexual behaviour.
- Sexual themes in play, artwork etc.
- Inappropriate sexualised behaviour that is persistent eg at school, with friends, siblings,
- A fear of going to bed, bathing, getting changed, being left alone with an adult.
- Sleep disturbances can also occur.

Evidence of one of these behaviours is not an automatic indication that sexual assault has occurred. However it would alert you to the possibility and you should discuss it with the Child Safety Officer.

What foster carers can do?

- How you respond to a disclosure or behavioural indicators, will have a big effect on the child or young person's adjustment. It is important to **listen** to what the child or young person is saying or doing.
- Define rules and boundaries in the home to allow respect for individual privacy, particularly around dressing, bathing and sleeping. Be aware of personal space, particularly with respect to touching, hugging. Foster children and young people may not know how to interpret this behaviour.
- Assist the child or young person by building self esteem, teaching assertiveness and teaching self- protective skills and behaviours.
- Discuss the need for sexual abuse counselling with Child Safety. This is usually required to ensure that the child or young person deals with feelings about the abuse and becomes a "survivor". A carer can assist in the healing process by being respectful and available to the child or young person according to their needs.
- Be aware that children and young people who have been sexually abused may be vulnerable in a number of ways. One possible behavioural indicator may be that the child or young person has a preoccupation with sexual activity, and may engage in inappropriate actions with other children in the placement. Carers must carefully consider the level of supervision required in the household.

*** A useful resource here for Indigenous children, families, and carers, is a video My Body Belongs to Me – an awareness video for Aboriginal communities. This can be obtained by phoning 3224 8431.**

Indicators of Child Sexual Abuse

There are behavioural and physical indicators that a child is being or has been sexually abused, even if the child does not disclose the fact.

Behavioural Indicators:

Note: A child's age and level of maturity and development must be considered when interpreting possible behavioural indicators of sexual abuse.

- sexual knowledge or language that is inappropriate for the child's age or development
- an unusual interest in, or preoccupation with, sexual matters
- hints about sexual activity through actions or comments that are inappropriate to the child's age or developmental level
- inappropriate sexual play or behaviour with himself or herself, or other children, or dolls or toys
- excessive masturbation
- persistent urinating or defecating in clothes
- regressive behaviour, for example, baby talk, thumb sucking
- fear or avoidance of any aspect of sexuality
- sexually suggestive behaviour with adults or older children
- consistent psychosomatic complaints or frequent depression
- poor social boundaries
- starting fires or a fascination with fire
- running away
- promiscuity or prostitution
- refusing to undress for activities and/or often wearing layers of clothing
- creating stories, poems, or artwork about abuse
- suicidal feelings or attempts at suicide
- destroying property, hurting or mutilating animals
- difficulty concentrating, and being withdrawn and/or overly obedient
- being seemingly accident-prone

Please note: Some of the indicators listed above may be signs that a child is at risk of harm, but not necessarily because of sexual abuse.

Physical Indicators:

- bruising, bleeding, swelling, tears or cuts on genitals or anus
- an unusual vaginal odour or discharge
- torn, stained, or bloody clothing, especially underwear
- pain or itching in genital area, difficulty going to the bathroom, walking or sitting
- sexually transmitted disease, especially in a preadolescent child
- pregnancy

Reference: Ministry of Tourism, Culture and Recreation 2002, Making it Safer: Preventing Sexual Abuse of Children in Sport, Queen's Printer for Ontario, Canada.

Further information can be obtained from the Sexual Abuse Counselling Service on 3391 6066

What is Attachment?

Children and young people develop a sense of connectedness with the world through bonding and attachment. Bonding refers to the way an adult develops an emotional connection to a child, eg. rocking, cuddling, and smiling.

Attachment is something that children and caregivers create together after the child learns that the caregiver will meet his needs in a caring way and can be trusted.

Once children and young people develop a secure base with immediate meaningful adults, they then turn to exploring the world and developing positive attachments with others. These children have usually enjoyed consistent, responsive and supportive relationships.

The first three years of a child's life are critical in terms of attachment (John Bowlby). Children need to develop positive attachments in those early years. If there are interruptions to the process – for example if the child is removed from the adult with whom they are bonding, or the adult is not able to demonstrate that they are reliable and consistent, or physical abuse occurs – then the child may exhibit certain behavioural disturbances. There can be a strengthening of attachment processes in later life if there are disruptions to normal attachments earlier.

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The longing to belong – loss and grief reactions

Children and young people grow and develop, achieving developmental milestones, because they have reliable, quality relationships with people who care for them. They in turn form attachments with those who provide that early care.

As we have seen, sometimes children and young people who come into care have not had the opportunity to develop secure attachments. There may be inconsistencies in the way care has been provided or they may have learned that adults cannot be trusted because of abuse. Rejection or perceived rejection by the person who provides primary care can lead to insecure attachment.

If a child or young person experiences rejection or abuse, or lives with inconsistencies in care, it is likely that they will feel confused and painful about their relationship with the person providing that care. On the one hand they may not be able to get close to that person, but they still feel an attachment to them. A sense of loss and pain can occur.

When the child or young person has to leave home to live with foster carers there are further losses for them. Existing bonds – even though those bonds may themselves be unsatisfactory, are disrupted, and children or young people may struggle to maintain an attachment to a harmful family situation or unavailable parent.

The following behaviour may be evident:

- Running away from a placement to return home;
- Strong defence of parental behaviour, even when promises are broken;
- Fantasising about parents and home situation;
- Self harming behaviour; and/or
- Fear of getting close to others.

Loss in relation to relationships with parents or significant others will be compounded by changes in other familiar things, such as schooling, friends, and shops. There is a loss of a sense of belonging and a rupture of “what is known”. For a child or young person coming into care there may be a number of crises, separations, moves, losses. They may not have dealt with one before another happens. Thus children or young people in care may be far more emotionally vulnerable when other losses occur.
Some common reactions of children and young people:

- “Its all my fault – I’m no good”
- “Everyone is against me”
- “I don’t need anyone”
- “I hate everyone”.

Loss and grief and re-learning the world

After a significant loss there is a period of grief that is an important part of moving forward to cope with a changed world. It is not a matter of just learning information about the new world, but more a process of learning how to “be and act” differently in this changed world.
There are 4 significant areas of “re-learning” that a child or young person must cope with when they move to a placement.

1. Re-learning physical surroundings.

2. Re- learning relationships with parents, other family members, carers and others.
3. Re-learning self. Often a child or young person who comes into care is still learning how to be themselves in a chaotic and unpredictable world. Suddenly they are challenged to adjust to new unknown situations and there can be impacts on sense of self, confidence and self esteem.
4. Re-learning their place in space and time. Often a child or young person is confused and wishes they were somewhere else. Memories can be triggered at any time and a child or young person may be responding to a situation from the past.

What can foster carers do to assist grieving children?

- Allow the child or young person to express their grief in their own way within an agreed framework.
- Encourage the child or young person to talk about their feelings.
- Convey acceptance, affection and patience.
- Provide structure, routine and boundaries.
- Help the child retain a feeling of connection.
- Help retain memories.
- Respect the need for the child or young person to be alone if that is what they wish.
- Assist the child or young person find things to do.
- If you feel it is important, request counselling.
- Ensure you have supports in place for yourself.

Considerations when caring for Aboriginal and/or Torres Strait Islander children or young people

Issues of placement outside extended family networks take on greater significance in terms of grieving, especially where placement cannot always occur within the same community grouping.

For these reasons it is extremely important to maintain links with their community and family – especially important events. Encourage listening to the local Indigenous radio station. Ensure that the recognised entity is involved and a Family and Community worker if available.

What can you do?

- All foster carers should preserve information and memorabilia that belongs to the child as they grow and develop, eg photos, journal recordings of visits, contact with relatives, history obtained from birth parents. This should be done in conjunction with the child or young person with discussion about what they would like to keep. If your foster child moves on ensure they take this with them – sometimes it is important for the worker to keep copies on the file.
- This should involve children and their natural families. Foster carers should be as pro-active as possible in building a positive relationship with family and community.
- By actively promoting and keeping important information, you can build connections for a child or young person – another important part of the grieving process. This provides comfort and can be a way to reassure a child after further separations.
- Use the life story as a tool for you to understand the child or young person's behaviour as a reaction to distress.

- For Aboriginal and Torres Strait Islander children and young people, as with other children from different cultural groupings in the community, there is a special need to preserve links with important community and family members. Children and young people from these groups experience significantly higher impact from being removed from their families, because they are often placed in a totally different cultural context. Additional efforts should be made to explore extended family networks for visits, phone contact, respite, and future placement. Links to cultural events should be explored and extra efforts made to seek assistance from others in that cultural grouping. Foster carers can play a very important role here.

Maintaining continuity of relationships

What can foster carers do to ensure children and young people maintain positive links with their families?

The goal of child protection work is to maintain the child safely in their own home or reunify the child with their family as soon as possible. There are many ways you can assist this to occur and family and community contact plays a crucial part in this.

- Listen to the child or young person and help them talk about their family, without asking probing questions.
- Accept that the child may have ambivalent feelings about their family and allow them to express those feelings without judgement.
- Avoid criticism of the child or young person's family. Accept that the child may be disappointed with a visit and acknowledge those feelings, without apportioning blame or making excuses.
- Help a child or young person plan for a visit – things to do and talk about.
- Demonstrate acceptance of family, community and cultural connections – where appropriate, invite them to spend some time with you before or after a visit, ask their opinion, keep them informed of relevant events such as school speech days, share photos and memories, develop life story books together.
- Accept that contact can cause the child or young person to re-visit feelings of anger, sadness, confusion, and that this may lead to behaviour problems around the time of visits. Remember the input on grief and loss – the child may be still grieving the loss of parent and familiar surrounds including friends, school, and relatives.
- Seek support for yourself and acknowledge the need for this. Talk to the worker; ask your local support group to facilitate a workshop covering the issues in family contact.

For more information about family contact, see the Carer Fact Sheet: *Providing foster and kinship care - Maintaining family contact (fact sheet 11*) available at http://www.communities.qld.gov.au/childsafety/foster-care/resources-and-publications/carer-info-sheets