

Birth Parents with Trauma Histories and the Child Welfare System

A Guide for Resource Parents

THE GARCIAS' STORY

Mr. and Mrs. Garcia, ages 65 and 64, decided to become resource parents¹ three years ago, after their children had grown up and left home. Crystal, age six, and Jonathan, age three, have been with them for six months. Although Crystal is very clingy, they are sweet children, but when they get upset they can be aggressive with each other and almost impossible to calm down. Mrs. Garcia, the primary caretaker, is concerned that there are gaps in the information the foster care agency has given her about their history, their mother Karen, and why the children came into foster care. Mrs. Garcia wonders why every time Karen visits her children she screams at them instead of being happy to see them, which makes them upset and out of control for days afterward.

The children have started to call Mrs. Garcia and her husband “Grandma” and “Grandpa,” which she likes, but knows it bothers Karen. She has tried to talk with Karen about how the children are doing; when she drops them off for visits, however, Karen says things under her breath about how her kids didn’t act like this when they lived with her. The children ask Mrs. Garcia why they’re still in foster care and when they’ll be going home; she isn’t sure what to tell them. The last time the children hit each other and threatened to hit her, she called the caseworker, who didn’t really have an answer for her. Since the last court date, Crystal and Jonathan have been seeing a therapist, but Mrs. Garcia is not sure what they do other than play games. Karen is supposed to join the sessions, but hasn’t attended regularly. Mrs. Garcia chose to become a resource parent to help young mothers get their lives together, but from what she can see, she isn’t sure that it’s best for Crystal and Jonathan to live with Karen again.

Just as children in foster care have lived through trauma, many of their parents have histories of childhood or adult trauma: physical abuse, sexual abuse, domestic violence, serious accidents, and community violence—along with the experience of having their children placed in foster care. These experiences, if left unaddressed, can continue to impact individuals well into adulthood. Parents’ past or present trauma can make it difficult for them to work effectively with case workers and resource parents toward reunification with their children. Even if you don’t know a parent’s personal history of trauma, your recognizing that trauma may have played a role in their lives will help you more effectively support and work with the entire family.

¹ For the purposes of this fact sheet, “resource parents” refers to foster, adoptive, and kinship parents..

What resource parents should know about the effects of trauma on birth parents

A history of traumatic experiences can result in the following:

- Parents may have difficulty keeping themselves and their children safe and healthy. Some are overprotective, while others may not recognize real dangers that can threaten their children.
- Parents may resort to coping in unhealthy ways, such as using drugs or alcohol.
- Parents may react more strongly and/or negatively to things—or have a harder time understanding and/or controlling their emotions, behavior and/or words.
- Parents may be more susceptible to further trauma, such as domestic violence.
- Parents may have an invading sense of loss of control, particularly during and/or directly following their child's removal from home. Often parents will re-experience this during case planning processes, visitation, court hearings, or when they or their child receive services.
- Parents may find it difficult to trust others, especially people in positions of power—caseworkers, judges, and even resource parents.
- Parents may be more vulnerable to trauma reminders—or triggers—when a sound, smell, or feeling brings back the experience of the trauma all over again. Reminders may cause parents to overreact to situations that others would not find difficult. Situations that trigger parents can include:
 - Children's behavior during visits,
 - Case conferences and court hearings, and/or
 - Interactions with resource parents or other authority figures.
- Parents may become numb or shut down—even when interacting with their child—or misread your words or intentions. These difficulties can indicate the presence of trauma reminders.
- Parents may mistrust or be jealous of you as the resource parent. They may second guess your role as caregiver or question your discipline or caretaking choices.

How resource parents can work together with birth parents

A good relationship between birth parents and resource parents promotes child safety, permanence, and well-being. While not easy to do, positive interactions between you and the birth parents can create a sense of safety, security, and support for the children in your care. Particularly in stressful situations, understanding how a history of trauma can impact birth parents can increase your likelihood of success.

Neither birth parents nor resource parents can accomplish their work effectively without the help of the other. Both caregivers bring a unique set of experiences, skills, and knowledge to the process of caring for the child. The following approaches can help you more effectively work with birth parents who have experienced trauma:

- Understanding that parents' anger, fear, resentment, or avoidance may be a reaction to their traumatic experiences—rather than to the child or to you—can help you not to take these reactions personally.

- Remember that parents who have experienced trauma are not “bad,” and that blaming or judging them will more likely make the situation worse rather than motivating them to change.
- You can show birth parents that you genuinely care by complimenting their efforts to keep their child safe. Support them in their role as parents by asking for suggestions on how to care for their child. When differences of opinion in parenting beliefs and practices arise, understand that birth parents may be reacting to feelings of fear, inadequacy, or losing control; keep the conversation focused on the child to keep disagreements from becoming personal.
- Model direct and honest communication when interacting with birth parents. Share your observations (instead of opinions) when presenting information that may be hard to handle. Similarly, be aware of and openly acknowledge your own mistakes.
- You will want to establish clear boundaries and expectations with birth parents and caseworkers—particularly if you are a kinship provider who is both a foster parent and a relative of the birth parents. Be consistent and, when you make a commitment, follow it through. Work hard to come to agreement, rather than staying stuck on being “right” or trying to “win.”
- Remember that visits, court hearings, and case conferences are difficult for birth parents and children. Work with birth parents to set a routine for these encounters: decide together how to handle meetings, say goodbye, schedule phone contacts, and so forth. Tell birth parents and caseworkers about any event that might affect the quality of the meeting (e.g., the child had a tough day at school, didn’t sleep well the night before, is coming down with a cold).
- Check your voice tone, body language, and eye contact during stressful situations; if you stay calm, even-toned and neutral, you’ll be less likely to generate arguments. If not a kinship provider, always ask the birth parent how they would like to be addressed—this conveys respect.
- Remember that things will not always go smoothly, even if you are trying as hard as you can. Work towards mutual trust, while keeping in mind that it may take some time.

Working with a traumatized birth parent can be more complicated for kinship parents, who often don’t have training before becoming foster parents and may have a shared family history of trauma or feelings of shame, anger, responsibility, or guilt related to the parents’ and/or child’s trauma. Kinship parents may also have a strained relationship with the birth parent related to the parent’s involvement with the child welfare system.

How resource parents can protect themselves from secondary traumatic stress

When resource parents hear about the traumatic events of children or birth parents, they can experience extreme distress or even secondary traumatic stress (also called vicarious trauma or compassion fatigue). If exposed to others’ trauma stories, you may have similar stress reactions.

Be aware of how your work as a resource parent can affect you. Try to recognize when you are feeling frustrated or overwhelmed, and identify ways to take care of yourself. Again, kinship parents—who may be more personally impacted by both birth parents’ and children’s actions and reactions—may have less preparation for foster parenting and a greater need to protect themselves.

When you care for others, you must take time for yourself! Talk to other resource parents, a therapist, or people who have gone through similar experiences to help you keep things in perspective, understand your own reactions, and avoid words or actions that could make the situation worse.

Engaging in self-care can help:

- Make you more effective at accomplishing your goals,
- Give you tools to manage difficult situations as they arise, and
- Provide you with the emotional resources and focus you need to help the child in your care, making you a more effective and fulfilled resource parent.

This fact sheet is one in a series of factsheets discussing parent trauma in the child welfare system. To view others, go to <http://www.nctsn.org/resources/topics/child-welfare-system>

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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