

# Birth Parents with Trauma Histories in the Child Welfare System

## A Guide for Court-Based Child Advocates

Today's court hearing is the first time that Sylvia, the Court-Appointed Special Advocate<sup>1</sup> assigned to work with Crystal, age 6, and Jonathan, age 3, has met their mother Karen. Sylvia feels the palpable tension between Karen and her caseworker, Linda. Linda says she has given Karen numerous referrals, but Karen has not followed through on them, nor has she participated in therapy with Crystal. Karen complains that she is not getting the help she needs and that the system keeps making up new reasons why her kids can't come home. During the hearing, Karen sits passively and looks as if she's not listening. Sylvia knows that Crystal and Jonathan have been in foster care for months and have asked her when they will go home. Sylvia doesn't know what to tell them. She thought things were progressing, but is now concerned that Karen's seeming lack of motivation is going to impact the court case.

**T**he frequency and impact of child trauma is becoming more recognized by child welfare, mental health, and court systems; less recognized is that the parents of children who have experienced abuse and neglect often have their own histories of childhood and/or adult trauma. For example, research indicates that 30-60% of maltreated children have caretakers who have experienced domestic violence themselves<sup>2</sup>. Past or present experiences of trauma can affect parents' confidence and ability to keep their children safe, work effectively with child welfare staff, and respond to the requirements of the courts. Fortunately, trauma-informed services are increasingly available for parents and children who need them. Trauma-informed services include, but are not limited to, mental health services offered by trained professionals that address specific reactions to traumatic events. Although CASAs and Guardians ad Litem represent the best interests of the child, if they also have an understanding of a parent's traumatic experiences and resulting behavior, they can help the entire family achieve its goals.

<sup>1</sup> In many states' child welfare systems, Court-Appointed Special Advocates (CASAs) and/or Guardians ad Litem (GALs) are available to advocate for children's interests in court. These people, who often are volunteers and may have received different levels of legal or social work training depending on their state's court system, work closely with children who have experienced abuse, neglect, and other trauma. In other states, GALs are attorneys who, in spite of their professional training, may lack valuable information about the effect of adverse or traumatic experiences on children or their families.

<sup>2</sup> Katz, L.F., Lederman, C.S., & Osofsky, J.D. (2011). *Child Centered Practices for the Courtroom & Community: A Guide to Working Effectively with Young Children & Their Families in the Child Welfare System*, Brooks Publishing.

## What are signs that trauma may be present?

Posttraumatic reactions can result whenever children or adults are exposed to threatening events that overwhelm their ability to cope. Posttraumatic reactions may include the following:

- Avoidance (especially of things that remind the person of the traumatic event)
- Emotional numbing or disengagement
- Hyper-arousal, anger, or other emotional or behavioral agitation
- Re-experiencing of traumatic events (e.g., nightmares, intrusive memories, responding to reminders)
- Feeling powerless and/or helpless
- Hyper-vigilance (e.g., being watchful, alert, on edge, sleepless)

For many parents, having a child removed from home and dealing with the child welfare system are, in themselves, traumatic events. Frequently, the court setting or legal process will trigger feelings of helplessness or loss of control in parents, which may be exacerbated by their past trauma and its reminders. CASAs and GALs may observe parents who exhibit posttraumatic reactions in court or when interacting with their children or caseworkers. In such situations, it may be appropriate to recommend an evaluation to determine whether posttraumatic stress is present.

## How can trauma affect parents?

Trauma does not affect every parent in the same way, and not all parents will develop posttraumatic reactions after a traumatic event. However, trauma reminders and recurrent posttraumatic reactions may interfere with parents' abilities to:

- Respond to a child's behavior in a calm and thoughtful manner, rather than reacting impulsively
- Make appropriate safety judgments, resulting either in overprotection or an inability to recognize dangerous situations
- Meet their children's emotional needs or support their children's counseling
- Form trusting relationships with their children and/or with court personnel and service providers
- Moderate or control their emotions
- Make decisions, follow through with service plans, or plan for the future
- Manage other life stressors, such as poverty, racism, substance abuse, and lack of social support

## Can trauma also affect child advocates?

Court-based child advocates often hear about others' traumatic experiences, which can cause secondary or vicarious traumatic stress (also known as compassion fatigue), and result in similar symptoms to those of their clients who suffered primary exposure to trauma<sup>3</sup>. CASAs and GALs may also get frustrated when parents react negatively or do not follow through with their case plans, knowing

<sup>3</sup> Osofsky, J.D., Putnam, F.W., & Lederman, C.S. "How to Maintain Emotional Health when Working with Trauma," *Juvenile and Family Court Journal*, 59, (4), Fall 2008.

that such responses may affect the children for whom they are advocating. It can be helpful to remember that parents' actions may be a result of the trauma they have experienced, rather than a lack of caring for their children. In addition, professionals and volunteers working with difficult cases involving traumatic events may benefit from additional support or, in some cases, their own treatment.

### How can child advocates use a trauma-informed approach when working with birth parents?

Child advocates should consider the needs of both children and parents affected by trauma. It is important to:

- Empower parents by asking them what services they think might be helpful, recognizing that they may not know what services are available. Encourage parents to talk with their caseworker about what help they need. Services and supports—such as writing groups or peer-to-peer programs—can be “trauma-informed” even if they are not formal, clinical interventions.
- Identify any mental health services, especially trauma-informed services, the parent has already received, and how the parent responded.
- Do not assume that a general mental health evaluation includes a trauma assessment. An appropriate trauma-informed assessment would include the following information:
  - The parent’s past or current traumas that may affect his or her current functioning
  - The parent’s strengths in coping and problem-solving and his/her social supports
  - Self-report measures and clinical interviews assessing the parent’s mental health status
  - Observations of the parent-child interaction
  - The presence or absence of posttraumatic reactions
  - Recommendations for treatment and additional assessment for trauma and non-trauma related services
- Do not assume that a traditional parenting program will work with a parent who has experienced trauma. In fact, generic interventions—such as parenting classes, anger management classes, counseling, or substance abuse groups that do not take into account parents’ underlying trauma issues—may not be effective.
- Work with local professionals to create a list of evidence-based treatment practices available for parents in your community or region.
- Familiarize the court with the process and scope of evidence-based trauma treatment for adults, including the range of treatments available<sup>4</sup>.
- Watch for the co-occurrence of trauma and substance abuse, which is especially common among women. People sometimes mistakenly consider substance use to be “willful” or a moral issue, especially when it has contributed to a child’s maltreatment or is interfering with reunification. However, substance use can be a kind of self-medication to cope with the overwhelming emotional pain of trauma. Research also shows that posttraumatic symptoms can trigger substance use, which, in turn, can heighten trauma symptoms<sup>5</sup>.

<sup>4</sup> For more information on adult trauma treatments and interventions, go to: National Center for PTSD at <http://www.ptsd.va.gov>; Sidran Institute at <http://www.sidran.org>; California Evidence-based Clearinghouse for Child Welfare at <http://www.cebc4cw.org>; National Registry of Evidence-Based Programs and Practices at <http://www.nrepp.samhsa.gov>.

<sup>5</sup> Najavitz, Lisa M., *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, Guilford Press, 2002.

- Keep in mind that parents who are adolescents or new immigrants, or have experienced adversities including disability, poverty, domestic/community violence or homelessness, may be at higher risk for experiencing trauma; they also may have more difficulty in accessing resources.
- Remember that the court experience itself can be confusing, intimidating, disempowering, and—at times—re-traumatizing to parents. When parents seem numb or disengaged due to reminders, knowing that a CASA or GAL is looking out for their child(ren)'s best interests can be helpful.
- Build on parents' strengths and their desires to be effective.

By working together, judges, attorneys, caseworkers, CASAs and GALs, and parents can give children in the child welfare system the care and support they need. This will be more easily achieved if parents' needs, including the need for trauma assessment and trauma-focused treatment, are identified. In some areas, legal professionals now have resources available to refer parents for treatment of their own trauma. With appropriate help, parents will feel more empowered and supported by the child welfare system, and in turn they will be better able to support their children.

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

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