

ADVERSE CHILDHOOD EXPERIENCES

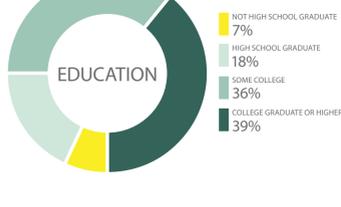
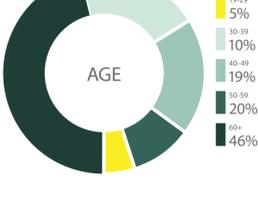
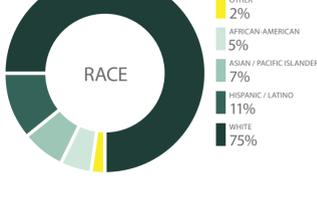
looking at how ACEs affect our lives & society

WHAT ARE ACEs?

Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and well-being later in life.

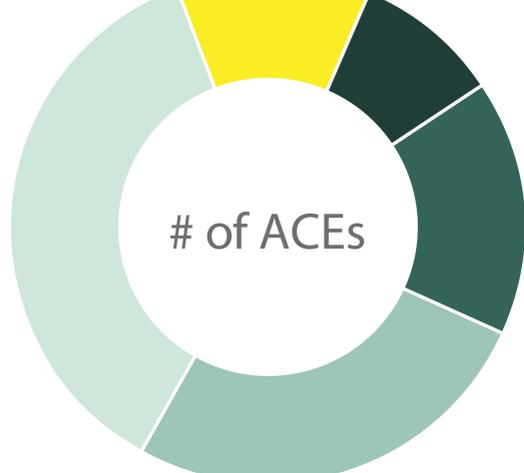
WHO PARTICIPATED IN THE ACE STUDY?

Between 1995 and 1997, over 17,000 people receiving physical exams completed confidential surveys containing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study's findings.



*Participants in this study reflected a cross-section of middle-class American adults.

HOW COMMON ARE ACEs?

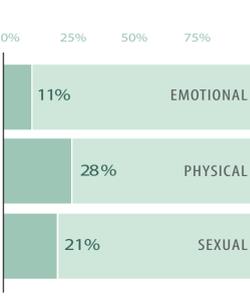


Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

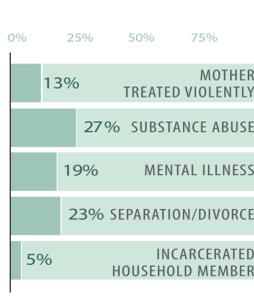
TYPES of ACEs

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had an incarcerated household member. Respondents were given an **ACE score** between 0 and 10 based on how many of the 10 types of adverse experiences they reported experiencing.

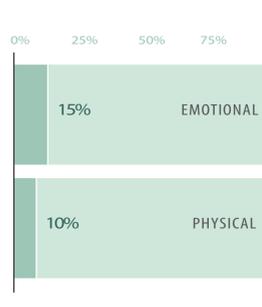
ABUSE



HOUSEHOLD CHALLENGES



NEGLECT



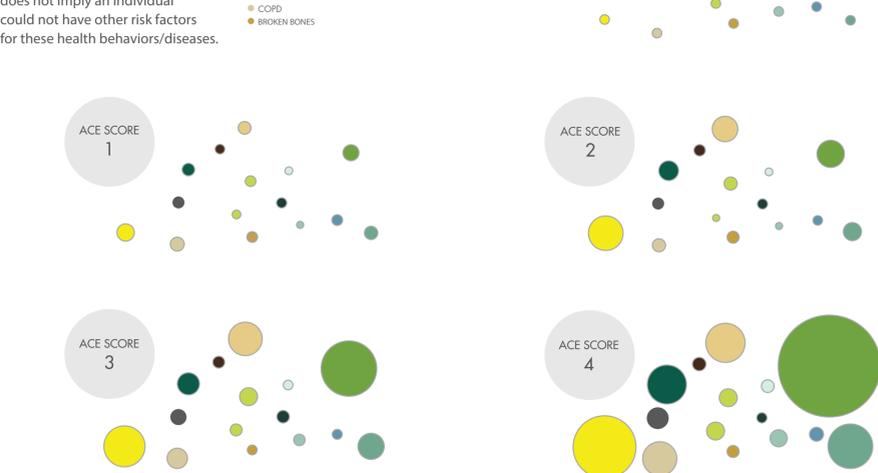
HOW DO ACEs AFFECT OUR LIVES?

ACEs CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.

The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

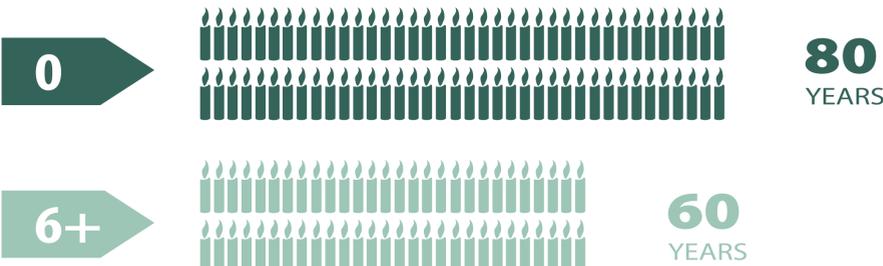
- PHYSICAL & MENTAL HEALTH**
 - Severe obesity
 - Diabetes
 - Depression
 - Suicide attempts
 - STDs
 - Heart disease
 - Cancer
 - Stroke
 - COPD
 - Broken bones
- BEHAVIORS**
 - Lack of physical activity
 - Smoking
 - Alcoholism
 - Drug use
 - Missed work



HOW DO ACEs AFFECT OUR SOCIETY?

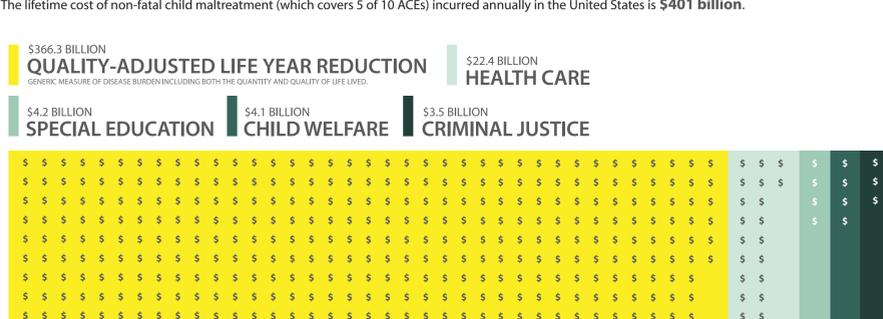
LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.

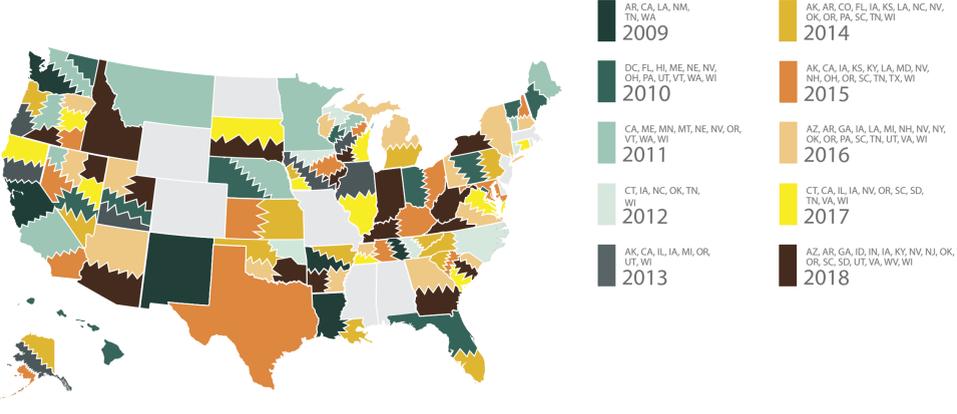


ECONOMIC TOLL

The lifetime cost of non-fatal child maltreatment (which covers 5 of 10 ACEs) incurred annually in the United States is **\$401 billion**.



THE ACE STUDY CONTINUES



Although the study ended in 1997, some states are collecting information about ACEs in their population through the Behavioral Risk Factor Surveillance System (BRFSS).

What can Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

The earned income tax credit (EITC) is a policy that the federal government, states, territories and some municipalities have implemented to build workers' financial stability, especially those with children. The EITC raises approximately 6 million people—half of them children—above the poverty line each year, and research suggests that the policy reduces child abuse and risk factors for child abuse and neglect.

- Parent support programs for teens and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- ABC High quality child care
- Sufficient economic supports for families with lower incomes.
- Home visiting to pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention
- Family-friendly work

REFERENCES AND RESOURCES

- ACE Study
- Child Welfare Information Gateway
- Economic Cost of Child Abuse and Neglect
- Essentials for Childhood



A CLOSER LOOK

Cultural Competency[◇]

“While children of color represent approximately 33 percent of all children in the United States, they are 55 percent of the foster care population. African-American children face the gravest disparities; they are 15 percent of the child population, yet 38 percent of the foster care population.” (Pew Commission, 2004, p.50)

Overview

While today’s child welfare administrators address the challenges of improving child safety, well-being, and permanency, they also must meet the needs of an increasingly culturally and ethnically diverse child welfare population. The disproportionate numbers of children of color who are part of the child welfare population represent only the tip of the iceberg in dealing with cultural issues. Children of color are overrepresented in almost every part of the child welfare system. Families of racial and ethnic minority groups are investigated more frequently; their children are more often found to be “victims” of abuse, neglect, or maltreatment; and, compared to White families, they experience a higher percentage of child removals from family homes (Casey-CSSP Alliance for Racial Equity, n.d.). Empirical evidence shows that the race of children and their families has a measurable impact on the factors that inform the determinations involved in removing children from parental custody, the length of time they are in the system, services families receive, adoption rates, and overall outcomes (Cohen, 2003).

However, child welfare systems are not alone in facing culturally significant issues such as disproportionality. Across multiple social service systems, including health, education, law enforcement, and juvenile justice, such disparities are evident (Casey-CSSP Alliance for Racial Equity, 2006).



Improving Child Welfare Outcomes Through Systems of Care

In 2003, the Children’s Bureau funded nine demonstration grants to test the efficacy of a systems of care approach to improving outcomes for children and families involved in the child welfare system and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. Specifically, this initiative is designed to promote infrastructure change and strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles:

1. Interagency collaboration;
2. Individualized, strengths-based care;
3. **Cultural and linguistic competence;**
4. Child, youth, and family involvement;
5. Community-based approaches; and
6. Accountability.

A Closer Look is a series of short reports that spotlight issues addressed by public child welfare agencies and their partners in implementing systems of care approaches to improve services and outcomes for children and families. These reports draw on the experiences of nine communities participating in the Children’s Bureau’s Improving Child Welfare Outcomes Through Systems of Care demonstration initiative, and summarize their challenges, promising practices, and lessons learned. Each issue of *A Closer Look* provides information that communities nationwide can use in planning, implementing, and evaluating effective child welfare driven systems of care, and is intended as a tool for administrators and policy-makers leading systems change initiatives.

[◇] The National Technical Assistance and Evaluation Center wishes to thank the following individuals for their contributions to this resource: Nigel Nathaniel, the Honorable Karen Howze, and Richard Prince.

Two facts reveal a contradiction at the heart of the child welfare system:

- There is no difference between races in the likelihood that a parent will abuse or neglect a child.
- There is a great difference between races in the likelihood that a child will be removed from home and placed in foster care (Casey Family Programs, 2007, p.3).

Poverty, exposure to violence, drugs, teenage pregnancy, and other contextual factors place families, especially families of color, at risk for child welfare involvement. Simultaneously, culturally incompetent practices place families at increased risk for these and other negative outcomes, thereby increasing the burden on vulnerable families (Hornberger, Gardner, Young, Gannon, & Osher, 2005). U.S. Census Bureau projections suggest the United States will become even more culturally diverse, raising the likelihood that disproportionality will increase without focused and effective system change initiatives that prioritize cultural and linguistic competence (Casey-CSSP Alliance for Racial Equity, n.d.).

“Disproportionality, the condition of overrepresentation and disparity in the treatment of children of color in the child welfare system, is embedded in the structure of our system, in administrative and legislative policy, in practice, and in individual relationships between workers and their clients. It has its root in historical conditions, and it arises from factors such as poverty, education levels, income, household composition, and lack of resources.” (Casey Family Programs, 2007, p. 4).

Defining Cultural Competency

The Child Welfare League of America defines cultural competency as “the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and

preserves the dignity of each” (Child Welfare League of America, 2001, Cultural Competence Defined). A definition of cultural competency in public child welfare should also consider age, especially concerning youth transitioning out of the child welfare system. A context of cultural competency means a commitment to re-evaluate the exclusive, adult-centered culture of child welfare agencies at minimum and an active agenda for empowerment and inclusion of youth at best (National Child Welfare Resource Centers, 2007).



Cultural and linguistic competence suggests more than just language proficiency, but a commitment to incorporate the cultural knowledge into policy and practice. Language is a crucial aspect of culture and a primary vehicle for transmitting knowledge, beliefs, attitudes, and social expectations. Consequently, social service systems committed to cultural competency should consider linguistic and literacy issues in developing a comprehensive strategy. The National Center for Cultural Competence (n.d.) explains that to become culturally competent, organizations must have:

- A defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;
- The capacity to value diversity, conduct self-assessment, manage the dynamics of differences, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve; and
- Incorporate the above in all aspects of policy-making, administration, practice, and service delivery, and systematically involve consumers, key stakeholders, and communities.

Cultural competence is a developmental process that evolves over time rather than being a static, one-time achievement (Cross, Bazron, Dennis, & Isaacs, 1989; McPhatter, 1997). Cross et al. described the process of becoming culturally competent as a continuum ranging from cultural destructiveness, cultural incapacity, cultural blindness to the ultimate goal of cultural proficiency.¹ This cultural competence continuum takes into account the continuous organizational changes in child welfare agencies, as well as contextual changes affecting the communities served by child welfare systems, making cultural proficiency a desired goal in an effort to improve outcomes. Though knowledge about and research on cultural and linguistic competency are expanding and calls for change are increasing, considerable variability remains in system responses to effectively serving culturally and ethnically diverse populations (McPhatter & Ganaway, 2003).

History of Cultural Competency in Public Child Welfare

Federal legislation governing the consideration of race and ethnicity in placement and adoption decisions, services provided to tribal children and families, and timelines to effect a permanency plan for children in care guides the child welfare system's effort to address disparities. The 1978 Indian Child Welfare Act, the Multi-Ethnic Placement Act of 1994, and the 1996 Inter-Ethnic Placement Provisions, which amended the Multi-Ethnic Placement Act, prohibit the use of race as the sole or primary factor in making permanency decisions, while recognizing the importance of culture and race/ethnicity in promoting the overall well-being of children in care. While the data on the impact of transracial placements are ambiguous, this legislation has not eliminated racial/ethnic disparities in the length of time in out-of-home placement nor the time between termination of parental rights and adoption (Vidal de Haymes & Siman, 2003). Complicating the issue further, tribal child welfare systems and the State and local child welfare agencies that work with tribes face multiple layers of jurisdictional and bureaucratic challenges.

¹ For more information on the cultural competence continuum, see <http://www.ncccurrericula.info/documents/TheContinuumRevised.doc>.

“Cultural competency means being aware of your own cultural beliefs and values and how these may be different from other cultures—including being able to learn about and honor the different cultures of those you work with.”

—Agency Staff Member

Cultural and linguistic competence requires a thoughtful multi-level, multi-systems response that integrates policy and practice improvements and makes use of organizational assessments of cultural and linguistic competence, training, and quality assurance reviews, such as Child and Family Services Reviews, to promote shared accountability.

Challenges and Strategies in Achieving Cultural Competence in Child Welfare Driven Systems of Care

The experiences of the nine grant communities involved in the Improving Child Welfare Outcomes Through Systems of Care initiative, the challenges they faced, and the strategies they implemented to address them provide useful information to administrators nationwide for operationalizing cultural competency in a systems of care framework for change.

1. Limited baseline knowledge of agency performance on cultural and linguistic competence

Challenges. Grant communities had to engage and educate key system stakeholders to advance from individual to system impact on cultural and linguistic competence. Many grantees invested considerable time in obtaining agency leadership support for an in-depth examination of agency performance in the area of cultural competence.

Strategies. Jefferson County (Colorado) System of Care conducted two analyses about racial disparities and disproportionality in the child welfare system. In the first, a local evaluation team analyzed Global Positioning System data that cross-referenced the origination point for child maltreatment allegations

“Cultural competence will have to be inextricably linked to the definition of specific child welfare outcomes and to an ongoing system of accountability that is committed to reducing the current disparities among racial, ethnic and cultural populations.” (Cultural Competency Charter Team, Kansas Family Centered Systems of Care, n.d.)

and referrals with demographic data. This analysis revealed that communities with high concentrations of families of color tended to have higher numbers of allegations and referrals than their White counterparts. Preliminary analysis of agency data indicated differences in assessments and subsequent decision by race/ethnicity. The results were the foundation for a community engagement strategy with various communities of color and agency staff. A Minority Overrepresentation Forum was designed to draw attention to the issue and establish a partnership with the community for collaborative problem solving.

Kansas Family Centered Systems of Care conducted an organizational self-assessment on cultural competency within the child welfare agency’s central office. After learning the results, the leadership authorized a cultural competency charter work team to identify and assess agency activities, resources, or assets that focused on multiculturalism, cultural diversity, and/or cultural and linguistic competency. These assessment activities led to the establishment of a cross-function team composed of customers, community stakeholders, staff, and leadership to develop short- and long-term strategies to improve cultural and linguistic competency throughout all divisions.

2. Difficulty defining and operationalizing the cultural and linguistic competence principle

Challenges. The comprehensive nature of cultural and linguistic competency made it challenging for many demonstration sites to find a starting place that maintained an emphasis on infrastructure development and foundation-building activities required by the initiative. Justifying a focus on cultural competency to child welfare agency staff was especially challenging in communities where cultural competency was associated with racial/ethnic diversity. Additionally, making the case for cultural

competency to agency staff was challenging in some grant communities because staff considered their practice culturally competent.

Strategies. To increase awareness of cultural diversity, many grant communities went beyond merely providing information on shifting demographics.

Jefferson County System of Care created a cultural awareness training program that included a monthly brown-bag lunch series for agency staff to discuss the meaning of cultural competence, explore their own cultures, and gain awareness of the diverse cultures represented in the community. In addition, the grant team followed a community engagement and education approach to raise awareness of cultural diversity within the county agency and to present information about child welfare services and supports at an annual community resource fair. These community engagement activities laid a foundation of inter- and intracultural appreciation upon which some of the more challenging work of assessing minority overrepresentation and disproportionality in the county system could be based.

The Family Centered Systems of Care in Kansas followed a similar strategy that included leadership support for events that highlighted the cultural diversity of agency staff. Such a strategy is particularly important in culturally homogeneous communities where, without the presence of racial/ethnic diversity, an erroneous assumption about an absence of culture can persist. Encouraging agency staff to acknowledge and appreciate their own cultural heritage creates opportunities for a broader understanding of the impact of cultural heritage, and promotes recognizing and addressing cultural biases in everyday experience and practice.



In the cultural and linguistic competence continuum, staff and community awareness of cultural diversity is considered an entry-level intervention. Yet in many cases, awareness of cultural diversity is the extent of the agency's strategy to become culturally competent, rather than just the beginning. However, the grant communities found that such a beginning, as part of a comprehensive cultural and linguistic competency strategy within a system change context, can advance agency progress toward cultural and linguistic competence. The CRADLE in Bedford-Stuyvesant in New York City used a multifaceted outreach strategy that began with multicultural awareness community events, as well as training and professional development for agency staff, and progressed to an intensive joint training curriculum, including the Undoing Racism™ workshop, for community members, community-based agency staff, and city staff. The Medicine Moon Initiative in North Dakota developed and administered a survey that emphasized identification of cultural strengths and showed that communities were interested in bolstering and reconnecting to cultural values for building the system of care infrastructure for a tribal child welfare agency.

3. Unclear connection between cultural bias and its impact on everyday decision-making

Challenges. Even when grant communities increased awareness of cultural diversity, generating awareness of the role of culture in everyday decision-making often was challenging. Barriers existed to encouraging frontline workers, supervisors, and other agency and



community-based organization leaders and managers to take the next steps to understanding cultural bias and its impact on child welfare decisions. Grant communities found that awareness-building activities needed to provide personal reflection on entrenched beliefs as well as introduction of new concepts.

Strategies. Partnering4Permanency in Contra Costa County, California, created a training program designed to help staff understand cultural bias and its impact on decision-making and practice. To complement this training, each office scheduled a facilitated, intensive staff retreat at which they addressed performance indicators related to racial disparities and disproportionality, reviewed staff activities to determine effectiveness in addressing disparities, and provided an opportunity for each workgroup to draft an equity plan. The county ultimately created a comprehensive strategy that provided this training to all agency administrators, managers, supervisors, frontline social workers, and support staff.

The CRADLE expanded this approach to incorporate personal learning and reflection on culture, offering the Undoing Racism Community Organizing Workshop for child welfare professionals, family partners, and community members. The training helps participants surpass the symptoms of racism to reach a clear understanding of what it is, where it comes from, how it functions, why it persists, and how it can be undone. To date, the CRADLE has blended funds with 29 local providers and trained more than 140 staff and community members, including executive directors and agency directors.

4. Staff turnover

Challenges. According to a nationwide study, child welfare agencies averaged 20–40 percent staff turnover in 2006. The same study revealed that some agencies experienced 100 percent turnover (Westbrook, Ellis, & Ellett, 2006). Worker retention presented a challenge for grant communities as they operationalized the

“The Undoing Racism workshop...gave me a better understanding as to what role I play in my community and how I can be better for my own community.”

—Community Member

cultural and linguistic competence principle in systems of care. System transformation depends on staff being available to design and implement new policies and practices. Systems change initiatives in child welfare can be adversely affected unless the issue of staff retention is addressed throughout and beyond the change process. Staff turnover can impede agencies' ability to make immediate and long-term progress toward improving outcomes for children and families.

Strategies. Many grant communities offered training and professional development to improve staff, agency, and community cultural and linguistic competence. However, even for communities with extensive training and workshop offerings, gauging progress in the beginning and intermediate stages of the grant was difficult because of frontline and leadership staff turnover. After cultivating leadership awareness and support for cultural competence work, several grant communities had to begin again several times due to turnover in agency, tribal, court, and other crucial leadership positions.

Several grant communities embedded cultural competence objectives into existing State reforms or federally mandated activities to maintain a focus on cultural and linguistic competence and guide practice, despite staff turnover. Partnering4Permanency included cultural and linguistic competency goals in its State Program Improvement Plan. Kansas Family Centered Systems of Care integrated performance indicators for cultural and linguistic competence, along with the other systems of care principles, in the contracts for private service providers. The North Carolina Department of Social Services developed a comprehensive 3-day cultural competency training curriculum in partnership with culturally diverse staff and community-based organizations serving overrepresented communities of color. The curriculum is being piloted in three regions in the State, and is slated to become a mandated training for all child welfare workers and supervisors.

Implications for Administrators and Stakeholders

More than other systems of care principles, achieving cultural and linguistic competence can require a



dramatic shift in personal and organizational cultural beliefs, values, policies, and practices. Agency professionals, service recipients, community members, and other child welfare system stakeholders need to assess culturally ineffective practices and outcomes and establish new organizational cultural norms that promote cultural proficiency.

The experiences of the Improving Child Welfare Outcomes Through Systems of Care grant communities provide several promising approaches for other communities to consider as they construct systems of care driven frameworks for change:

- Establish baseline knowledge of system performance outcomes related to cultural competence that includes assessment of practice outcomes and agency policies. This information should be shared throughout the service array and with the community.
- Make a comprehensive plan for improved practice related to cultural competence that includes a clear definition of what cultural and linguistic competency is and outlines expectations for cultural proficiency at every level of the system. The plan should be developed in collaboration with agency staff, service providers, family partners, and community members.

“First and foremost, I believe the environment needs to change to encourage caseworkers to challenge their current practice. It needs to start from the top and go down.”

—Agency Staff Member

- Provide reinforcements and system supports that increase self-awareness, knowledge, and capacity for culturally and linguistically competent practice throughout the system. Reinforcements and supports should include culturally competent program evaluation with dissemination of results throughout the system and community.

In working with diverse groups, child welfare agencies need to understand how deeply embedded cultural factors have an impact on their organizations, the individuals that work within them, and the families served. Just as the demographic profile of the Nation’s communities is changing, so too are the characteristics of child welfare agencies. Promoting culturally competent child welfare systems is vital for responding to the country’s evolving demographics and for addressing the factors that contribute to culturally ineffective practice. Child and Family Services Reviews and subsequent State Program Improvement Plans provide an opportunity for States to engage a broad base of stakeholders in making cultural and linguistic competence a central component of child welfare system improvements.

The activities of the communities involved in the Improving Child Welfare Outcomes Through Systems of Care demonstration initiative are contributing to greater knowledge about culturally competent child welfare systems. The work of the grant communities provides useful practice-based evidence for other communities

“What is needed is courageous, strong, sincere, visionary, and accountable leadership that can bring hope and promise and people together to change our institutional inequities and disproportionality.” (Casey Family Programs, 2007, p. 10)

interested in using a systems of care framework to transform child welfare systems and improve outcomes.

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MULTI-ETHNIC PLACEMENT ACT AND AMENDMENTS: POTENTIAL IMPACTS ON INDIAN CHILDREN

Legislative History

The *Multi-Ethnic Placement Act* (P.L. 103-82) was passed into law on October 20, 1994 in response to a belief that policies that gave consideration to race, color or national origin in making foster care and adoptive placement decisions often created a barrier to achieving permanency for children of color. In 1996 the Multi-Ethnic Placement Act (MEPA) was amended by the Small Business Job Protection Act (P.L. 104-188, Section 1808). The amendments entitled *Removal of Barriers to Interethnic Adoption* were passed because Congress believed that the original intent of MEPA was not being followed and that changes were necessary to remove any ambiguity about whether race, color or national origin could be considered in making placement decisions for children. These amendments replaced most of the MEPA's original language with the exception of two provisions relating to recruitment efforts for foster care and adoptive homes and the effects of a states failure to carry out their plan for a federal program under the Social Security Act (Section 554 and 555). The Removal of Barriers to Interethnic Adoption amendments are now a part the Social Security Act under the Title IV-E Foster Care and Adoption Assistance; a program that funds foster care and adoption assistance services for states and tribes that have agreements with states (approximately 48 tribes).

While the Removal of Barriers to Interethnic Adoption amendments provide new guidelines for foster care and adoptive placements, these new guidelines do not apply to placements made for eligible Indian children under the Indian Child Welfare Act (ICWA). Congress recognized the unique political relationship that Indian children have with their tribal governments and how this forms the basis for an Indian child being given protections under the ICWA. This political status is distinct and separate from a racial classification which forms the basis for other federal or state policies such as the Removal of Barriers to Interethnic Adoption.

Congress expected the MEPA and the Removal of Barriers to Interethnic Adoption amendments to decrease the length of time that many children of color wait to be adopted and prevent discrimination in the placement of children based on race, color, or national origin. Testimony presented at the hearings on MEPA often pointed to the plight of large numbers of African-American children who were languishing in foster care because of lengthy searches for same-race adoptive homes. Supporters of the MEPA promoted the idea that often qualified adoptive homes were available for these children, but that state or individual organizations policies often discriminated against these families because they were not of the same race as the child. The testimony and discussion in Congress focused primarily on African-American children without examining the specific circumstances of Indian children in foster care.

Attached are copies of the remaining provisions of the MEPA and the Removal of Barriers to Interethnic Adoption amendments.

Removal of Barriers to Interethnic Adoption Amendments

1. The law prohibits states and any other entity within the state that receives federal funds and is involved in adoption or foster care placements from doing the following under section 1808 (a)(3):

Categorically deny to any person the opportunity to become an adoptive or a foster parent, on the basis of the race, color, or national origin of the adoptive or foster parent, or of the child involved

Delay or deny the placement of a child for adoption or into foster care, on the basis of race, color, or national origin of the adoptive or foster parent, or the child involved

It is important to note that Removal of Barriers to Interethnic Adoption amendments were not intended to prohibit same-race placements. A child may still be placed in a same-race foster or adoptive home. For example, making a same-race placement is acceptable as long as the agency did not delay making the placement while they searched for a same-race home while another qualified home was available that was not of the same race as the child. The agency also can not deny making a placement with an available, qualified home because they are not of the same race as that child needing the placement.

The Removal of Barriers to Interethnic Adoption amendments were also not intended to replace good case planning when making decisions about out-of-home placements for children. The placement agency may still consider issues related to the child's health, development and relationship with their extended family when making decisions about the appropriateness of a potential foster care or adoptive placement. For example, the agency may feel that placing a child in a particular foster home is important because the home is a member the child's extended family and that relationship is critical to the child's healthy development. Whether the home is of the same race as the child is not the primary issue here, rather it is based upon the importance of the child's connection to his/her family member and their ability to appropriately care for that child.

2. The law is enforced in the following manner under Section 1808 (b):

If during any quarter of a fiscal year, a state's program (Title IV-E), is found to have violated the above mentioned guidelines and not implemented a corrective action plan within 6 months, the Secretary of the Department of Health and Human Services shall reduce the Title IV-E payments to that state for each quarter of that fiscal year by 2% for the 1st violation; 3% for the 2nd violation; and 5% for 3rd violation. In addition, any other entity in the state that receives Title IV-E funds which violates the above guidelines must return all of the funds the state provided the entity under Title IV-E. These funds will be returned to the Secretary of the Department of Health and Human Services.

Any individual who is aggrieved by a violation of the above guidelines (e.g. foster care, adoptive or birth parents) by a state or other entity may bring an action seeking relief (lawsuit) from the state or other entity in any United States (federal) district court.

Any person or government that is involved in adoption or foster care and violates the above guidelines will be considered having violated Title VI of the Civil Rights Act of 1964.

3. Provisions relating to the Indian Child Welfare Act under Section 1808 (b) and (c):

No effect on the Indian Child Welfare Act of 1978 – the Removal of Barriers to Interethnic Adoption amendments shall not be construed to affect the application of the Indian Child Welfare Act of 1978.

The Multi-Ethnic Placement Act

1. The MEPA requires that states provide a description of how they will recruit foster and adoptive homes in their Title IV-B Child Welfare Services plan under Section 554:

"provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed."

This provision is important to the Indian Child Welfare Act because one of the most common reasons for non-compliance with the ICWA comes from not having enough Indian foster or adoptive homes. Many times state and private child placing agencies use recruitment strategies which are not effective with Indian families. This results in inadequate numbers of Indian foster and adoptive homes being licensed and, ultimately, delays for Indian children needing out-of-home care. This new federal plan requirement recognizes the relationship between available foster and adoptive homes and subsequent delays when trying to find appropriate placements for children. This new requirement will hopefully provide a catalyst to improved collaboration between Indian communities and child-placing agencies.

Graphic Contribution by Ishgooda (<http://apocalypse.berkshire.net/~mll/natgra.htm>)

DIFFERENTIATING STEREOTYPING FROM CULTURALLY RELEVANT INFORMATION

Stereotypes are generalized *statements about the presumed characteristics of a particular group of people and its members.*

The greatest danger of negative stereotypes is that they have the *potential to communicate misinformation* and promote misjudgments about cultural groups and their individual members.

Stereotypes that communicate negative information can *promote mistrust and fear.* People have strong emotional reactions to persons whom they believe to be threatening, as when a Black person in confrontation with a White person assumes she is racist; or, when a White person assumes the Black person walking toward him on the street is likely to assault him.

If a stereotype describes a trait that is normally thought to be positive, it is *less likely to be recognized as a stereotype.* For example, a statement that "Asian people are very polite and respectful of other people" could be viewed as both an accurate description of many Asian persons, and recognition of an attribute. However, the statement still *has the potential to misinform, and therefore, can be harmful.*

The fallacy of stereotyping is a common fallacy of logic; *we draw conclusions where no conclusions are warranted.* As a result, we can be sure that our stereotypes will often be wrong.

Stereotypes are generated in several ways. At times they *may be an accurate description of traits* that are present in a majority of members of a cultural group. A stereotype such as "Religion is important to people of Hispanic descent" accurately reflects a trait that is common to many members of this cultural group. However, we cannot assume that all persons of Hispanic origin are religious! When we automatically attribute the trait to any individual member of the culture, we do that person a disservice by forming conclusions about him before we know him!

Other *stereotypes may be derived from misinformation* about a culture. Some stereotypes develop because members of a group who exhibit certain characteristics achieve a high degree of visibility, and they are assumed to be representative of the group as a whole. For example, media publicity about adolescent street gangs in Black neighborhoods might perpetuate a stereotype of Black youth as routinely involved in gangs and prone to violent, aggressive behavior.

For child welfare professionals to be culturally competent, they must have accurate information about the various cultural groups they serve. However, if we use culturally relevant information inappropriately, we may inadvertently perpetuate stereotypes, even though our intent is to be culturally competent.

To differentiate culturally relevant information from stereotypes, one must consider the following:

- 1) Many "stereotypes" reflect negative characteristics of a group. There is obvious harm in negative stereotypes. However, all cultures have attributes that are not adaptive, and some negative descriptors may be accurate.
- 2) Many "culturally relevant" statements reflect positive attributes. However, even if they are "positive" in nature, they may still be stereotypes; that is, a description of a trait of a group of people, that may or may not be accurate.
- 3) Any statement, be it positive or negative, can be an accurate description of a trait that is present in the group, if it was derived from a representative sample and is accurate in its description.
- 4) Any statement, be it positive or negative in nature, can be an inaccurate description of the characteristic traits of a group, if the statement is based on too small a sample, or is a conclusion drawn from an inaccurate representation of a group (such as by the news media, etc.)

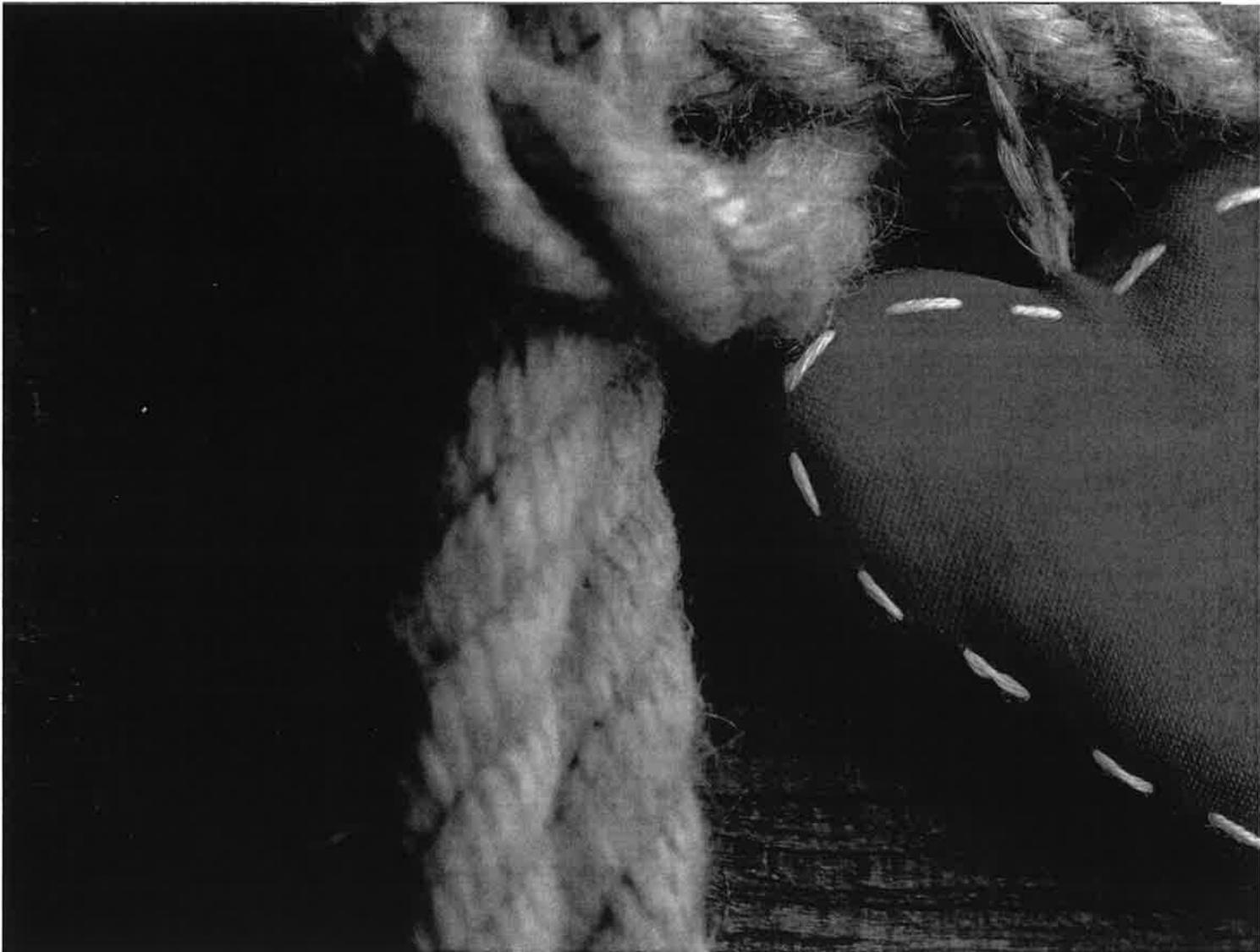
Resource Handout #4

- 5) Any accurate, culturally relevant trait can be a stereotype, *if it is applied to any individual without first assessing the individual*. Drawing conclusions about any individual based upon a generalized statement about group members is stereotyping.

For information to be "culturally relevant," the following must be true:

- 1) The culturally descriptive statement, be it "positive" or "negative" in nature, must be derived from an **accurate** assessment of the group's norms, traits, or behaviors; (all cultures have attributes that are positive, and similarly, many that are negative.)
- 2) A culturally relevant trait cannot be applied to any individual member of the cultural group without first assessing whether, and how, it fits. We must always "check it out"; we can never presume it to be true.
- 3) Any member of a cultural group may exhibit a typical cultural trait, but to varying degrees. Individual personality differences, cultural assimilation, generational differences, and variations in historical and family background can modify any cultural trait.

To be culturally competent, workers must achieve a balance between understanding the common, shared cultural characteristics of a particular cultural group, yet must be careful not to inadvertently perpetuate stereotypes.

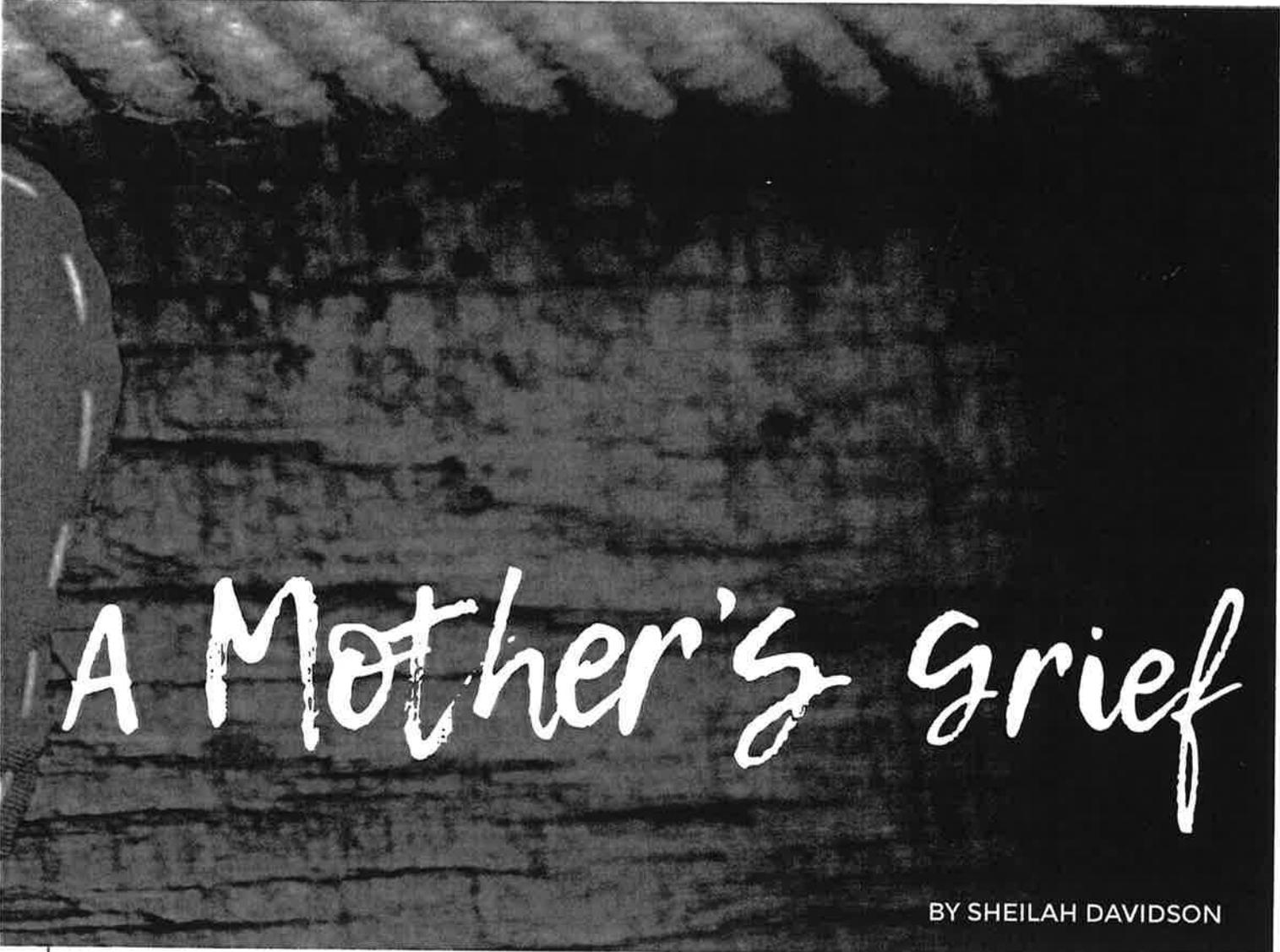


I never thought I'd see my beloved daughter enter a courtroom in an orange jumpsuit, complete with handcuffs and leg irons, makeup and tears running down her face, hair unbrushed for days. I never thought she would be arrested multiple times. I never thought the courts and police would know us by name. I never thought she would have to leave her home for a residential treatment center—three times. I never considered that avoiding drugs, pregnancy and/or jail would count as great accomplishments. I never thought child protective services would investigate me. I never thought I would spend hours in psych emergency rooms, where she would be evaluated for hospitalization—mostly sent home but sometimes admitted and then discharged before she ever got any real help. I never thought she would verbally abuse me and threaten

my life. I never thought the only way I could help her as an adult was to let go and watch her struggle.

The grief of mourning what you never had can be paralyzing. This first grief was the grief of infertility: watching other women get pregnant, whether they wanted to or not; knowing that I will never have a child who could have her dad's beautiful blue eyes, my mother's wit, or my father's smile; knowing I will never experience a baby growing in my womb. I cannot express the pain.

All my life, I've dreamed of being a mother. Adopting my beautiful, perfect infant daughter was the culmination of years of dreaming, planning and hoping. In my eyes, she was the most amazing being ever born. She was a bright-eyed, sparkly child. Born with a full head of dark hair that stood up all



A Mother's Grief

BY SHEILAH DAVIDSON

over, I nicknamed her “Spike.” She began to walk one day and was running the next. She seemed to make it her mission in life to have everyone she was in contact with take delight in her. And she made it easy. I would watch her sleep for hours, hold and love her endlessly, talk about her nonstop, and make sure she had everything she needed. When her adoption was finalized, there were no words for my joy.

I had expected, and was told, that adopting would erase the grief of infertility. Instead, it’s been joined, over and over, by new sources.

The second grief was the loss of a dream, a dream of who this child would be and what relationship we would have; our reality was very different from the dream I had had of it. I had believed that I could solve any problem that arose.

I was convinced that no matter what the problem, my love would heal any and all wounds. I dreamed that our life together would be easy and blissful—that we would have a beautiful mother-daughter relationship. Sure, there would be conflict, but we would always work it out. I dreamed she would succeed frequently, learn from her mistakes and quickly find her way in the world and be president if she wanted to be! I expected that she would welcome my support and encouragement—at least sometimes. I believed she would be motivated to use her gifts. I was sure she would easily find her joy.

I expressed this in a poem I wrote before she was born:

This is what I want
for you, my darling:
a world of beauty

with time for poetry
and songs
and flowers
and your heart's desire
because you are mine.

And in these words from her naming ceremony:

Bless her to grow up
in health and happiness.
Give her parents the joy
of seeing her grow up,
rich in honor and joy
to a ripe old age.

The next grief was about what I did have: the very gradual recognition that my precious, most-wanted child bears the wounds of early childhood trauma. I was slow to accept this because: 1) she was adopted at birth; and 2) every therapist we worked with at that time told me that she did not have trauma. Finally, when nothing else helped, I began to explore the possibility with the first trauma-competent therapists I could find, and my fears were confirmed. I have since learned that in-utero trauma (which she certainly had experienced) affects brain development. Even more disturbing is that stress hormones released by the mother are absorbed by the child she carries, and they experience the stress as their own. This pre-verbal stress is often the hardest to reach and to heal because the child has no words to describe what happened.

Before I adopted, I read a metaphorical story that described adoption as watching many others travel to Europe, while parents who adopt wind up in Australia -the journey is different, but still beautiful. For me, raising a child with trauma was like landing on the moon instead of Europe or Australia—a completely alien, mostly misunderstood, confusing and unwelcoming place with no maps. It took me most of my daughter's life to learn to navigate—and I am often lost.

The grief grew as I tried and failed many times to get effective help for my daughter. It grew deeper at her first hospitalization, and nearly unbearable when I decided to place her in

residential treatment for everyone's safety. I've been told that having a child is like watching your heart walking around outside of your body. Imagine your heart being sent to a locked facility. You go home and sob until there are no tears left. Yet, you have some hope and you beg the staff to help. Some staff members are amazing; many others are indifferent at best. And the fellow residents bring even more trauma and drama into the picture.

Grief turned to anguish as I learned that even the best efforts do not always yield hoped for results. This has deepened even more as my child became an adult, and rejected all of the support that I moved mountains to gain for her. It is anguish to watch her struggle on her own, when I know that help is available for her.

And with all this I love her deeply, completely, without hesitation. Which contributes to the newest, deepest and most unbearable grief I hold. It's the grief for her pain. When I cry now, it's because I feel her pain so deeply. I see so many of her actions leading to more pain for her. I know that her behavior is a symptom of her trauma, and the only hope for change is for her to become motivated to do the really hard work of building new pathways in her brain. Because I know that no matter how hard it is to be her mother, it's much harder for her to live with her trauma-affected body and brain.

Grief has led me to an amazing place; one of acceptance and love. I've learned—over and over and still need to re-learn, almost daily—that there are many things in life that I do not control. I receive ongoing lessons in letting go of what I cannot change, living in the moment and loving no matter what. I know that we grow stronger in our broken places. I do my best to live by the saying, "You can't stop the waves, but you can learn to surf." I am part of a community of incredible parents that share my journey; we can laugh, cry, advocate and dream together. I've become humble. I am grateful for my many blessings. And I have unshakable hope. I know in my soul, that somehow, someday my daughter will be ok. I don't know how or when, and I suspect there will be much more pain before it happens, but I know it will happen. And I will hang on. Because she is my child always, my love, my heart's greatest desire.



A Young Child's Grief and Loss

By Jane D. Samuel

On her third birthday, almost exactly two years after being placed with us, our daughter's grief began to seep out. Up to that point she had only cried at night when she would awaken over and over again unable to settle herself. During the day she was, as my pediatrician liked to say, "the poster child of international adoption," flitting—never alighting—from thing to thing, person to person. I suppose looking back on it, the moments of absence, where she would stare off into space, glassy-eyed, were hints that she had more inside to ponder, or escape from, than we realized.

On that day we had just celebrated with a cake at my mother-in-law's, her cheeks pursing to blow out the candles, a smile of excitement on her face as we passed small gifts. Not twenty minutes later she was upstairs in the guest room where she had run, triggered by something in a home movie

we had just been watching from before she or any of her sisters were born. As I sat beside her on the bed, rubbing her back to comfort her, she sobbed and cried for her "other parents." I was floored. We had always discussed her adoption, but she was only three now and only 12 months at adoption! How could she have such grief? And be able to so articulately verbalize it. To put it all into a painful package of five words, "I miss my other parents." Hadn't someone said, "They don't remember anything before age two."

A voice in my head called for me to sooth her with words like, "well you have us now" or "aren't you happy you have a family, with a mom and a dad and two sisters?" or even simply the best parent buffer of all "don't cry." Another voice, trained from reading Eldridge's *Twenty Things Adoptive Children Wish Their Parents Knew*, called for me to let her

have her pain, to join her in it and acknowledge it. Turning inward for strength I said, "It is so sad isn't it?" And then I said, "I am so sorry you are not with them." I spoke these big words, these hard words, as the other voice in my head fought with me, trying to convince me that if I acknowledged her grief, it would grow. It would grow until it became so big that she would leave us, and I would lose my sweet daughter. It hissed at me to "be quiet", to "sweep it under the rug" and "put it back in the box." I told it to shut up, and let my daughter have her grief.

Over the next three years her grief grew from a drip that showed only at infrequent moments—such as when we watched a Pampers commercial on TV—into a torrent that erupted at the drop of a hat and for seemingly no reason. If anyone had told me that an adoptive child could grieve, and to grieve so deeply and so verbally, I probably would not have believed them.

The torrent came shortly after introducing occupational therapy for sensory seeking issues. The more daily sensory work and listening therapy (see <https://vitallinks.com/about/>) the more grief spilled out. As if unleashed with the opening of a dam, it overcame her in immense waves, taking over her body, her impulse control, her voice. One moment she would appear fine, and the next she would be on the floor sobbing and screaming some form of the same mantra over and over. "I am garbage, throw me out! I want to go back to my birth parents! You took me from them! I want to die! Someone please kill me! I don't have a partner! I am in the wrong family!"

If I tried to put her on her bed and walk away (dysregulated myself from the level of pain being spewed at—seemingly—me) she would scream, "Don't leave me!" If I came and sat beside her trying to stroke her, she would scream, "Don't touch me!"

I learned to listen, to sit on the other bed in her room, and to try to put her rejection in perspective. I learned to take a break and go cry in my room. And thankfully I learned from reading Keck and Kupecky's *Adopting the Hurt Child*: 1) to continue to let her have her pain; 2) to be on the look out for trigger's (like watching a movie with a mother who is having a baby); and 3) that she was not doing it to punish me.

I know now from my training that in all likelihood her grief had been held back by

hypervigilance which also drove her sensory behaviors, sleepless nights and absolute inability to sit still or receive comfort. Once she had begun to feel safe enough to let the full range of her being be known, once we began to peel back the layers and help her regulate, the dam holding back the pain was opening.

Interestingly, at first her mantra was always the same and always about her early loss, her abandonment, her adoption. It didn't matter that it had been triggered by some movie, or some slight by her sister, or a dysregulating event such as a birthday party at school. It was not until we added another layer to her occupational therapy—cranial sacral therapy through our clinic at the time—that her looping mantra eased and more frequently her tears became about the triggering event, "I want to watch TV!" and less about dying, missing her birth parents and wanting to be thrown away. It was as if an old well-worn path (superhighway really) to her early loss was beginning to grow over and a new path was being developed, one of appropriate sadness at the daily struggles of being a kid.

Over the next few years her tantrums and grief eased. By the time she was eight or nine she was expressing it only about 6-12 times a year, usually around birthday's or other triggering events. More and more her tears became just about what every other kid's tears are about. By the time she was twelve or thirteen she was dissolving about 4-6 times a year: when another adoptive friend shared about meeting his birth brother, when a friend told her she didn't want to be friends anymore, when school work became too hard and she grasped the measure of her learning differences.

As the tantrums and torrent eased a new, reflective grief emerged. She would come to me with deep requests (I need to go to China to tell the President that there are girls dying! That I could have died!) and reflective questions (Do you think my birthmother loved me?) and perhaps valid concerns (If I try to find my birth parents they may want me to live with them instead of you and I don't want that.) We watched any number of Netflix movies about adoption (and let me tell you there are a lot, not all accurate) tears streaming down her face (and sometimes mine) to process her loss. We still do, and we still cry, though her tears are softer and less frequent.

As we approach her fourteenth year in our family I am in awe at her grief: the size and breath of it; the earliness and frequency of it; the things it drove (including her sensory behaviors and her loss of memory) and the things that drove it; and its need to have a voice and the importance of letting that voice speak. I know we were not told in our adoption preparation that a child could have such grief. I specifically recall another parent telling us that she would not remember anything, ergo there would be no grief. I do not know if we would have been in a place to absorb it all if we had been told, but that doesn't remove the fact that I feel we should have been. It most certainly would not have prevented us from adopting; it most certainly would have prepared us better for what was to come. Perhaps that is why I feel so strongly about one area of my

research work: adoption communication. Wrapped up in that communication process is the need for our children to grieve. To grieve their lost lives, their lost families, their lost childhoods. To grieve the early traumas of all that they should not have had to endure but did.

As I reflect back on that grief, I remember the words of the social worker and adoptive mom who ran our support group: "I know her grief is huge now, but perhaps because you have given her a safe place to share it—no matter how big—she will not have to deal with it later." I am savvy enough to know that this is not all true; our daughter will continue to have grief over her life from her early losses. However, I also know that perhaps by listening to that voice which told me to let her have her grief and to join her in it, I have modeled that it is okay to grieve.

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ADVOCATE

Talking to Adopted Children About Birth Parents and Families of Origin: How to Answer the “Hard Questions”

BY RHONDA JAREMA

Introduction

Over the years, I've had a number of parents question me about what they should say to their child when that child asks about his or her biological parents. Adoptive families may have been provided with varying amounts of information, from an extensive background that includes APGAR scores to just a birthdate. Sometimes there is a vague family history, or the child might even have some memories of their birth family if placed as an older child. Most families have something in between: usually a very basic history of parental death, abandonment, voluntary placement, or removal from parental care. This leaves a hole that is often difficult for both child and parents, as they attempt to fill in the blanks from the past.

It is the responsibility of adoption professionals to try to guide the parents in this area. Adoptive parents often expect that professionals have some hidden store of information that was not provided with the referral, or that the information expanded while in the file and will provide the magical answers to their child's questions. Sometimes parents become anxious when they receive questions from their child about their past prior to adoption. It is important for parents to give information



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appropriate to the child's level of development; offering all the specifics at a young age may increase anxiety for all involved.

Just as it is important to share the information the parent has on the child's family, so it is important not to fill in blanks when the answer really isn't known. Sometimes the adoptive parent may not have any information, and the answer might be "I'm sorry, but I don't know." Another option would be to ask the child, "What do you think?" As a parent, these are not always easy discussions, but they are important to have.

Beginning the Conversation

Although it might seem counter-intuitive, it is best to start the discussion right at the very beginning, even at the time of adoption. If it is an open, no-holds-barred discussion at the start of the relationship, it will be a conversation that is part of the family milieu, rather than a time of anxiety for both the child and adoptive parents. Parents should not always wait for the child to bring it up or brush aside questions their child does ask.

With the initiation of The Hague regulations for intercountry adoptions, some country officials are providing more information in referrals. This differs from past years, when the referral information might have little relationship to the child being referred. I remember once asking an official why they withheld information that they actually had, as we felt it was important to provide any and all information on a child. The official responded, "The parents would not want to adopt that child if they knew the full story!" I explained that, on the contrary, we could find a family for that child – with more information, we would, in fact, be able to find a family that was a *better* fit, as they would be able to identify potential needed resources for the individual child ahead of time rather than trying to find them post-adoption.

Whether the child's story is sparse or complete, it is important to share that story with the child, when he asks and at the developmental stage that child is at. Just as one would not speak about sperm and eggs with a preschooler, one would not share the hardest parts of a personal history with a very young child. Instead, the early years provide an opportunity to begin the discussion with the child and to lay a foundation built on honesty and age-appropriate transparency.

Talking About Adoption and Birth Parents

In a closed adoption, a child under age five or six, developmentally, may not even be aware that there is any other family aside from the adoptive

family. Whether the child knows his or her birth family or is even aware of their existence, it is still important to begin the discussion about adoption at a young age. Birth parents need to be acknowledged, not just once but continually; they brought the child into the world. There may have been a time of love and nurturing when the original family was all together, or it may have been a time of stress and trauma.

It is important not to initially focus on the negative or traumatic facts, if they are known. Nor should adoptive parents make things up about the birth parents to present them in a more positive light, as this could make them appear somehow unreal or “magical” in the eyes of the child. In our own family, we explained that our children’s biological parents were not able to care for them and allowed them to come into our family and home, focusing more on “our” part of the story and keeping their past to what we knew, sharing at a level appropriate for our children’s development.

Children often learn from parents’ reactions which topics are acceptable and which are troubling to their parents. I had one little boy share at a post-adoption visit that his mother cried every time he brought up a memory or had a question about his birth parents. The message she was giving him was, “I can’t talk about this important topic with you.” Whether the mother felt threatened or was upset by what she did know about this boy’s past, she was making it difficult for him to better understand and perhaps resolve issues from his past. Her reaction was upsetting her son more than if they actually talked about what she knew about his past.

I asked this mother to consider what it was about his history upset her. Was it a feeling of being threatened by his desire to speak about his past, or was it a discomfort with his past and inability to know how to protect him from it? It was important to get to her concerns first, before we could deal with the boy’s need to discuss his past. Once she was able to identify and address her own concerns, then she could be more open and willing to talk about her son’s early family history with him.

The son was afraid of making his mother cry again, but really wanted to talk to her about his past. Working with them both -- first individually and then together — to talk about their concerns helped them to then address his history, with his mom sharing what she knew in a way he could understand at his level of development. I encouraged the little boy to share his story with me, and told him I would help him and his mother to talk about it as well.

Birth parents need to be acknowledged, not just once but continually; they brought the child into the world.

When Information is Lacking

As an adoptive parent, I often wish I had more information to provide to my children. However, I've had to step back and realize it is their story, not mine. I have to remember that it is not my curiosity being satisfied or not, but my child's, and make an effort to answer her questions. It is not up to me whether we do a search that may lead to more information; that has to be my child's decision.

It is not unusual for children who have been adopted to have questions about their biological family, and even to have bouts of "magical thinking" in which they imagine life as it "should have been" rather than as it was. This type of thinking helps them to reconcile the "difficult" past with their wish for how it could have been if their birth family had remained whole and they had been raised by their biological parents. I think it helps to discuss this possibility with adopted children in an empathetic way.

Discussing the "Hard Things"

Some adopted children have had a very difficult and possibly abusive past that they may or may not remember. I do not think it is helpful to go into detail about what is known or imagined from the little information acquired until the child is ready to talk about it. Look at where the individual child is developmentally, and keep it very simple, going into known details as the child/adolescent is ready. It is important that adoptive parents listen to their child and acknowledge their questions.

Here is an example that might help families as they consider their response to a child. "We began loving you the moment we knew of you. From the minute we learned about you, we couldn't wait until the day you were in our arms and we could be your forever parents. Sometimes people have children before they are ready or able to take care of them. When you were born, your birth mother and father made a very loving decision to place you in the baby home where you would be fed and clothed. They knew that your caregivers would try to find the best family for you. We are very sad about some of the things that you had to face as a very little baby/child. That does not change how we feel about you. You were little and had no control over what was happening. Fortunately, you also had good experiences and people who loved you and helped you to become the beautiful, loving, sweet, and sensitive little boy or girl you are today. You have had two sets of parents. One set brought you into this world, and now we are here to love and guide you from now on. You have brought so much into our lives, and we are so happy to have you as our child, forever and ever!"

The child who talks about missing their birth mother might actually be afraid that the adoptive parents too might “go away.” This fear can arise if adopted by a single parent or if one parent becomes ill. Make sure to review plans of support and guardianship if something were to happen to the parent, if the child brings up that fear. It helps to offer reassurance, acceptance and comfort. As the parent listens and encourages the child to talk about these concerns, it shows acceptance of the child and who she or he is, genetically and environmentally.

Remembering the Birth Family and Adoption

An adopted child has two sets of parents, one biological and then adoptive. Both are important, and both are deserving of honor.

Adopted children need to feel safe voicing their feelings and curiosity about their birth families, and discussing them with their adoptive parents. In domestic open adoptions, where there is contact between birth and adoptive families, it may be easier because the child can ask questions of the birth parent(s) if there is open communication. But even in open adoptions, adopted children must be able to discuss their birth families and adoptions with their adoptive parents as well.

In closed adoptions, some children might have photos of their birth family. Others might only have photos of their friends or caregivers, and some none at all. Families can put these photos up in the child’s bedroom along with other photos of their adoptive family, or mix the photos in with family photos that are throughout the home. Others pray for the birth mother or parents, or remember them in some special way on Mother’s Day, Father’s Day, or the day of their birth mother’s birth or death.

Developing rituals to acknowledge and remember the birth parents can be helpful to adopted children. It can help them to know that their adoptive parents are comfortable talking about their past, and do not feel threatened by the biological parents or their feelings about them, whatever those feelings might be. As an adoptive parent, participating in these rituals, or getting used to seeing photos of your child’s biological relatives and former caregivers in the home, can initially be difficult. But it is important to move past that for the child’s benefit and realize it helps the child to face their past and be more accepting of the present when their history is accepted, celebrated where appropriate, and always openly discussed.

It might be helpful to refer to the child’s birth parent(s) by their first names or as the child’s “Chinese/Romanian/Ugandan/etc. mother and father.” That clarifies that you are the mom or dad who takes care of

your child when ill, answers the questions about math, hold them when they are sad, and tucks them in at night. It helps to refer to the birth parents by a different name than the ones you use as parents, while still acknowledging and honoring them as the birth parents of your child.

Many of us have a baby book from when we were born. In the adoption world, we encourage parents to make a book for their child, of photos and memories from their adoption journey. These books are commonly referred to as “life books.” They tell the story of your child and he or she came into your family. It helps to review the book often, so the child’s story becomes familiar. Children who are comfortable with their past are better able to face their future.

Discussing Birth Families with Adolescents

Older children or teens will often bring up their birth parents as they wonder about their identity. Adolescence is a time of determining who we will be as adults. It is a time of beginning to separate from one’s parents, forming one’s own identity.

Erik Erikson, a developmental psychologist, is best known for coming up with the stages of development. He identified the period between ages 13 and 19 as a time of “identity versus role confusion.” This is when a child begins the journey into adulthood. It is a time of exploration. Adoptees might question, “Am I like my biological parents or my adoptive parents? Who am I meant to be?”

Teenagers change rapidly, physically as well as emotionally and intellectually. I’ve heard adoptees say to their adoptive parents, “You aren’t my real parents!” It is a hurtful comment, and of course at the time it is meant to be. However, it is not unusual for teens, including biological children, to be challenging and difficult with their parents. The adolescent’s role is to challenge as they transition into adulthood, but it can feel hurtful to the parent.

It is important for parents to understand that this is a normal behavior for this developmental stage. They can also help the child find more answers about their past if that is important to them, as it might help both child and parents better navigate this period together. If the parents are accessible, always making it clear that they are willing and able to discuss the child’s history and birth family in an open manner, the child will feel more comfortable sharing their concerns and fears and being supported by their adoptive parents. It can help to focus the discussion on how families are developed in different ways, and how they continue to change and evolve over time. Although the adoptee began life in another family,

Older children or teens will often bring up their birth parents as they wonder about their identity.

the family constellation may change over their lifetime as they go away to school, marry, and begin a family of their own.

Looking for More Information

Some parents determine that they need to identify any information they can about the child's biological family even if the child has not shown an interest, as a child or even as a teenager or young adult. I remember sitting in an adoption conference and hearing adult adoptees sharing that the search for the biological family needs to be initiated by the adoptee, not the adoptive parents.

Often when children or youth bring up the past and questions they have about it, they want reassurance that today's family and situation will continue. I also believe that when the adoptive family accepts the child's feelings and doesn't try to confront or change them, it is best for all. You do not want to push your child into feeling defensive regarding their adoption or birth parents, but instead help them feel secure in the knowledge that you are all on the same page. Sometimes the best answer can be the simplest: "I love you for who you are and I'm so glad you are my son/daughter!"

Sometimes adult adoptees contact agencies asking for information about their birth parents. Adoptive families often receive additional information during the official in-country referral or court hearing; however, they rarely provide that same information to the placing agency. It makes it difficult when the adoptive parent or adult child calls the agency requesting information that the agency does not possess. Oftentimes, adult adoptees are legally prevented from receiving any identifying information from their placement agency. According to many State and Hague adoption regulations, identifying information cannot be provided on an adoptee's biological parents. They often express frustration that their questions cannot be answered.

I suggest adult adopted individuals ask their adoptive parents for their original adoption documents. If the adoptive parents are concerned about the security of the documents, as they are very difficult to replace, I encourage the family to arrange for a safety deposit box to ensure the security of those documents.

Conclusion

Ultimately, it is the responsibility of adoptive parents to begin the discussion about birth parents and family relationships and make it

ongoing conversation from the beginning. Allow the child to lead with their interests and questions, rather than prioritizing the parents' feelings or curiosity. This is particularly important in adolescence, as children begin the transition from childhood to adulthood, wondering about who they are and what direction they will take in life.

When an adopted child asks a question about their past, the parents need to answer that question to the best of their ability. The birth family conversation does not need to be one of fear and anxiety for adoptive families. The conversation is an important one for adoptees to have, and they must know that they can always express their questions and feelings with their parents. In an environment of acceptance and openness, these discussions can help build and strengthen the relationship between adoptive parent and child.

ABOUT THE AUTHOR

Rhonda Jarema, MA is Executive Director California Office of Nightlight Christian Adoptions. She has worked as a social worker and advocate in the fields of international adoption and mental health for over 20 years. Since 1995, Rhonda has focused her attention on the international adoption field as a social worker, advocate and educator. She has presented at NCFA and JCICS conferences on the issues related to adopting school-aged children, and has published several articles related to internationally adopted children. Ms. Jarema is married and the mother of four adult children and one high school-aged child, all adopted internationally.



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PARENTING

"Loving My Children's Ingredients"

After pondering the question of nature vs nurture, I made the decision to parent my children's DNA instead of my own agenda.

by Tracy Rasmussen



The question of nature vs nurture — who or what determines how a child grows up — came up recently in my circle of friends. Many had seen the *Private Practice* character Addie Montgomery announce to her therapist, a week after adopting, “I know nurture beats nature, because Henry looks at me with love. I’m his mom and he knows it. And no protein code told him to believe that.”

I half-smiled at my TV and thought, wait until Henry is in elementary school and likes sports instead of science, refuses to learn math, laughs hysterically at cartoons, or shows any other number of behaviors that have nothing to do with what his mom likes or has taught him.

I know that’s frustrating for some adoptive parents, who need to see their influence on their children. And truly, the way you parent will have an effect on your children, whether or not they share your DNA. But, honestly, having a child with different DNA opens up new worlds for both of you.

I liken it to baking. You’ve got flour and eggs and salt and chocolate and milk and baking powder and sugar. If you mix them one way, you’ve got a chocolate cake. If you mix them another way, you’ve got brownies. Another way, you’ve got cookies. All delicious.

But what you will *never* have is chicken parmesan.

All parents take the basic ingredients in their children and try to shape them into something palatable for the rest of society. The difference for adoptive parents is that there might be ingredients that you don't recognize: a talent for singing, when you can't carry a tune; a head for numbers, when you can't balance your checkbook; a learning disability, when you sailed through school.

I made a choice to parent my children's DNA instead of my own agenda when they were young, and was delighted to find that, mostly, they liked the same stuff I did. My twin daughters and I love to dance, do art projects, bake, and write stories together. We try lots of other things too, things that I love and they don't so much — like reading and sewing and telling really bad puns.

But then one of my daughters started to show real prowess in sports. How could this be? I hate sports. Every last one of them.

Yet somehow I have a child who made seven baskets in a row the first time she took a basketball in her hands. So my daughters (thanks to their uncle, who does like sports) now play catch and softball and kick a ball around the front yard.

What's even more interesting to me is how much my daughters are like their biological brother, who is being raised in a situation very different from ours. He lives with his dad, who works long hours to provide for him, in an apartment in a small city. My daughters live in the country, with a two-parent family and a mom who works from home. Their brother's dad is young and hip, my husband and I are old. We come from different cultures, socio-economic strata, and races.

Yet our children, who see each other once or twice a year, share facial expressions, mannerisms, and a quirky sense of humor. Not one of them can do math, no matter how much we parents beg.

And all three of them love their birth father, the man whose DNA they share. So, as Henry grows up, week after week on *Private Practice*, I suspect that his mom will recognize how deeply DNA is programmed in her son. And I hope she nurtures that DNA and cherishes the child she is raising — even if she doesn't recognize all of the ingredients. Nurture may amplify or muffle nature, but it won't ever change it.

And that's a good thing.