

Creating a Secure Attachment in the Adopted Child

 theattachedfamily.com/

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Unlike a child one has given birth to, an adopted child arrives with additional distresses that few parents are prepared for, or even aware of. An adopted child comes to the family with latent memories of grief, a fear of attachment and emotional memories of inarticulate loss.

About the Author

Robert Allan Hafetz, MS, MFT, lives in Warrington, Pennsylvania, USA, where he is in private practice working with adoptive families.

A state representative of the American Adoption Congress, Robert has testified many times before the New Jersey Senate and Assembly on pending adoption legislation.

The first years often appear to be subdued, lulling the parents into a false sense of security. Then when the child reaches the age of approximately 6 years old, a more complex pattern of self-exploration begins. As the child matures, problematic behaviors may begin to intensify or a child may withdraw into isolation as the struggle to identify the emotions created by the adoption emerges into the child's conscious mind. The attachment process is altered by the transfer of the child from one mother to another, which makes the creation of a secure attachment the central problem in the adoptive family system.

THE PROBLEM

Profound emotions that recall the separation of the first mother rise to the surface, causing discomfort for the adopted child. Emotions, such as grief, shame, anger and a feeling of isolation, can be experienced together, without any distinction among them. **Children have limited ability to cope with uncomfortable emotions and will employ one of two options:**

1. **They can act out and misbehave, or**
2. **They can repress their feelings and become distant and compliant.**

This is the period when many problematic behaviors begin, and the parents are often confused and bewildered by their child's reactions.

| Read this father's [heartbreak](#) of ignoring his adopted daughter's attachment needs

Further complicating the adoptive family system is a memory process that is common among adoptees but little known by therapists, social workers, parents and the adoptees themselves. There is a disconnection, in adoptees, between their emotions and their ability to identify them. This is the core issue in adoption, and it is the foundation of most of the problems that occur in adoptive parenting.

| Read this adoptive mother's story of awaiting the [arrival](#) of her daughter

Infants only a few days old can record long-term memories. Infants do not think, per se, but their brains do process emotions and long-term memories are stored as emotional models. An infant separated from his or her first mother will record a memory of that event. Memories of this nature are called preverbal memory representations, and they have a unique quality that must be understood by adoptive parents.

Infant memories are recalled in adulthood the same way they were recorded at the time they occurred. It is difficult, possibly impossible, for children to map newly acquired verbal skills onto existing preverbal memory representations. This means that an older adoptee who recalls an emotional memory will experience it the same way it was felt as an infant. Adoptees can have troubling memories that they cannot identify in words. Very essentially, children fail to translate their preverbal memories into language. This means that they cannot understand what they are feeling, and without a vocabulary, they cannot even ask for help. This leads to a cognitive-emotional disconnection.

| Read more about the complex emotional wounds that come with [adoption](#)

An adopted child will learn from his family that he is wanted, loved, belongs with them and that they will never leave him. His emotional memories will trigger fears that are exactly the opposite. An adopted child can know he belongs but yet still feels isolated. He can know that he will never be abandoned but also simultaneously feel that he will. He can know that he is whole but feel that a part of him is missing.

This incongruence between thoughts and feelings becomes the foundation of an insecure attachment, problem behaviors, power struggles, poor academic performance and attachment-regulating behaviors parents can't understand. The struggle to bring thoughts and feelings into coherence can be a lifelong task for adopted children.

Read more about the [diagnoses](#) that can arise from unhealed attachment trauma in adopted children

It doesn't have to be this way. Enlightened parents can create a nurturing healing environment within the family if they are aware of this process and are proficient in how to deal with it. **Adoptive parenting is literally Attachment Parenting, and creating a secure attachment is the solution to healing an attachment-compromised child.**

In my practice, I have created a parenting system based on Alfred Adler's concept that all behavior is goal-directed. Parental responses are focused on the child's emotional memories.

The Principles of Adoptive Parenting

The principles of adoptive parenting are adaptations of [Attachment Parenting International's Eight Principles of Parenting](#):

1. **Parenting Preparation** — In place of [API's First Principle of Parenting: Prepare for Pregnancy, Birth and Parenting](#), preparation in adoptive parenting is crucial in the form of education that develops the parenting skills needed to create a secure attachment with an adopted child.
2. **Nurturing Communication** — Like [API's Third Principle of Parenting: Respond with Sensitivity](#), which weaves its way through all of the remaining of API's Eight Principles of Parenting, communication that nurtures secure attachment in adoptive parenting is occurring all the time during feeding, at bedtime and during conflicts. Nonverbal communication is crucial in the form of touch, eye contact, body language and vocal tone. This communication goes directly to the limbic system and reaches the child's emotional mind in addition to the cognitive mind.
3. **Positive Discipline** — As with [API's Seventh Principle of Parenting: Practice Positive Discipline](#), discipline in adoptive parenting is positive and never punitive, and the focus is always on strengths. Encouraging effort is far more powerful than praising success.

WHY ADOPTED CHILDREN MISBEHAVE

Misbehavior is a coping strategy. The behavior we see is not the problem. It is the solution to a problem. Children that get into trouble are employing a coping strategy to get something they want. On the surface, the child is annoying and nagging for attention, arguing or

engaged in intense conflict. Motivating the behavior we see are the child's mistaken goals, such as seeking undue attention, power, revenge or a demonstration of their sense of inadequacy.

An adopted child who is predisposed to feel disconnected and isolated will attempt to feel connected by seeking undue attention from the parent. Children who feel they don't count may seek revenge to demonstrate that they want to be noticed. Inadequate children seek power struggles to show they have power. These are their mistaken goals created by their inexperience and incorporated into their style of life by being rewarded by parents who don't know they are reinforcing the very behavior they seek to stop.

The actual goals children seek through their misbehaviors are four crucial needs identified by Dr. Betty Lou Bettner as **the Crucial Cs**:

1. **To feel connected to others**
2. **To be capable of taking care of oneself**
3. **To know that they count**
4. **To have the courage to handle what comes.**

When children misbehave, they are trying to acquire one or more of these Crucial Cs.

What often happens is that parents only react by setting limits or punishing the child. When parents are taught to see the behavior as communication from the child, they can then determine the child's goals. Parents can use Attachment Parenting dynamics to align with the child and collaborate to solve the actual problem driving the behavior.

Read about how this [adoptive](#) family uses Attachment Parenting to connect with their children

A secure attachment in the family is the child's pathway to acquire these crucial needs. The need to belong and to feel connected is the child's strongest motivating force. When a child is attachment-disordered or compromised by emotional memories of the loss of the primal mother, love creates anxiety instead of security. The child is reacting to his prior experience of maternal loss, which is hard-wired into his brain's limbic system. The natural drive to attach and connect is in conflict with the fear of loss that attachment has created in past experience.

The child copes by engaging in attachment-regulating behavior. The emotional boundaries are pushed farther away and then pulled back closer by the child with no clear relation to events. This constant changing of emotional boundaries by misbehavior can drive parents crazy.

THE PARENTING SOLUTION

Instead of asking the child to change his behavior, I have parents think of what they can change in themselves to help the child. Research shows that attachment-disordered children are most susceptible to healing when they are in the moment experiencing their fears. This is the hardest time for parents to be non-reactive and calm, but it's crucial in creating a secure attachment.

Read this mother's story of how nurturing touch helps in restoring security for adopted children

I created a basic model for **helping an adopted child when they are misbehaving:**

1. **Bring the fears to the surface by asking: "Are you afraid? Do you feel alone?"**
2. **Validate the child's emotions. Don't judge them.**
3. **Determine the child's Crucial C goals: connection, count, courage and/or capable.**
4. **Align with the child and help him reach that goal.**
5. **Encourage his effort by saying, "I believe in you."**
6. **Connect emotionally with eye contact, touch and comforting body language .**

There is no therapy, intervention or medication that can heal an attachment-disordered child. The child will heal only through the experience of a secure attachment created in the adoptive family system. **The parents are the therapists, love is the medicine and the family attachment experience will enable the child to overcome his emotional fears.**

References

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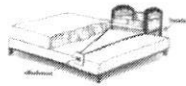
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2 Training Hours

Creating A Secure Attachment in the Adopted Child

1. What is the one key factor and/or central problem for an adopted child to securely attach with adoptive parents?
2. Name two behavioral options that children utilize because they are unable to cope with uncomfortable emotions.
 - a.
 - b.
3. An infant is able to record long-term memories and store them as emotional models: these memories are called _____.
4. Cognitive-emotional disconnection – the adopted child knowing a truth of love and acceptance by the adopted family, yet still having feelings of abandonment – is foundational to insecure attachment. Name three ways that it may be manifested:
 - a.
 - b.
 - c.
5. Adoptive parenting is _____ parenting and creating a secure attachment is the solution to _____ an attachment-compromised child.
6. Briefly explain why nurturing communication is imperative to fostering secure attachment in the adoptive parenting principles.
7. Why is positive discipline another key element to successful adoptive parenting?
8. Name two components as to why do adoptive children misbehave.
 - a.
 - b.
9. Name the four crucial needs that cause adoptive children to misbehave.
 - a.
 - b.
 - c.
 - d.
10. Attachment-disordered children are the most susceptible to healing when they are in the moment of experiencing their _____. This is the hardest time for parents to be _____ and _____, but it is crucial in creating a secure attachment.
11. Name four parenting strategies that can be utilized in helping an adopted child when they are misbehaving to build a secure attachment:
 - a.
 - b.
 - c.
 - d.

Name: _____

Date: _____

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FACTSHEET FOR FAMILIES

December 2018

Leaving Your Child Home Alone

All parents eventually face the decision to leave their child home alone for the first time. Whether they are just running to the store for a few minutes or working during after-school hours, parents need to be sure their child has the skills and maturity to handle the situation safely. Being trusted to stay home alone can be a positive experience for a child who is mature and well prepared and can boost the child's confidence and promote independence and responsibility. However, children face real risks when left unsupervised. Those risks, as well as a child's comfort level and ability to deal with challenges, must be considered. This factsheet provides some tips to help parents and caregivers when making this important decision.

WHAT'S INSIDE

What to consider before leaving your child home alone

Tips for parents

Resources

What to Consider Before Leaving Your Child Home Alone

When deciding whether to leave a child home alone, you will want to consider your child's physical, mental, developmental, and emotional well-being; his or her willingness to stay home alone; and laws and policies in your State regarding this issue. There are many resources you can consult for guidance. (See the end of this factsheet for some of them.) These resources typically address the considerations below.

Depending on the laws and child protective policies in your area, leaving a young child unsupervised may be considered neglect, especially if doing so places the child in danger. If you are concerned about leaving your child home alone and it being perceived as child abuse and neglect, see *Definitions of Child Abuse and Neglect* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define>. If you are concerned about a child who appears to be neglected or inadequately supervised, contact your local child protective services (CPS) agency. If you need help contacting your local CPS agency, call the Childhelp® National Child Abuse Hotline at 800.4.A.CHILD (800.422.4453). Find more information on their website: <http://www.childhelp.org/>

Some parents look to the law for help in deciding when it is appropriate to leave a child home alone. Only three States currently have laws regarding a minimum age for leaving a child home alone: Illinois, 14 years old; Maryland, 8 years old; and Oregon, 10 years old. Many States' child protection laws classify "failing to provide adequate supervision of a child" as child neglect, but most of these

States do not provide any detail on what is considered "adequate supervision." In some States, leaving a child without supervision at an inappropriate age or in inappropriate circumstances may be considered neglect after considering factors that may put the child at risk of harm, such as the child's age, mental ability, and physical condition; the length of the parent's absence; and the home environment.

Instead, many States offer nonbinding guidelines for parents that can assist them in determining when it's appropriate for them to leave their child home alone. For information on laws and guidelines in your State, contact your local CPS agency. Visit Child Welfare Information Gateway's Related Organizations List for Contact Information for Local and County Child Welfare Agencies at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=56&rList=ROL.

Age and Maturity

There is no agreed-upon age when a child can stay home alone safely. Because children mature at different rates, you should not base your decision on age alone.

You may want to evaluate your child's maturity and how he or she has demonstrated responsible behavior in the past. The following questions may help:

- Is your child physically and mentally able to care for him- or herself?
- Does your child obey rules and make good decisions?
- How does your child respond to unfamiliar or stressful situations?
- Does your child feel comfortable or fearful about being home alone?

For children with developmental or intellectual disabilities who are not able to stay home alone, parents may be able to arrange supervised options that support independence while maintaining safety and well-being.

Circumstances

When and how a child is left home alone can make a difference to his or her safety and success. You may want to consider the following questions:

- How long will your child be left home alone at one time? Will it be during the day, evening, or night? Will the child need to fix a meal? If so, is there food that can be prepared without using a stove to minimize the risk of fires or burns?
- How often will the child be expected to care for him- or herself?
- How many children are being left home alone? Children who seem ready to stay home alone may not necessarily be ready to care for younger siblings.
- Is your home safe and free of hazards? Hazards can include nonworking smoke alarms; improperly stored cleaning chemicals, firearms, and medication; unsecured furniture, pools, unlocked alcohol, etc.
- How safe is your neighborhood? Is there a high incidence of crime?
- Does your child know how to lock or secure the doors? Does your child have a key to your home or a plan if he or she gets locked out?
- Does your child know what to do if a visitor comes to the door?
- Are there other adults nearby the home (e.g., friend, family, or neighbor) who you trust and can offer immediate assistance if there is an emergency or your child becomes fearful?
- Can you or a trusted, nearby adult be easily contacted by the child?

Safety Skills

In addition to age and maturity, your child will need to master some specific skills before being able to stay home alone safely. In particular, your child needs to know what to do and whom to contact in an emergency situation. This information should be written out in a way the child can understand and stored in an easily accessible place. Knowledge of basic first aid, such as how to check for breathing, assist with choking, and treat burns, also is

useful. You may want to consider enrolling your child in a safety course such as one offered by the American Red Cross.¹ Make sure that there is easy access to first aid supplies at home in case they are needed. The following questions also may help:

- Does your family have a safety plan for emergencies? Can your child follow this plan?
- Does your child know his or her full name, address, and phone number?
- Does your child know where you are and how to contact you at all times?
- Does your child know the full names and contact information of other trusted adults and know to call 9-1-1 in case of emergency?

Even if your child demonstrates knowledge of all this information, it is wise to have it written out in an easily accessible place. The Red Cross has created a pediatric first aid reference guide and a safety tip sheet that outline steps parents and children can take to make being home alone safer and less stressful. Access these resources at https://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf and <https://www.redcross.org/about-us/news-and-events/news/Red-Cross-Offers-Safety-Tips-For-When-the-Kids-Are-Home-Alone.html>.

Youth Babysitting Other Children

In households with more than one child, one of the challenges can be deciding when the elder child, who may be ready to stay home alone, can supervise his or her younger sibling(s). While there is no clear-cut answer, consider asking your child the same questions for staying home alone, in addition to the following:

- Are you comfortable handling being in charge without abusing it?
- Are you able to calmly handle any emergency or other problems that arise?
- Are you willing to be responsible for the safety of your sibling(s)?

¹ For information on course offerings from the Red Cross, visit <http://www.redcross.org/take-a-class/Learn-About-Our-Programs>.

Other things to consider are the age of the younger sibling(s), sibling dynamics, and if the younger sibling(s) have any special needs. Consider having your child prepare with a course through your local Red Cross or YMCA. The Red Cross offers resource materials and online and in-person babysitting and child care courses for those ages 11 and older. These 4-hour courses cover basic child care, what to do in emergencies, and more. They also offer courses in first aid and CPR. Find out more information at <https://www.redcross.org/take-a-class/babysitting-child-care>.

Communication

As cell phones are more widely used as the primary method of contact, landlines are becoming rarer. If your house does not have a landline and your child does not have his or her own cell phone, parents need to consider how their child will be able to communicate in case of an emergency.

If you have reliable internet access at home, an iPod, iPad, other tablet, or computer are additional options to consider as means of communication. These often have features such as FaceTime, Messaging, Skype, or similar apps and may allow you to communicate with your child. However, these applications cannot make emergency phone calls to 9-1-1. Another option is to get your child an inexpensive mobile phone to use while they are alone. Many retail outlets offer inexpensive phones with limited features, sometimes called a “dumb phone,” that could be a good fit for this purpose. Your choice will differ depending on your circumstances, but the importance of having reliable communication cannot be overstated.

When deciding which forms of communication to use, consider these questions:

- Does your child know how to use a computer or tablet?
- Does your child know how to use a phone (cell or landline)?
- If there is an emergency, does your child know who to contact and how to do so (e.g., call 9-1-1)?

In addition, parents should establish clear guidelines for their children regarding the use of technology, such as social media and the internet. Parents should teach their child safe internet behaviors, including not giving out personal information, and that talking to people in a chat room or on social media is the same as talking with strangers. For more information on youth and social media, see our publication, *Social Media: Tips for Foster Parents and Caregivers*, at <https://www.childwelfare.gov/pubs/smtips-parent/>.

Tips for Parents

Once you have determined that your child is ready to stay home alone, the following suggestions may help you to prepare your child and to feel more comfortable about leaving him or her home alone:

- **Have a trial period.** Leave the child home alone for a short time while staying close to home. This is a good way to see how he or she will manage.
- **Role play.** Act out possible situations to help your child learn what to do, such as how to manage visitors who come to the door or how to answer phone calls in a way that doesn't reveal that a parent is not at home.
- **Establish rules.** Make sure your child knows what is (and is not) allowed when you are not home. Set clear limits on the use of television, computers and other electronic devices, and the internet.² Some experts suggest making a list of chores or other tasks to keep children busy while you are gone.
- **Discuss emergencies.** What does the child consider an emergency? What does the parent consider an emergency? Have a code word that the parent and child can use in the event of any emergency.
- **Check in.** Call your child while you are away to see how it's going, or let them know they'll have a trusted neighbor or friend check in on them.

² For guidance on how to set parental controls on cable television and internet content, contact your service provider.

- **Talk about it.** Encourage your child to share his or her feelings with you about staying home alone. Have this conversation before leaving your child and then, when you return, talk with your child about his or her experiences and feelings while you were away. This is particularly important when your child is first beginning to stay home alone, but a quick check-in is always helpful after being away.
- **Don't overdo it.** Even a mature, responsible child shouldn't be home alone too much. Consider other options, such as programs offered by schools, community centers, youth organizations, or faith-based organizations, to help keep your child connected and involved.
- **Follow up.** After a child is left home alone, talk about his or her experience. How did he or she feel about it? Was your child nervous? Did anything unexpected come up? If the child was watching a younger sibling, ask how he or she felt about doing so.

Leaving Your Child Home Alone Overnight

It is generally recommended that parents should hold off on letting their child stay home alone overnight until their late teens, but that decision may depend on the maturity of the child. The following questions could be helpful in deciding:

- Can your teen resist peer pressure?
- Is your teen likely to be fearful?
- How well does your teen follow the rules?

Resources

American Academy of Child and Adolescent Psychiatry

"Home Alone Children" (*Facts for Families*, No. 46)
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Home-Along-Children-046.aspx

"Internet Use in Children" (*Facts for Families*, No. 59)
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Online-059.aspx

KidsHealth (The Nemours Foundation's Center for Children's Health Media)

Leaving Your Child Home Alone

http://kidshealth.org/parent/firstaid_safe/home/home_alone.html

Fresno Council on Child Abuse & Prevention

Staying Home Alone

<http://dig.abclocal.go.com/kfsn/PDF/Self-Care-Readiness.pdf>

Prevent Child Abuse America

"Home Alone" Child Tips

<http://www.preventchildabuse.org/images/docs/homealonechildtips.pdf>

Suggested Citation:

Child Welfare Information Gateway. (2018). *Leaving your child home alone*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.



U.S. Department of Health and Human Services
 Administration for Children and Families
 Administration on Children, Youth and Families
 Children's Bureau



Name: _____

Date: _____

2 Training Hours

Leaving Your Child Home Alone

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 - a.
 - b.
 - c.
3. List four considerations as to circumstances that a parent/caregiver must question before allowing the child to be left home alone:
 - a.
 - b.
 - c.
 - d.
4. What safety precautions can be done prior to allowing the child to stay at home? Identify one home safety example that PA Child has in place for you to utilize. Hint: items that are checked at home safety inspections.
5. What must be considered before allowing a youth to babysit younger children?
6. Why is it imperative to discuss communication with the child before allowing them to be home alone? Name two modes of communication to consider and/or have in place.
 - a.
 - b.
7. Once you have determined that there is no safety risk for allowing a child to be home alone, name six tips that will provide a higher level of comfortability for you and the child.
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.

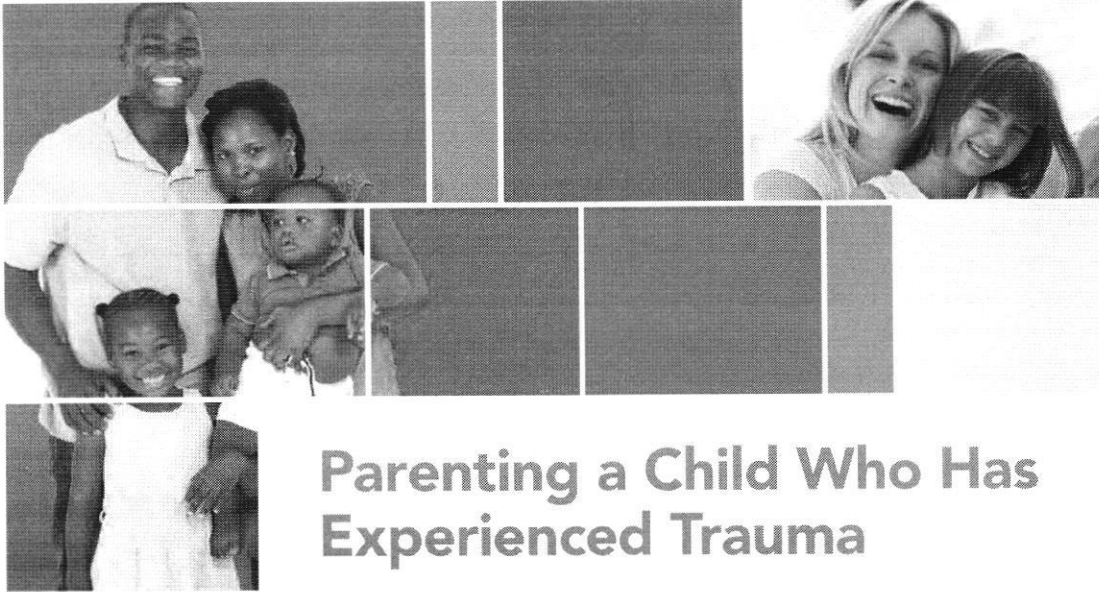
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FACTSHEET FOR FAMILIES

November 2014

Parenting a Child Who Has Experienced Trauma

Children who have experienced traumatic events need to feel safe and loved. All parents want to provide this kind of nurturing home for their children. However, when parents do not have an understanding of the effects of trauma, they may misinterpret their child's behavior and end up feeling frustrated or resentful. Their attempts to address troubling behavior may be ineffective or, in some cases, even harmful.

This factsheet discusses the nature of trauma, its effects on children and youth, and ways to help your child. By increasing your understanding of trauma, you can help support your child's healing, your relationship with him or her, and your family as a whole.

WHAT'S INSIDE

What is trauma?

The impact of untreated trauma

Understanding your child's behavior

Helping your child

Conclusion

Resources

What Is Trauma?

Trauma is an emotional response to an intense event that threatens or causes harm. The harm can be physical or emotional, real or perceived, and it can threaten the child or someone close to him or her. Trauma can be the result of a single event, or it can result from exposure to multiple events over time.

Potentially traumatic events may include:

- Abuse (physical, sexual, or emotional)
- Neglect
- Effects of poverty (such as homelessness or not having enough to eat)
- Being separated from loved ones
- Bullying
- Witnessing harm to a loved one or pet (e.g., domestic or community violence)
- Natural disasters or accidents
- Unpredictable parental behavior due to addiction or mental illness

For many children, being in the child welfare system becomes another traumatic event. This is true of the child's first separation from his or her home and family, as well as any additional placements.

The Impact of Untreated Trauma

Children are resilient. Some stress in their lives (e.g., leaving caregivers for a day at school, riding a bike for the first time, feeling nervous before a game or performance) helps their brains to grow and new skills to develop. However, by definition, trauma occurs when a stressful experience (such as being abused, neglected, or bullied) overwhelms the child's natural ability to cope. These events cause a "fight, flight, or freeze" response, resulting in changes in the body—such as faster heart rate and higher blood pressure—as well as changes in how the brain perceives and responds to the world.

In many cases, a child's body and brain recover quickly from a potentially traumatic experience with no lasting harm. However, for other children, trauma interferes with normal development and can have long-lasting effects.

Table 1. Effects of Trauma on Children

Trauma may affect children's ...	In the following ways
Bodies	<ul style="list-style-type: none"> • Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity)
Brains (thinking)	<ul style="list-style-type: none"> • Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another
Emotions (feeling)	<ul style="list-style-type: none"> • Low self-esteem • Feeling unsafe • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Depression, anxiety
Behavior	<ul style="list-style-type: none"> • Lack of impulse control • Fighting, aggression, running away • Substance abuse • Suicide

Factors that determine the impact of traumatic events include the following:

- **Age.** Younger children are more vulnerable. Even infants and toddlers who are too young to talk about what happened retain lasting "sense memories" of traumatic events that can affect their well-being into adulthood.
- **Frequency.** Experiencing the same type of traumatic event multiple times, or multiple types of traumatic events, is more harmful than a single event.
- **Relationships.** Children with positive relationships with healthy caregivers are more likely to recover.
- **Coping skills.** Intelligence, physical health, and self-esteem help children cope.

- **Perception.** How much danger the child thinks he or she is in, or the amount of fear the child feels at the time, is a significant factor.
- **Sensitivity.** Every child is different—some are naturally more sensitive than others.

The effects of trauma vary depending on the child and type of traumatic events experienced. Table 1 shows some of the ways that trauma can affect children.

This list of potential consequences shows why it is so important for parents to understand trauma. The right kind of help can reduce or even eliminate many of these negative consequences.

Understanding Your Child's Behavior

When children have experienced trauma, particularly multiple traumatic events over an extended period of time, their bodies, brains, and nervous systems adapt in an effort to protect them. This might result in behaviors such as increased aggression, distrusting or disobeying adults, or even dissociation (feeling disconnected from reality). When children are in danger, these behaviors may be important for their survival. However, once children are moved to a safer environment, their brains and bodies may not recognize that the danger has passed. These protective behaviors, or habits, have grown strong from frequent use (just as a muscle that is used regularly grows bigger and stronger). It takes time and retraining to help those "survival muscles" learn that they are not needed in their new situation (your home), and that they can relax.

It might be helpful to remember that your child's troublesome behavior may be a learned response to stress—it may even be what kept your child alive in a very unsafe situation. It will take time and patience for your child's body and brain to learn to respond in ways that are more appropriate for his or her current, safe environment.

Parenting a traumatized child may require a shift from seeing a "bad kid" to seeing a kid who has had bad things happen.

Trauma Triggers

When your child is behaving in a way that is unexpected and seems irrational or extreme, he or she may be experiencing a trauma trigger. A trigger is some aspect of a traumatic event that occurs in a completely different situation but reminds the child of the original event. Examples may be sounds, smells, feelings, places, postures, tones of voice, or even emotions.

Youth who have experienced traumatic events may reenact past patterns when they feel unsafe or encounter a trigger. Depending on whether the child has a "fight," "flight," or "freeze" response, the child may appear to be throwing a tantrum, willfully not listening, or defying you. However, responses to triggers are best thought of as reflexes—they are not deliberate or planned. When children's bodies and brains are overwhelmed by a traumatic memory, they are not able to consider the consequences of their behavior or its effect on others.

Symptoms by Age

Table 2 shows symptoms and behaviors that children who have experienced trauma might exhibit at different stages of development. The age ranges are merely guidelines. For many children who have experienced trauma, their development lags behind their age in calendar years. It may be normal for your child to exhibit behaviors that are more common in younger children.

Table 2. Signs of Trauma in Children of Different Ages¹

Young Children (Ages 0–5)	School-Age Children (Ages 6–12)	Teens (Ages 13–18)
<ul style="list-style-type: none"> • Irritability, “fussiness” • Startling easily or being difficult to calm • Frequent tantrums • Clinginess, reluctance to explore the world • Activity levels that are much higher or lower than peers • Repeating traumatic events over and over in dramatic play or conversation • Delays in reaching physical, language, or other milestones 	<ul style="list-style-type: none"> • Difficulty paying attention • Being quiet or withdrawn • Frequent tears or sadness • Talking often about scary feelings and ideas • Difficulty transitioning from one activity to the next • Fighting with peers or adults • Changes in school performance • Wanting to be left alone • Eating much more or less than peers • Getting into trouble at home or school • Frequent headaches or stomachaches with no apparent cause • Behaviors common to younger children (thumb sucking, bed wetting, fear of the dark) 	<ul style="list-style-type: none"> • Talking about the trauma constantly, or denying that it happened • Refusal to follow rules, or talking back frequently • Being tired all the time, sleeping much more (or less) than peers, nightmares • Risky behaviors • Fighting • Not wanting to spend time with friends • Using drugs or alcohol, running away from home, or getting into trouble with the law

¹ Content in the table is adapted from Safe Start Center. (n.d.). Tips for Staff and Advocates Working With Children: Polyvictimization. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, available at http://ojjdp.gov/programs/safestart/TipSheetFor_Polyvictimization.pdf.

These signs alone do not necessarily indicate that your child has experienced trauma. However, if symptoms are more severe or longer lasting than is typical for children the same age, or if they interfere with your child's ability to succeed at home or in school, it is important to seek help. (See the Helping Your Child section below.)

Trauma and Mental Health

Trauma symptoms that are more severe or disruptive to a child's ability to function at home or at school may overlap with specific mental health diagnoses. This may be one reason why nearly 80 percent of children aging out of foster care have received a mental health diagnosis.² For example:³

- Children who have difficulty concentrating may be diagnosed with ADHD (attention deficit hyperactivity disorder).
- Children who appear anxious or easily overwhelmed by emotions may be diagnosed with anxiety or depression.
- Children who have trouble with the unexpected may respond by trying to control every situation or by showing extreme reactions to change. In some cases, these behaviors may be labeled ODD (oppositional defiant disorder) or intermittent explosive disorder (IED).
- Dissociation in response to a trauma trigger may be viewed as defiance of authority, or it may be diagnosed as depression, ADHD (inattentive type), or even a developmental delay.

It may be necessary to treat these diagnoses with traditional mental health approaches (including the use of medications, where indicated) in the short term. However, treating the underlying cause by addressing the child's experience of trauma will be more effective in the long run.

² American Academy of Pediatrics. (2013). Helping Foster and Adoptive Families Cope With Trauma. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

³ Examples adapted from American Academy of Pediatrics. (2013). Parenting After Trauma: Understanding Your Child's Needs. A Guide for Foster and Adoptive Parents. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf>

Posttraumatic Stress Disorder

About one in four children and youth in foster care will experience a specific set of symptoms known as posttraumatic stress disorder (PTSD).⁴ It includes four types of symptoms:⁵

- Reexperiencing/remembering (flashbacks or nightmares)
- Avoidance (distressing memories and reminders about the event)
- Negative cognitions and mood (feeling alienated, persistent negative beliefs)
- Alterations in arousal (reckless behavior, persistent sleep disturbance)

It is important to realize that if your child does not exhibit all of the symptoms of PTSD, it does not mean that he or she has not been affected by trauma.

⁴ AAP, *Helping Foster and Adoptive Families Cope With Trauma*. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

⁵ American Psychiatric Association, *Posttraumatic Stress Disorder*. (2013). Retrieved from <http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>

Helping Your Child

Although childhood trauma can have serious, lasting effects, there is hope. With the help of supportive, caring adults, children *can and do* recover. Consider the following tips:

- **Identify trauma triggers.** Something you are doing or saying, or something harmless in your home, may be triggering your child without either of you realizing it. It is important to watch for patterns of behavior and reactions that do not seem to “fit” the situation. What distracts your child, makes him or her anxious, or results in a tantrum or outburst? Help your child avoid situations that trigger traumatic memories, at least until more healing has occurred.
- **Be emotionally and physically available.** Some traumatized children act in ways that keep adults at a distance (whether they mean to or not). Provide attention, comfort, and encouragement in ways your child will accept. Younger children may want extra hugs or cuddling; for older youth, this might just mean spending time together as a family. Follow their lead and be patient if children seem needy.
- **Respond, don’t react.** Your reactions may trigger a child or youth who is already feeling overwhelmed. (Some children are even uncomfortable being looked at directly for too long.) When your child is upset, do what you can to keep calm: Lower your voice, acknowledge your child’s feelings, and be reassuring and honest.
- **Avoid physical punishment.** This may make an abused child’s stress or feeling of panic even worse. Parents need to set reasonable and consistent limits and expectations and use praise for desirable behaviors.
- **Don’t take behavior personally.** Allow the child to feel his or her feelings without judgment. Help him or her find words and other acceptable ways of expressing feelings, and offer praise when these are used.
- **Listen.** Don’t avoid difficult topics or uncomfortable conversations. (But don’t force children to talk before they are ready.) Let children know that it’s normal to have many feelings after a traumatic experience. Take their reactions seriously, correct any misinformation about the traumatic event, and reassure them that what happened was not their fault.
- **Help your child learn to relax.** Encourage your child to practice slow breathing, listen to calming music, or say positive things (“I am safe now.”).
- **Be consistent and predictable.** Develop a regular routine for meals, play time, and bedtime. Prepare your child in advance for changes or new experiences.
- **Be patient.** Everyone heals differently from trauma, and trust does not develop overnight. Respecting each child’s own course of recovery is important.
- **Allow some control.** Reasonable, age-appropriate choices encourage a child or youth’s sense of having control of his or her own life.
- **Encourage self-esteem.** Positive experiences can help children recover from trauma and increase resilience.

Examples include mastering a new skill; feeling a sense of belonging to a community, group, or cause; setting and achieving goals; and being of service to others.

Seeking Treatment

If your child's symptoms last more than a few weeks, or if they are getting worse rather than better, it is time to ask for help. Mental health counseling or therapy by a professional trained to recognize and treat trauma in children can help address the root cause of your child's behavior and promote healing. A therapist or behavioral specialist might be able to help you understand your child and respond more effectively. At times, medications may be necessary to control symptoms and improve your child's ability to learn new skills.

Begin by asking your caseworker or agency whether your child has been screened for trauma. If you know that your child experienced trauma, ask whether he or she has had a formal mental health assessment by a professional who is aware of trauma's effects. Ideally, this assessment (including both strengths and needs) should be repeated periodically to help you and your child's therapist monitor progress.

Once your child has been assessed and it has been determined that treatment is needed, ask about treatment options. A number of effective trauma treatments have been developed.⁶ However, they are not all available in every community. Consult with your child's caseworker about the availability of trauma-focused treatment where you live.

Timely, effective mental and behavioral health interventions may help in the following ways:

- Increase your child's feelings of safety
- Teach your child how to manage emotions, particularly when faced with trauma triggers
- Help your child develop a positive view of him- or herself
- Give your child a greater sense of control over his/her own life

- Improve your child's relationships—with family members and others

It is important to look for a provider who understands and has specific training in trauma (see box). Most providers will agree to a brief interview in their office or over the phone, to determine whether they are a good fit for your needs.

Questions to ask a mental health provider before starting treatment:

- Are you familiar with research about the effects of trauma on children?
- Can you tell me about your experience working with children and youth who have experienced trauma?
- How do you determine whether a child's symptoms may be caused by trauma?
- How does a child's trauma history influence your treatment approach?

Helping Yourself and Your Family

Parenting a child or youth who has experienced trauma can be difficult. Families can sometimes feel isolated, as if no one else understands what they are going through. This can put a strain not only on your relationship with your child, but with other family members, as well (including your spouse or partner).

Learning about what your child experienced may even act as a trigger for you, if you have your own trauma history that is not fully healed. Being affected by someone else's trauma is sometimes called "secondary trauma." Table 3 lists signs that you may be experiencing secondary trauma.

⁶ See for example the National Child Traumatic Stress Network's list, Empirically Supported Treatments and Promising Practices, at <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>.

Table 3. Signs of Secondary Trauma

Physical Symptoms	<ul style="list-style-type: none"> • Headaches • Stomach problems • Sleep problems • Weight gain or loss • Lack of energy
Behavioral Symptoms	<ul style="list-style-type: none"> • Increased drinking or smoking • Procrastination • Feeling overly critical • Avoiding other people
Emotional Symptoms	<ul style="list-style-type: none"> • Anxiety • Frequent crying • Irritability • Loneliness • Depression
Cognitive symptoms	<ul style="list-style-type: none"> • Inability to concentrate • Forgetfulness • Loss of humor/fun • Inability to make decisions

The best cure for secondary trauma is prevention. In order to take good care of your child, you must take good care of yourself. Here are some things you can do:

- **Be honest about your expectations for your child and your relationship.** Having realistic expectations about parenting a child with a history of trauma increases the chances for a healthy relationship.
- **Celebrate small victories.** Take note of the improvements your child has made.
- **Don't take your child's difficulties personally.** Your child's struggles are a result of the trauma he or she experienced; they are not a sign of your failure as a parent.
- **Take care of yourself.** Make time for things you enjoy doing that support your physical, emotional, and spiritual health.
- **Focus on your own healing.** If you have experienced trauma, it will be important for you to pursue your own healing, separate from your child.
- **Seek support.** Your circle of support may include friends, family, and professional support if needed. Don't be afraid to ask about resources available from the child welfare system, such as a caseworker or support groups.

In order to take good care of your child, you must take good care of yourself.

Conclusion

Trauma can affect children's behavior in ways that may be confusing or distressing for caregivers. It can impact the long-term health and well-being of the child and his or her family members. However, with understanding, care, and proper treatment (when necessary), all members of the family can heal and thrive after a traumatic event.

Resources

American Academy of Pediatrics. (2013). *Parenting after trauma: Understanding your child's needs. A guide for foster and adoptive parents*. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf>

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Name: _____

Date: _____

3 Training Hours

Parenting a Child Who Has Experienced Trauma

1. Trauma may affect a child's _____, _____,
_____ and/or _____.
2. For each of the four affected ways that trauma may impact a child, give an example for each one.
 - a.
 - b.
 - c.
 - d.
3. Name the six factors that can determine the level of impact that a traumatic event has on a child.
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
4. Parenting a traumatized child may require a shift from seeing a _____
to seeing a child who _____.
5. What is a trauma trigger and provide two examples.
6. Name the four symptoms of posttraumatic stress disorder.
 - a.
 - b.
 - c.
 - d.
7. Caring adults are able to provide support and assist in a child's recovery from trauma. Provide five tips that may assist in that healing process.
 - a.
 - b.
 - c.
 - d.
 - e.
8. Mental and behavioral trauma focused treatment may help a child. Name three potential ways it may assist.
 - a.
 - b.
 - c.

Name: _____

Date: _____

3 Training Hours

9. As a caregiver for an individual who has experienced trauma, you may also be impacted by what is called "secondary trauma." Provide four symptoms and examples for each that you may experience.

- a.
- b.
- c.
- d.

10. "Secondary trauma" can be prevented through self-care. Name four suggestions and methods that may assist with self-care.

- a.
- b.
- c.
- d.

Name: _____

Date: _____

3 Training Hours

Parenting a Child Who Has Experienced Trauma

1. Trauma may affect a child's _____, _____,
_____ and/or _____.
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- a.
- b.
- c.
- d.

10. "Secondary trauma" can be prevented through self-care. Name four suggestions and methods that may assist with self-care.

- a.
- b.
- c.
- d.

Sexual Development and Behavior in Children



Information for Parents and Caregivers

*Your five-year-old daughter is playing in her room with a couple of friends.
You hear a lot of giggling and squealing.*

*When you open the door to check on the kids, you find them sitting on the
floor with their panties off, pointing at and touching each other's genitals.*

What do you do?

Every day, parents around the world are faced with situations like this. Being caught off-guard by young children's self-exploration and curiosity about body parts and sexual issues is one of the uncomfortable realities of parenting, and can raise a host of troubling questions, such as, "Is my child normal?" "Should I be worried?" "What should I say?"

Although talking with children about bodily changes and sexual matters may feel awkward, providing children with accurate, age-appropriate information is one of the most important things parents can do to make sure children grow up safe, healthy, and secure in their bodies.

Sexual Development and Behavior in Young Children: The Basics

Like all forms of human development, sexual development begins at birth. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviors they show. Any given child's sexual knowledge and behavior is strongly influenced by:

- The child's age¹⁻³
- What the child observes (including the sexual behaviors of family and friends)⁴
- What the child is taught (including cultural and religious beliefs concerning sexuality and physical boundaries)

"Young people do not wake up on their thirteenth birthday, somehow transformed into a sexual being overnight. Even young children are sexual in some form."⁵

Heather Coleman, PhD & Grant Charles, PhD
University of Calgary, Alberta, Canada and
The University of British Columbia, Vancouver, B.C.

Very young and preschool-aged children (four or younger) are naturally immodest, and may display open—and occasionally startling—curiosity about other people's bodies and bodily functions, such as touching women's breasts, or wanting to watch when grownups go to the bathroom. Wanting to be naked (even if others are not) and showing or touching private parts while in public are also common in young children. They are curious about their own bodies and may quickly discover that touching certain body parts feels nice. (For more on what children typically do at this and other ages, see **Table 1.**)

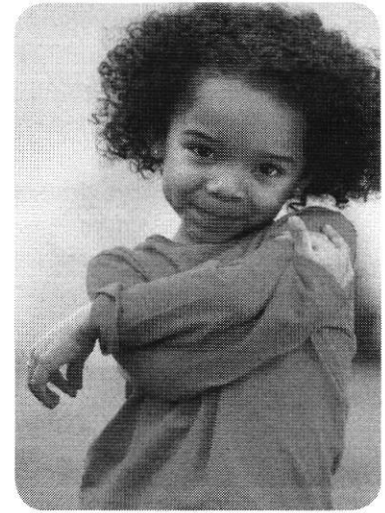
As children age and interact more with other children (approximately ages 4–6), they become more aware of the differences between boys and girls, and more social in their exploration. In addition to exploring their own bodies through touching or rubbing their private parts (masturbation), they may begin “playing doctor” and copying adult behaviors such as kissing and holding hands. As children become increasingly aware of the social rules governing sexual behavior and language (such as the importance of modesty or which words are considered “naughty”), they may try to test these rules by using naughty words. They may also ask more questions about sexual matters, such as where babies come from, and why boys and girls are physically different. (For more, see **Table 1.**)

Table 1: Common Sexual Behaviors in Childhood^{1,3,6}

Preschool children (less than 4 years)	<ul style="list-style-type: none"> ■ Exploring and touching private parts, in public and in private ■ Rubbing private parts (with hand or against objects) ■ Showing private parts to others ■ Trying to touch mother's or other women's breasts ■ Removing clothes and wanting to be naked ■ Attempting to see other people when they are naked or undressing (such as in the bathroom) ■ Asking questions about their own—and others'—bodies and bodily functions ■ Talking to children their own age about bodily functions such as “poop” and “pee”
Young Children (approximately 4-6 years)	<ul style="list-style-type: none"> ■ Purposefully touching private parts (masturbation), occasionally in the presence of others ■ Attempting to see other people when they are naked or undressing ■ Mimicking dating behavior (such as kissing, or holding hands) ■ Talking about private parts and using “naughty” words, even when they don't understand the meaning ■ Exploring private parts with children their own age (such as “playing doctor”, “I'll show you mine if you show me yours,” etc.)
School-Aged Children (approximately 7-12 years)	<ul style="list-style-type: none"> ■ Purposefully touching private parts (masturbation), usually in private ■ Playing games with children their own age that involve sexual behavior (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”) ■ Attempting to see other people naked or undressing ■ Looking at pictures of naked or partially naked people ■ Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.) ■ Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues ■ Beginnings of sexual attraction to/interest in peers



Once children enter grade school (approximately ages 7–12), their awareness of social rules increases and they become more modest and want more privacy, particularly around adults. Although self touch (masturbation) and sexual play continue, children at this age are likely to hide these activities from adults. Curiosity about adult sexual behavior increases—particularly as puberty approaches—and children may begin to seek out sexual content in television, movies, and printed material. Telling jokes and “dirty” stories is common. Children approaching puberty are likely to start displaying romantic and sexual interest in their peers. (For more, see **Table 1.**)



Although parents often become concerned when a child shows sexual behavior, such as touching another child’s private parts, these behaviors are not uncommon in developing children. Most sexual play is an expression of children’s natural curiosity and should not be a cause for concern or alarm. In general, “typical” childhood sexual play and exploration:

- Occurs between children who play together regularly and know each other well
- Occurs between children of the same general age and physical size
- Is spontaneous and unplanned
- Is infrequent
- Is voluntary (the children agreed to the behavior, none of the involved children seem uncomfortable or upset)
- Is easily diverted when parents tell children to stop and explain privacy rules

Some childhood sexual behaviors indicate more than harmless curiosity, and are considered sexual behavior problems. Sexual behavior problems may pose a risk to the safety and well-being of the child and other children. (For more on this topic, see the National Child Traumatic Stress Network’s factsheet, *Understanding and Coping with Sexual Behavior Problems in Children: Information for Parents and Caregivers* at http://nctsn.org/nctsn_assets/pdfs/caring/sexualbehaviorproblems.pdf.) Sexual behavior problems include any act that:

- Is clearly beyond the child’s developmental stage (for example, a three-year-old attempting to kiss an adult’s genitals)
- Involves threats, force, or aggression
- Involves children of widely different ages or abilities (such as a 12-year-old “playing doctor” with a four-year-old)
- Provokes strong emotional reactions in the child—such as anger or anxiety



Responding to Sexual Behaviors

Situations like the one described at the beginning of this handout can be unsettling for parents. However, these situations also offer excellent opportunities to assess how much children understand and to teach important information about sexual matters.

The first step is to try to figure out what actually happened. To do this, it’s important to stay calm. Staying calm will allow you to make clear decisions about what you say and/or do, rather than acting on strong emotions.

To remain composed, try taking a long, deep breath, counting to ten, or even closing the door and stepping away for a couple of minutes before saying anything. In the case described above, a parent might calmly tell the children that it's time to get dressed and then ask each child to go to a different room in the house. After taking a few moments to collect his or her thoughts—and to consult with a spouse or partner if feeling very unsettled—the parent could then talk to each child one-on-one.

When talking to children about sexual behaviors, it's important to maintain a calm and even tone of voice and to ask open-ended questions as much as possible, so the children can tell what happened in their own words, rather than just answering yes or no. So, in this case, a parent might ask each child:

- What were you doing?
- How did you get the idea?
- How did you learn about this?
- How did you feel about doing it?

In the opening scenario, all of the children involved were about the same age, had been playmates for some time, and seemed to be enjoying their game. So, it's likely the children were just curious and playing around and that no one was upset about what happened. If you encounter a situation where the children are a little embarrassed but otherwise not distressed, this can present an ideal opportunity for teaching the children about healthy boundaries and rules about sexual behavior.

Myth: Talking about sex with my children will just encourage them to become sexually active.

Fact: In a recent survey of American teens, 9 out of 10 teens said it would be easier to delay sexual activity and prevent unwanted pregnancy if they were able to have “more open, honest conversations” with their parents on these topics.⁷ When you talk honestly with your children about sexual issues, you can give them the knowledge and skills they need to keep safe and to make good decisions about relationships and intimacy.

Educating Children about Sexual Issues

Just because a behavior is typical doesn't mean the behavior should be ignored. Often, when children participate in sexual behavior it indicates that they need to learn something. Teach what the child needs to know, given the situation. In this case, for example, the parent might teach the children that it's okay to be curious about other people's bodies, but that private parts should be kept private, even with friends.

Although children usually respond well when parents take the time to give them correct information and answer their questions, it is important to provide information that is appropriate to the child's age and developmental level. In **Table 2**, you will find an overview of some of the most important information and safety messages for children of various ages. Keep in mind that you do not need to bombard children with information all at once. Let the situation—and the child's questions—guide the lessons you share. The important thing is to let children know that you are ready to listen and to answer whatever questions they may have.

Too often, children get the majority of their sexual education from other children and from media sources such as television shows, songs, movies, and video games. Not only is this information often wrong, it may have very little to do with sexual values that parents want to convey. Explicit adult sexual activities are sometimes found during “family time” television shows, in commercials, and on cartoon/children's channels, and can have an influence on children's behaviors.

Controlling media exposure and providing appropriate alternatives is an important part of teaching children about sexual issues. Get to know the rating systems of games, movies, and television shows and make use of the parental controls available through many internet, cable, and satellite providers.

However, don't assume that just by activating those controls you will be taking care of the situation. It's very important for you to be aware of what your children are watching on television and online, and make time to watch television with them. When appropriate, you can use this time as a springboard to talk about sexual or relationship issues, and to help children develop the skills to make healthy decisions about their behavior and relationships.

Table 2: What to Teach When⁸

Preschool children (less than 4 years)

Basic Information

- Boys and girls are different
- Accurate names for body parts of boys and girls
- Babies come from mommies
- Rules about personal boundaries (for example, keeping private parts covered, not touching other children's private parts)
- Give simple answers to all questions about the body and bodily functions.



Safety Information

- The difference between "okay" touches (which are comforting, pleasant, and welcome) and "not okay" touches (which are intrusive, uncomfortable, unwanted, or painful)
- Your body belongs to you
- Everyone has the right to say "no" to being touched, even by grownups
- No one—child or adult—has the right to touch your private parts
- It's okay to say "no" when grownups ask you to do things that are wrong, such as touching private parts or keeping secrets from mommy or daddy
- There is a difference between a "surprise"—which is something that will be revealed sometime soon, like a present—and a "secret," which is something you're never supposed to tell. Stress that it is never okay to keep secrets from mommy and daddy
- Who to tell if people do "not okay" things to you, or ask you to do "not okay" things to them

Young Children (approximately 4-6 years)

Basic Information

- Boys' and girls' bodies change when they get older.
- Simple explanations of how babies grow in their mothers' wombs and about the birth process.
- Rules about personal boundaries (such as, keeping private parts covered, not touching other children's private parts)
- Simple answers to all questions about the body and bodily functions
- Touching your own private parts can feel nice, but is something done in private

Safety Information

- Sexual abuse is when someone touches your private parts or asks you to touch their private parts
- It is sexual abuse even if it is by someone you know
- Sexual abuse is NEVER the child's fault
- If a stranger tries to get you to go with him or her, run and tell a parent, teacher, neighbor, police officer, or other trusted adult
- Who to tell if people do "not okay" things to you, or ask you to do "not okay" things to them

School-Aged Children (approximately 7-12 years)

Basic Information

- What to expect and how to cope with the changes of puberty (including menstruation and wet dreams)
- Basics of reproduction, pregnancy, and childbirth
- Risks of sexual activity (pregnancy, sexually transmitted diseases)
- Basics of contraception
- Masturbation is common and not associated with long term problems but should be done in private

Safety Information

- Sexual abuse may or may not involve touch
- How to maintain safety and personal boundaries when chatting or meeting people online
- How to recognize and avoid risky social situations
- Dating rules

If you are unsure of what to say to your child about sexual issues, don't be afraid to do some research. In addition to talking to your pediatrician or doctor, you can turn to online resources such as the Sexuality Information and Education Council of the United States' (SIECUS) *Families Are Talking* websites (listed below). There are also several excellent books available on talking to children about sexual issues, as well as books that you and your children can read together. (For a partial listing, see **Table 3.**)

Table 3: Additional Resources for Communicating with Children About Sexual Issues

For You	
Books	<p>Haffner, Debra W. (2008). <i>From diapers to dating: A parent's guide to raising sexually healthy children-- from infancy to middle school, 2nd edition</i>. New York: Newmarket Press.</p> <p>Author Debra Haffner provides practical advice and guidelines to help you talk to children and early adolescents about sexuality. Includes techniques to identify and examine your own sexual values so that you can share these messages with your children.</p> <p>Hickling, Meg. (2005). <i>The new speaking of sex: What your children need to know and when they need to know it</i>. Kelowna, BC, Canada: Wood Lake Publishing, Inc.</p> <p>This update of the bestselling <i>More Speaking of Sex</i> is packed with no-nonsense, accurate, and gently funny information on sexuality and sexual health. Author Meg Hickling dispels misconceptions and unhealthy beliefs about sex, provides guidelines on how to talk with children at various stages of their development, and offers examples of how to answer tough questions.</p> <p>Roffman, Deborah M. (2002). <i>But how'd I get in there in the first place? Talking to your young child about sex</i>. New York: Perseus Publishing.</p> <p>Sexuality and family life educator Deborah Roffman provides clear, sensible guidelines on how to talk confidently with young children about sexual issues, including how to answer sometimes-awkward questions about sexuality, conception, and birth.</p> <p>Roffman, Deborah M. (2001). <i>Sex and sensibility: The thinking parent's guide to talking sense about sex</i>. New York: Perseus Publishing.</p> <p>This book is designed to inspire honest communication about sexuality between parents and their children. It focuses on the core skills parents need in order to interpret and respond to virtually any question or situation, with the goal of empowering children through knowledge.</p>
Online Resources	<p>The Committee for Children offers tips on how to teach children about safe touch (http://www.cfchildren.org/issues/abuse/touchsaferules/) as well as general information on how to talk to your child about sexual issues (http://www.cfchildren.org/issues/abuse/touchsafety/).</p> <p>The Sexuality Information and Education Council of the United States' (SIECUS) Families Are Talking websites contain a wealth of information and resources to help you talk with children about sexuality and related issues (http://www.familiesaretalking.org and http://www.lafamiliahabla.org).</p>
For Your Children	
Books	<p>Bell, Ruth. (1998). <i>Changing bodies, changing lives: Expanded 3rd edition: A book for teens on sex and relationships</i>. New York: TimesBooks.</p> <p><i>For ages 9 and up.</i> Designed to help young people make informed decisions about their lives, <i>Changing bodies, changing lives</i> provides answers to tough questions about how the body works and about sex, love, and relationships. It's packed with illustrations, checklists, and resources, as well as stories, poems, and cartoons from hundreds of teenagers.</p> <p>Brown, Laurie Krasny. (2000). <i>What's the big secret? Talking about sex with girls and boys</i>. New York: Little, Brown Books for Young Readers.</p> <p><i>For ages 4-8.</i> This colorful and chatty book uses illustrations, cartoons, and very accessible text to explain the basics of anatomy, reproduction, pregnancy, and birth. Also discusses feelings, touching, and privacy.</p> <p>Hansen, Diane. (2007). <i>Those are MY private parts</i>. Redondo Beach, CA: Empowerment Productions.</p> <p><i>For ages 4-8.</i> This short, easy-to-read book uses colorful illustrations and catchy rhymes to teach children that no one—relative, friend or neighbor—has a right to touch them in a way that makes them feel uncomfortable.</p>

For Your Children (continued)

Harris, Robie H. (2006) *It's NOT the stork: A book about girls, boys, babies, bodies, families and friends*. Somerville, MA: Candlewick Press.

For ages 4 and up. This lively, engaging book uses two cartoon characters—a curious bird and a squeamish bee—to give voice to the many emotions and reactions children experience while learning about their bodies. The information provided is up-to-date, age-appropriate, and scientifically accurate, and is designed to help kids feel proud, knowledgeable, and comfortable about their bodies and how they were born.

Harris, Robie H. (2004) *It's perfectly normal: Changing bodies, growing up, sex, and sexual health*. Somerville, MA: Candlewick Press.

For ages 10 and up. Providing accurate, unbiased answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, *It's perfectly normal* provides young people with the information they need to make responsible decisions and to stay healthy.

Harris, Robie H. (2004) *It's so amazing!: A book about eggs, sperm, birth, babies, and families*. Somerville, MA: Candlewick Press.

For ages 4 and up. *It's so amazing!* provides answers to children's questions about reproduction, sex, and sexuality. The comic-book style artwork and clear, lively text reflects an elementary-school child's interest in science and how things work. Throughout the book, a curious bird and a squeamish bee help tell the story of how a baby is made—from the moment an egg and sperm join, through pregnancy, to birth. *It's so amazing!* also addresses and provides reassuring, age-appropriate information on love, sex, gender, families, heterosexuality, homosexuality, sexual abuse, and HIV and AIDS, while giving children a healthy understanding of their bodies.

Madaras, Lynda. (2007). *The "What's happening to my body?" book for girls, revised 3rd edition*. New York: Newmarket Press.

Madaras, Lynda. (2007). *The "What's happening to my body?" book for boys, revised 3rd edition*. New York: Newmarket Press.

For ages 10 and up. These books—part of the acclaimed "What's Happening To My Body?" book series by the same author—provide sensitive straight talk on children's changing bodies, diet and exercise, romantic and sexual feelings, and puberty in the opposite sex. They also include information on sensitive topics such as eating disorders, sexually transmitted diseases, steroid use, and birth control.

Mayle, Peter. (2000). *"What's happening to me?" An illustrated guide to puberty*. New York: Kensington Publishing.

For ages 9–12. For more than 20 years, "What's happening to me?" has been helping young people—and their parents—navigate the "time in between" childhood and adolescence.

Mayle, Peter. (2000). *Where did I come from? The facts of life without any nonsense and with illustrations*. New York: Kensington Publishing.

For ages 4–8. Dedicated to "red-faced parents everywhere," *Where did I come from?* covers the basic facts of sexuality from physiology to love-making, orgasm, conception, growth inside the womb, and childbirth. The illustrations are clear and realistic, and the text does an excellent job of explaining things in an age-appropriate way.

Schaefer, Valorie. (1998) *The care & keeping of you: The body book for girls*. Middleton, WI: Pleasant Company Publications.

For ages 7–12. This "head -to- toe" guide addresses the variety of changes that occur with puberty, and answers many of the questions girls have, from hair care to healthy eating, bad breath to bras, periods to pimples, and everything in between.

Parents play a pivotal role in helping their children develop healthy attitudes and behaviors towards sexuality. Although talking with your children about sex may feel outside your comfort zone, there are many resources available to help you begin and continue the conversation about sexuality. Providing close supervision, and providing clear, positive messages about modesty, boundaries and privacy are crucial as children move through the stages of childhood. By talking openly with your children about relationships, intimacy, and sexuality, you can foster their healthy growth and development.



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Name: _____

Date: _____

2 Training Hours

Sexual Development and Behavior in Children

1. Name the three determinants or influencers in how children develop sexual knowledge and behavior.
 - a.
 - b.
 - c.
2. Name one common sexual behavior for the following children:
 - a. Preschool child (less than 4 years) -
 - b. Younger child (4-6 years) -
 - c. School aged child (7-12 years) –
3. List three criteria why “typical” childhood sexual play and exploration is not a cause for concern or alarm:
 - a.
 - b.
 - c.
4. When responding to a child regarding typical sexual behavior, what are three open ended questions that could be asked?
 - a.
 - b.
 - c.
5. Why is it a myth that talking to children about sex will cause them to become sexually active?
6. From where do children get the majority of their sexual education? And, why is it most important for children to receive this information from parents and/or caregivers?
7. Name two important points of safety information that one should share with a pre-school aged child.
 - a.
 - b.
8. For a young child, what are two examples of basic information to share?
 - a.
 - b.
9. For school-aged children, what safety boundaries must be discussed?

Name: _____

Date: _____

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 - b.
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Kinship Care and the Child Welfare System

Sometimes grandparents, other relatives, or family friends care for children when their parents are unable to care for them. This arrangement, known as kinship care, can occur with or without the involvement of a child welfare agency, depending on the situation. This factsheet is designed to help kin caregivers—including grandparents, aunts and uncles, siblings, and other relatives as well as family friends caring for children—work effectively with the child welfare system. It also includes resources, such as links to more detailed information or places to find support, to help you learn about and navigate the child welfare system.

WHAT'S INSIDE

Kinship care and the child welfare system

The benefits of placement with relatives or kin

Different types of kinship care

What to expect from the child welfare system

Services and how to access them

Involvement with the courts

Permanent families for children

Conclusion

Additional Resources

KINSHIP CARE AND THE CHILD WELFARE SYSTEM

Child welfare systems vary from State to State, but they generally are coordinated by public agencies, such as departments of social services or departments of family and children's services. Caseworkers at these agencies are required by law to ensure the safety, well-being, and permanent living arrangements of children. Their responsibilities include investigating reports of child abuse and neglect and arranging for services for children and families.

Child welfare agencies strive to keep children in their homes with their families whenever possible by providing services and resources. State and county agencies often work with private child welfare agencies to provide these services and resources. Services might include parent education or therapy, and resources might include help with child care or housing. Caseworkers help parents build protective factors—such as parental resilience, knowledge of parenting, and social connections—to help ensure the safety of their children while they're living at home.

When children cannot remain safely with their parents, placement with kin is preferred over placement in foster care with nonrelatives. Placement with kin—or kinship care—may provide permanency for children and helps them maintain family connections. The term "kin" encompasses both relatives (those related by blood or marriage) and fictive kin (those who are unrelated but have such a close emotional relationship that they are considered like family to the children).

Deciding Whether to Become a Kin Caregiver

You might have been asked by a relative to care for their children, or you might have been contacted by a caseworker through a process called family finding, which child welfare agencies use to identify potential family connections. Either way, deciding whether to become a kin caregiver is a big decision. Consider asking yourself the following questions:

- Am I willing and able to care for children that are not my own?
- Am I able to provide a safe living environment for the children?
- Will my physical or mental health negatively impact my ability to care for the children?
- Am I willing to support the children in finding a permanent home, whether that means staying with me, reuniting with their parents, or pursuing another option?
- Am I willing to participate in or encourage activities for the children that contribute to their healthy social and physical development?
- How will becoming a kin caregiver impact the other members of my household or extended family?
- What supports or services might I need to care for the children (and myself)?

The involvement of the child welfare system in kinship care varies from State to State since each State has its own laws and practices. Child welfare agencies might explore kinship care for a variety of reasons, including if a child cannot remain safely at home due to a report of child abuse or neglect, the arrest or incarceration of a parent, the death of the parents, or severe parental illness. Child welfare agencies also may become involved with the family if parents leave children with kin who later contact the child welfare system because they can no longer care for the children.

THE BENEFITS OF PLACEMENT WITH RELATIVES OR KIN

There are many benefits to placing children in kinship care, including the following:

- **Minimizes trauma.** Many children and youth who live in kinship care arrangements have experienced traumatic events, such as being abused or neglected. Being removed from their homes is often a traumatic experience as well, and children may suffer the loss of their parents, friends, neighborhoods, and schools. When children live with kin, they are often able to maintain connections and familiar supports, which can reduce the trauma of removal and help children heal from past trauma.
- **Preserves cultural identity.** Having a strong cultural identity can lead to greater self-esteem, higher education levels, improved coping abilities, and decreased levels of loneliness and depression. Living with kin helps children preserve and strengthen their cultural identities by maintaining connections to their communities and culture, including language, food, holidays, clothing, and more. Historically, informal kinship care (kinship arrangements that do not involve the child welfare system) has been a tradition in many cultures, especially communities of color. This long-standing tradition of working together as a community to raise and support each other's children continues to prevail in Native and Black communities. More information and resources are available on Information Gateway's webpage on the topic, Kinship Care for Diverse Populations.
- **Increases placement stability.** Children in kinship care are less likely to experience as many moves to various foster homes and families as children in traditional foster care.
- **Improves behavioral outcomes.** Children in kinship care display fewer behavioral problems than those in traditional foster care.
- **Promotes sibling ties.** Kinship care increases the likelihood that siblings will live together or remain connected to one another. Relationships that children have with their brothers and sisters are often the longest lasting relationships of their lives. These relationships can take on even more importance for children removed from their parents. If it isn't possible for a kin caregiver to provide a home for all the siblings in a family, it is especially important that they help siblings stay in touch. These ties can provide some stability and permanency for children.

DIFFERENT TYPES OF KINSHIP CARE

Kinship care arrangements fall roughly into three categories: (1) informal kinship care, (2) voluntary kinship care, and (3) formal kinship care.¹ There are also other legal relationships that kin caregivers can pursue. It is important for you to understand the various forms of kinship care arrangements and their benefits to help decide which path is the best for you and the child.

INFORMAL KINSHIP CARE

Informal kinship care refers to arrangements made by parents and other family members without any involvement from a child welfare agency or court. In this type of arrangement, the legal custody of the children remains with the parents, and the parents can legally take back their children at any time. Kin caregivers in these circumstances may have difficulty enrolling the children in school, obtaining health insurance, authorizing medical care, and accessing other benefits because they do not have legal custody of the children. However, most States have power of attorney laws that allow parents to give kin caregivers some temporary decision-making power regarding the children. For situations where the parents cannot be found, many States have educational and health-care consent or authorization forms that do not require parental signatures. Generally, the only type of financial assistance available to kin caregivers in this type of arrangement is the child-only Temporary Assistance for Needy Families (TANF) benefit. (See the "Services and How to Access Them" section of this publication for more information.)

Physical vs. Legal Custody

Physical custody refers to where children live. If your grandchildren or niece and nephew live with you, you have physical custody of them. You may feed and clothe them, help them with their homework, and take care of them when they are sick.

Legal custody refers to the legal right to make decisions about the children, such as where they live. Parents have legal custody of their children unless they voluntarily give that custody to someone else or a court takes this right away and gives it to someone else. For instance, a court may give legal custody to a relative or to a child welfare agency. Whoever has legal custody can enroll the children in school, give permission for medical care, and give other legal consents.

The same person does not necessarily have both physical and legal custody. For instance, as a grandparent, you may have physical custody of your grandchildren because they live with you, but their parents or the State agency may have legal custody.

¹ Some organizations are moving away from these terms because they may be offensive or confusing. For example, these terms may indicate that a formal arrangement is more important or stable than an informal arrangement or that formal and informal arrangements are not voluntary. Instead, terms such as "kin caregivers who have a legal relationship" or "kin caregivers who do not have a legal relationship" may be used.

VOLUNTARY KINSHIP CARE

Voluntary kinship care refers to situations in which children live with kin, the child welfare agency is involved, and the State does not take legal custody. In some cases, children have been placed with kin by a court, and in other cases an arrangement is made by the child welfare agency with no court involvement. Parents may agree to voluntary placements of their children with kin in order to prevent the child welfare agency from going to court to pursue involuntary placements.

FORMAL KINSHIP CARE

Formal kinship care most closely mirrors traditional nonrelative foster care. In formal kinship care, children are placed in the legal custody of the State by a judge, and the child welfare agency then places the children with kin. In these situations, the child welfare agency, acting on behalf of the State, has legal custody of the children, and kin have physical custody. The child welfare agency is also responsible for ensuring the children receive health care and attend school. If the court has approved visits with parents or siblings, the child welfare agency is responsible for making sure these visits occur. In formal kinship care, children's kin caregivers are often not fully licensed, certified, or approved under the State's laws and policies. Consequently, these families may not have access to monthly foster care maintenance payments or other supports.

If you are a formal, fully licensed kin caregiver, you are typically eligible for more financial assistance than other types of kin caregivers. When you become licensed, you become eligible for certain State and Federal funding programs, such as the Title IV-E Guardianship Assistance Program (GAP), described in detail in the "Services and How to Access Them" section of this publication. Many States have implemented efforts to fully license more kin caregivers so that more of them qualify for financial assistance, allowing more children and youth to remain connected to their families and communities.

OTHER LEGAL RELATIONSHIPS

Depending on the State, there are many legal relationships that kin caregivers can pursue privately or with the help of an agency. These include, but are not limited to, temporary guardianship, limited guardianship, standby guardianship, permanent guardianship, guardianship by probate court, and de facto custody. Definitions and summaries of each of these relationships are available on the [Care-Custody - Summary & Analysis](#) page on the [Grandfamilies.org](#) website.

These legal arrangements allow legal rights related to the children's care, such as the right to make medical decisions, to be transferred from the parents to the relative caregivers in a court. Although laws vary from State to State, the transferring of legal rights often requires an attorney to draw up papers that are presented in court for a judge's approval. Once some form of legal relationship is granted, the kin can often make decisions, such as medical and education decisions, for the welfare of the children.

Guardianship is often a permanency goal that the kin caregivers can work toward, either with parental support or without it, if the agency and courts decide that's what is in the best interest of the child. More information about legal guardianship is in the "Permanent Families for Children" section of this publication.

WHAT TO EXPECT FROM THE CHILD WELFARE SYSTEM

After children are placed in your home, you may wonder what you can expect in your future interactions with the child welfare system. This will often depend on the nature of the kinship care agreement. Two common situations are addressed in this section: being voluntary kin caregivers and being formal kin caregivers.

AS VOLUNTARY KIN CAREGIVERS

In States where voluntary kinship care arrangements are accepted and promoted by child welfare, caseworkers are often involved in the following ways:

- **Ensuring safety.** Caseworkers may ensure you and your home meet minimal requirements for the safety of the children. For instance, most States require that caseworkers conduct criminal background checks and child abuse and neglect registry checks on household members.
- **Visiting.** In some States, caseworkers may make periodic visits to ensure children remain in a safe environment. Caseworkers may also provide support to kin caregivers during visits.
- **Offering services.** Some States have services available for children and families in voluntary kinship care. These might include referrals to therapy for children or support groups for family members. (More information is available in the "Services and How to Access Them" section of this publication.)
- **Changing the custody status.** If children remain in the legal custody of their parents, but the parents are not meeting their service plan requirements or are placing children in dangerous situations, caseworkers may help kin caregivers petition the court for temporary legal custody of the children. Caseworkers also may go to court and petition to have the children placed in the legal custody of the State.

Some voluntary kinship cases involve very limited contact with the child welfare agency. Once the caseworker has completed background checks on household members, the caseworker may be satisfied that the children are in a safe environment and may not contact you again. In these situations, if you need help or services, you may need to contact the caseworker or locate community services on your own.

AS FORMAL KIN CAREGIVERS

Formal kinship care arrangements often have the most involvement with the child welfare system. Like foster care, the State has legal custody of the children in formal kinship care arrangements.

Compared to voluntary kinship placement, caregivers in formal kinship care placements have more structured involvement with the child welfare agency. This may provide the families with more supports and services, but they also may have less flexibility to make independent decisions about the children since the State maintains legal custody. The following are some of the ways the child welfare agency may be involved in formal kinship care:

- **Ensuring safety or licensing standards.** Caseworkers conduct criminal background checks and child abuse registry checks on all adult household members in the kin caregivers' home. In addition, they might consider the home's size and condition, the caregivers' incomes, others who live in the home,

and available transportation. While States have the option to waive non-safety licensing standards, most States require kinship foster homes to meet all requirements for foster home licensure. States usually give kin caregivers some flexibility in the amount of time they have to meet requirements because placement is often unexpected, and some States will waive requirements if they do not affect the children's health or safety. Kin caregivers may be offered foster parent training, which in many States is tailored to kinship foster parents. Caregivers should ask caseworkers about the pros and cons of becoming a licensed foster parent, including what financial and other supports they can access.

- **Supervision and support.** The caseworker will support family members to help ensure the children are safe and doing well. This includes making telephone calls and periodic visits to the home. The caseworker may also provide referrals for services, such as counseling. In most situations, relative caregivers will take the children to health care appointments and work with children's schools. In some situations, though, caseworkers have more responsibility for these services.
- **Arranging visits with parents and siblings.** In many situations, the court will mandate parent and sibling visits, and caseworkers will work with parents and kin caregivers to arrange for these visits. In some cases, kin caregivers may be responsible for providing transportation for the children or for supervising the visits in their own home. For more information about how kin caregivers can support family connections, go to Information Gateway's [Partnering With Relatives to Promote Reunification](#).

Family Group Decision-Making, Family Group Conferencing, and Family Team Meetings

The child welfare system values family input in decision making. One of the ways that caseworkers engage families is by hosting group discussions known as family group decision-making, family group conferencing, or family team meetings.

These terms are used to describe a meeting or series of meetings arranged by a child welfare agency and attended by family members, friends, teachers, and other adults who are important in the children's life. Sometimes children attend as well, especially older youth. The caseworker generally serves as an organizer and facilitator. Topics discussed at these meetings may include living arrangements for the children, goals for the children, goals for the parents, etc. The meetings may also be used to help build protective factors and social supports for the kinship family.

As a kin caregiver, you should be included in these types of meetings. If the children's caseworker has not arranged these meetings, you may want to ask about them.

- **Service planning.** The child welfare agency will develop a service plan (sometimes called a case plan or permanency plan) for each child involved with the child welfare system. The service plan covers two major issues:
 - **A permanency goal** for each child. This is the goal about where that child will live. In most situations, the permanency goal for a child is to return to a parent (called family reunification). Many States require concurrent planning, which means that the child welfare agency must create a primary

plan and a backup plan. Often, the primary plan or goal will be to return the child to a parent (reunification). If this is not possible, the backup plan may be for the kin caregiver to become the child's adoptive parent or legal guardian.

- **Actions that the parents and child welfare agency need to take** so the children can be allowed to return to their parents or so that another permanency goal can be achieved. For example, the service plan for parents who have substance use disorders may state that the parents must successfully complete treatment.

Kin caregivers should be involved in case planning and should receive copies of the final plan. Caseworkers should review service plans with everyone involved at least every 6 months to measure progress toward goals and decide whether the plan needs to be changed.

Questions to Ask Your Caseworker About Taking Responsibility for the Children

Becoming a kin caregiver can be overwhelming and confusing. It may be helpful to ask your caseworker the following questions:

- Who has legal custody of the children?
- What rights and responsibilities does legal custody give in this State? Physical custody?
- May I be involved in developing the service plan and receive a copy of the plan?
- Will the children or I have to go to court?
- Who is responsible for enrolling the children in school, obtaining health insurance, granting permission for health care and obtaining it, signing school permission forms, etc.?
- Are there restrictions about contact with the parents or other family members?
- How often can I expect someone from child welfare services to visit my home?
- What are the requirements for me and my home if I want the children to live with me?
- Are the requirements different if the children are with me just temporarily?
- What services are available for me and for the children, and how do I access them?
- Are there restrictions on the discipline I can use (such as spanking) with the children?
- What subsidies or financial assistance is available? What do I need to do to apply?
- How can I become a licensed foster parent and receive a monthly foster care subsidy to help meet the children's needs?
- Will the child welfare agency or social services provide support for child care?
- Will I receive transportation help to take the children to health-care appointments?

SERVICES AND HOW TO ACCESS THEM

Child welfare agencies often provide services for kin caregivers and the children in their care. They may also refer families to other organizations that provide services. Services and referrals are more likely to be available to children in formal kinship care than those in informal kinship care. When children are in the legal custody of the State, it is the child welfare agency's responsibility to ensure the children receive appropriate assessments and services.

When referring your family for services, your caseworker should ensure the service and the provider are appropriate for your family's cultural background. The provider should understand cultural differences, recognize potential biases, and provide culturally appropriate services to ensure you and the children get the support you need. Information Gateway has a [Cultural Responsiveness in Services](#) webpage with more information.

THERAPY AND COUNSELING

Children who have been removed from their parents may benefit from supportive counseling to address a range of issues, including any abuse or neglect they experienced, other trauma, and additional issues or conditions. Early identification and treatment for trauma and other issues can lessen the short- and long-term effects, so it may be beneficial to talk to a counselor early about whether therapy could help. For more information about the signs and treatment of trauma, visit Information Gateway's [Resources on Trauma for Caregivers and Families](#). Additional resources can be found on the [National Child Traumatic Stress Network](#) website.

Kin caregivers should follow the progress of children's therapy and counseling and may be asked to participate in therapy sessions or use specific parenting strategies with children at home.

FINANCIAL SUPPORT

Kin caregivers may struggle with the costs of providing for the children in their care. Depending on a number of factors, including age, income, the child's disability status, and the legal status of the caregiving arrangement (i.e., voluntary or foster care), there may be financial supports available. The following are some of the programs that may be available to you:

- **The [Temporary Assistance to Needy Families \(TANF\)](#)** program is designed to provide financial assistance to low-income families while also helping them become self-sufficient. There are two types of grants under TANF for which kin caregivers may be eligible: child-only grants and family grants. However, most States do not allow children cared for by fictive kin or family friends to access TANF child-only or family grants. To see whether fictive kin are included in your State's definition of relative under TANF, review Grandfamilies.org's ["TANF Fictive Kin Chart."](#) In most States, child-only grants are designed to consider the needs and income of only the children. Since most children do not have an income, nearly all children cared for by a relative are eligible for child-only grants. For family TANF grants, the State considers the relative caregiver's income. Since these grants are designed to address the needs of both the children and their caregivers, these are generally larger than child-only grants.

- **Foster care payments** are often available to caregivers in formal kinship care arrangements if they become fully licensed foster parents. The requirements for receiving these payments vary from State to State.
- **The Title IV-E Guardianship Assistance Program (GAP)** is a Federal program designed to promote permanency for children in foster care. In States that have opted to operate GAP, licensed relative foster parents who become permanent guardians may be eligible to receive ongoing monthly assistance for the children in their care. GAP provides a culturally responsive alternative to adoption for some kinship families who do not want to alter family relationships and allows them to continue receiving financial support similar to what they received as formal kin caregivers. As of June 2021, 40 States, the District of Columbia, Puerto Rico, the Virgin Islands, and 10 Tribes had approved GAP programs. For more information about GAP eligibility, see Information Gateway's Kinship Guardianship as a Permanency Option.
- **SNAP (Supplemental Nutrition Assistance Program)** refers to the Federal Food Stamps program. SNAP is available to families with incomes below a certain level. In this case, the entire household's income is considered, and the relative children can be included in family size for determining benefit amount. To learn more about whether you are eligible and how to apply, visit the U.S. Food and Nutrition Service website.
- **Supplemental Security Income (SSI)** may be available to children or caregivers who are disabled. This is also available to those age 65 and older. Information about SSI benefits is available on the Social Security Administration website.

For more information about financial assistance, go to Information Gateway's Resources for Relative and Kinship Caregivers: Legal and Financial Information webpage. To see what government benefits you may be eligible to receive, including those unrelated to kinship care, go to Benefits.gov.

Navigating Changing Family Dynamics

When you become a kin caregiver, you might experience feelings of anger, sadness, loss, guilt, or a range of other emotions. On top of these feelings, you have to adjust to changing family dynamics.

When you become a primary caregiver, it may be difficult to transition from the role of “spoiling grandparent” or “fun older sibling” to the parent figure who establishes household rules and makes decisions. It may also be challenging to have difficult conversations with children explaining why they cannot stay with their parents.

Another relationship shift that can be difficult to navigate is your relationship with the child's birth parents. You become responsible for making daily decisions about the children's lives, which can be uncomfortable for the parents who used to make those decisions. It is important that you and the parents maintain patience with one another and work together in the best interests of the children.

Information Gateway provides a list of resources to help kin caregivers with changing family dynamics. The Wisconsin Foster Care and Adoption Resource Center also offers a tip sheet with recommendations for navigating relationships with children, the children's parents, extended family, and your partner.

Health Insurance

Many children being raised by kin are eligible for health insurance through either Medicaid or the Children's Health Insurance Program (CHIP). Medicaid provides coverage for many health-care expenses for low-income children and adults, including visits to the doctor, checkups, screenings, prescriptions, and hospitalization. State CHIPs cover many of these costs for children who are not eligible for Medicaid, although each State has different rules for eligibility and coverage. In most cases, only the child's income is used to determine eligibility for Medicaid or CHIP, not the income of the kin caregivers. Your caseworker can help you identify the appropriate agency to contact to apply for health insurance coverage through these programs. Every State permits kin caregivers to apply for Medicaid or CHIP on behalf of the children for whom they are caring. Medicaid and CHIP do not have open enrollment periods, so you can apply any time of the year. Find out more at [HealthCare.gov](https://www.healthcare.gov).

Respite Care

Kin caregivers seeking a temporary break from the full-time care of children may find some relief in [respite care](#). Respite care refers to programs that give caregivers a break by caring for children for short periods of time—either on a regular schedule or when caregivers need to travel, go into the hospital, or otherwise be away for a few days. In some respite programs, respite caregivers come into the home to care for the children, and in other cases, the children attend a camp or program away from the home.

Availability of respite care may be limited and may depend on your needs and the needs of the children in your care. You can ask your child welfare agency for more information about how to access these programs.

Support Groups

Child welfare agencies may be able to connect you to a local support group of other kin caregivers. Listings for support groups are also found in the [National Foster Care and Adoption Directory](#). Sharing stories with others who have similar experiences can be helpful and can ease the isolation that relative caregivers often experience. You may also find kin caregiver support groups online, including on social media sites.

Kinship Navigator Programs

Kinship navigator programs are available in some areas to help kin caregivers identify and access the services and other help they need to raise children. Navigators can provide information about how to obtain health care, financial support, legal aid, emergency services, and more as well as how to work with the child welfare and court systems. The navigator may also be able to link caregivers with support groups, counseling, and other community services. In some cases, these navigators are peers who have firsthand experience as kin caregivers.

To find out if there is a kinship navigator program in your area, contact your local child welfare agency or visit Information Gateway's list of [State kinship care contacts and programs](#).

INVOLVEMENT WITH THE COURTS

Kin caregivers who are part of the foster care system are likely to have some involvement with courts. In most States, this occurs in a family or dependency court. Whenever possible, you should make arrangements to attend court hearings. You may even be asked to testify at them. It is important to share your view of the situation and to get a full understanding of the court's decisions. It is also important to be there to advocate for the children and support them if they appear before the judge.

More information about involvement with the court system is available in Child Welfare Information Gateway's *[Understanding Child Welfare and the Courts](#)*.

Questions to Ask Your Caseworker About Court Hearings

Consider asking your caseworker the following questions about court hearings:

- When and where is the hearing?
- What type of hearing is this?
- What will be decided at the hearing?
- Who will be present?
- Who will have a lawyer?
- Do I need a lawyer? If so, who can help me find one?
- Who will represent the child or children? May I speak to that person?
- May I speak at the hearing?
- What is the schedule of future hearings?
- Can the children speak at the hearing? How can I best support them?

PERMANENT FAMILIES FOR CHILDREN

Permanency is a term used by caseworkers to mean a lasting and nurturing family for a child. Permanency planning for each child involves establishing a goal for permanency, setting tasks required to achieve the goal, and determining the roles and responsibilities of all involved, including the parents, relatives, caseworker, children, and other stakeholders. Common permanency goals are reunification with the parents, guardianship, and adoption. When establishing a permanency plan, it is important to make sure the children or youth are involved, aware of their options, and given opportunities to express their opinions, as possible and appropriate.

REUNIFICATION

Reuniting children with parents is the first choice of child welfare agencies when this option will ensure the safety and well-being of the children and provide a permanent family for them. Each State has different laws, but typically, parent reunification can occur when the judge agrees that the parents have

met the goals set out in their service plan (e.g., the completion of substance use treatment). The judge decides whether children can safely reunite with their parents based on information from the parents, child welfare professionals, other important adults (such as kin caregivers), and often, the children.

GUARDIANSHIP

Guardianship is another legal option for permanency that may be especially appropriate in kinship care. Federal law encourages States to consider a relative rather than a nonrelative when seeking a guardian for children who cannot return home.

When a relative becomes the child's legal guardian, legal custody is transferred from the State to the relative by a court. In most circumstances, there is no further involvement by the child welfare agency. In guardianship arrangements, parents' parental rights are not terminated. The kin who become the child's guardian obtain legal and physical custody and rights and responsibilities to make decisions about the children, while birth parents often retain some visitation or other rights. Guardianship can be appropriate for families who do not want to alter the family's legal relationships through adoption but need to establish a permanent legal arrangement with the children in order to be able to make education, health-care, and other decisions for the children.

There are some subsidized guardianship programs, such as the Title IV-E Guardianship Assistance Program described in the "Services and How to Access Them" section of this factsheet as well as State-funded programs, which enable guardians to continue to receive payments (subsidies) similar to those they received through formal kinship care as foster parents. This allows children to have permanent family relationships without causing guardians to lose necessary monthly subsidies. In subsidized guardianship, there is some ongoing involvement of the child welfare agency, although it is significantly less than in foster care. For instance, caregivers may be asked to complete annual forms.

Relational Permanency

Obtaining legal permanency is not always a possibility for some children and youth, and some youth may not want to achieve legal permanency. In these cases, kin can still support children by providing relational permanency. Relational permanency is achieved through relationships or connections a young person has with caring, supportive adults in their life, such as relatives, neighbors, or teachers. Permanency implies that the relationship will last and that the adult will continue to provide lifelong support for the youth. This could mean they provide a home for the youth to visit during holidays, serve as a person to talk to and discuss problems with, or act as a cheerleader by celebrating accomplishments and milestones in the young person's life. Establishing and maintaining relational permanency can contribute to better mental health, resilience, educational outcomes, self-esteem, and transitions to adulthood. More information about relational permanency is available in Information Gateway's *Promoting Permanency for Older Youth in Out-of-Home Care*.

ADOPTION

Some kin caregivers choose to adopt the children in their care. Since adoption is often the agency's preferred permanency plan for children not returning to their parents, kin may adopt in order to keep children living with family. Adoption assistance (payments) may be available to kin families who adopt, but they would no longer be eligible for temporary assistance child-only grants.

As with foster care and guardianship, the child welfare agency must ensure the home and prospective adoptive parents meet certain State-mandated standards for safety and well-being. In some States, standards for adoption may be more difficult to achieve than those for foster care. These requirements and standards will apply even for kin who have been caring for the children under a foster care arrangement.

Children can be adopted only after the court has terminated all the legal rights of the parents or the parents have voluntarily surrendered all their parental rights permanently. A court must finalize the adoption. Depending on their age and the State law, courts will often ask the children if they agree to the adoption.

Once the adoption is finalized, the relatives become the legal parents of the children, and there is generally no further involvement by the child welfare agency after that finalization. Adoption assistance, or subsidies for caregivers of an adopted child with "special needs," may be available. (In the child welfare field, "special needs" may refer to conditions or circumstances that may make it more difficult to find an adoptive home for a child without financial assistance, including membership in a minority group; having a medical condition; being a part of a sibling group who should not be separated; or having a physical, emotional, or mental disability.) The family may also be eligible for postadoption and permanency support services, such as educational services, clinical services, financial or health assistance, and support networks. For more information on postadoption services, including a searchable directory of support groups and services, go to Information Gateway's Postadoption Services and Support webpage.

Questions to Ask Your Caseworker Regarding Long-Term Arrangements

You may want to ask your caseworker the following questions about long-term arrangements for children:

- What is the current permanency goal for each child? (Siblings may not have the same goal.)
- What are options for the children if they can never return to their parents?
- What are *my* options if the children cannot return to their parents?
- Under what circumstances can I receive a subsidy to help pay for the children's care?
- Will the legal arrangement be affected when the children turn 18?
- How will the child welfare agency continue to be involved with my family?
- How will various permanency options affect services available to the children (e.g., tuition assistance, health insurance, independent living services)?

CONCLUSION

Kinship care is an excellent option for children and youth who cannot safely remain with their parents. Kin caregivers can sometimes be confused or frustrated working with an unfamiliar child welfare system. Using the information in this factsheet can help kin caregivers understand and work with the child welfare system to provide the best outcomes, including a permanent family, for their relative children.

ADDITIONAL RESOURCES

INFORMATION ON THE CHILD WELFARE SYSTEM

- [How the Child Welfare System Works](#) (Child Welfare Information Gateway)
Also available in [Spanish](#)
- [State Child Welfare Agency Websites](#) (Child Welfare Information Gateway)

INFORMATION ON KINSHIP CARE

- [Partnering With Relatives to Promote Reunification](#) (Child Welfare Information Gateway)
- [State Kinship Care Contacts and Programs](#) (Child Welfare Information Gateway)
- [Resources for Relative and Kinship Caregivers](#) (Child Welfare Information Gateway)
- [State Factsheets for Grandparents and Other Relatives Raising Children](#) (Generations United, The Brookdale Foundation Group, American Association of Retired Persons, ABA Center on Children and the Law, Casey Family Programs, ChildFocus, Children's Defense Fund, and Dave Thomas Foundation for Adoption) (also available in Spanish)
- [Generations United](#)
- [Grandfamilies State Law and Policy Resource Center](#) (Casey Family Programs, American Bar Association Center on Children and the Law, Generations United)
- [Grandparents Raising Grandchildren](#) [factsheet series] (University of Georgia College of Family and Consumer Sciences)

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Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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Name: _____

Date: _____

3 Training Hours

Kinship Caregivers & the Child Welfare System

1. What is kinship care?
 - A) Care provided by nonrelatives
 - B) Care provided by grandparents, other relatives, or family friends
 - C) Care provided by foster parents
 - D) Care provided by social workers
2. Name four benefits of placement with relatives or kin.
 - a.
 - b.
 - c.
 - d.
3. What is informal kinship care?
4. What is the primary goal of the child welfare system?
5. What is voluntary kinship care?
 - A) Children live with kin without any involvement from a child welfare agency
 - B) Children live with kin, and the child welfare agency is involved, but the State does not take legal custody
 - C) Children live with kin, and the State takes legal custody
 - D) None of the above
6. What is formal kinship care and who has legal custody?
7. What is the Title IV-E Guardianship Assistance Program (GAP)?
8. What is the difference between physical custody and legal custody?
 - A) Physical custody refers to where children live, and legal custody refers to the legal right to make decisions about the children
 - B) Physical custody refers to the legal right to make decisions about the children, and legal custody refers to where children live
 - C) There is no difference between physical custody and legal custody
 - D) Physical custody is more important than legal custody

9. Name three of the services that child welfare agencies may provide to kin caregivers.

- a.
- b.
- c.

10. What is the purpose of family group decision-making, family group conferencing, or family team meetings?

- A) To remove children from their homes
- B) To engage families in decision making and discuss living arrangements, goals, and support for the children
- C) To provide financial assistance to families
- D) To place children in foster care

11. What is relational permanency?

12. Name three roles of caseworkers in formal kinship care arrangements.

- a.
- b.
- c.

13. What are some of the challenges kin caregivers may face when navigating changing family dynamics?

- A) Transitioning from the role of "spoiling grandparent" to parent figure
- B) Having difficult conversations with children about their parents
- C) Adjusting relationships with the child's birth parents
- D) All of the above

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Parenting in Racially and Culturally Diverse Adoptive Families

In the past, the prevailing advice for parents who adopted children of a race or culture different from theirs was to love and raise them from a “colorblind” perspective, as if the races and cultures of the children were not an important part of their identities. But adults who were raised with this approach and other experts say that when parents ignore their child’s racial and cultural origins, the journey to a healthy identity can be lonely, confusing, and even traumatic. Understanding and acknowledging differences in race and culture and playing an active role in creating a home and family life that reflect your child’s heritage are critical steps in parenting in diverse adoptive families.

This factsheet provides information to help you and your family support your child in developing a healthy racial and cultural identity and live a vibrant multicultural life. It discusses the importance of examining your thoughts and biases and preparing your child to live in a society where race has a

major impact on individual lives. You can use this factsheet as a resource for information on some of the potential rewards and challenges that come with choosing to live a multicultural and multiracial family life.

WHAT’S INSIDE

Supporting your child’s racial and cultural identity

Embracing life as a racially and culturally diverse family

Developing strategies to prepare your child for racism

Conclusion

Additional resources

References

Common Terms for Racially and Culturally Diverse Adoptive Families

An adoption in which adoptive parents are of a different race and/or culture from their children is usually referred to as a “transracial adoption” or “transcultural adoption.” Adoption agencies, your child’s caseworker, or other child welfare professionals may use these terms when discussing relevant training or services to support your family. But, for many people, these terms do not address the depth or complexities associated with their lived experience. For the purposes of this publication, we use “racially and culturally diverse families” to best describe the common realities of people raised in such families.

Race, culture, and ethnicity are terms that we often confuse; we think they mean the same thing, but they are different.

- Race is a concept developed by society to give groups of people more power than others. Race is not based on genetics or science.
- Culture is taught to us by other human beings. Generally speaking, we learn culture by speaking with and learning from our elders, people who pass down and share information, generation to generation. While this factsheet focuses on race and culture, it also acknowledges the significance of ethnicity for children and parents in racially and culturally diverse adoptive families.
- Ethnicity has to do with nationality. A person can be classified as Asian, but that doesn’t tell us their ethnicity. Korean, Chinese, and Indian are all Asian, but all are different ethnicities.

Resources for racially and culturally diverse families are available from Information Gateway on its [Adoption by Family Type: Racially and Culturally Diverse Families](#) webpage.

SUPPORTING YOUR CHILD'S RACIAL AND CULTURAL IDENTITY

Helping your child develop their identity is among the most important roles you'll play in parenting a child. Identity develops over time and in response to life experiences. As the starting point of your child's search for their place in the world, you need to develop strategies and remain diligent in your child's progress toward a positive and healthy identity. Your child's racial and cultural identity is an important part of their overall identity, as significant to them as racial and cultural identity is to you and all human beings.

Racial and cultural identity is molded by a variety of experiences, both within and outside the family. It is critical that your individual identity does not dominate your child's understanding of their identity. Understanding your racial and cultural identity and engaging your child in frank discussions about interactions and experiences will help provide an important understanding of what they think and feel and will help to promote their healthy sense of self-worth and personal identity. But it is also very important to recognize that racism exists. Children of color who are members of racial groups targeted by people using social myths to exert power need help recognizing racist behavior, so when it is directed toward them or others, they know that it is wrong and not their faults.

EXPLORING YOUR RACIAL AND CULTURAL IDENTITY

To help your child understand their racial and cultural identity, you need to understand your own. Especially for parents who are part of the dominant culture, developing that awareness takes self-exploration,

understanding the environment you live in, and considering what that means for the needs of your child. Exploring the realities of race and the differences between races and how they impact individual lives in your culture will help you understand your own biases and prejudices. This may allow you to act in ways that can transform your family's usual way of doing things (Jackson & Samuels, 2019).

"Even if you aren't attached to your own racial or cultural origins, how you socialize and condition within your family and community can reinforce negative feelings about race and culture."—Jackson & Samuels, 2019

In exploring your racial and cultural identity, it will help to be familiar with the following terms that affect how you parent a child of another race/culture:

Multiracial/multicultural parenting:

An approach to parenting children from different racial and cultural backgrounds that honors your child's race and culture in your existing family system; identifies strategies to help your child develop a positive and proud identity; and helps your child and family prepare for racism, including cultural humility, implicit bias, microaggressions, and colorism (see the definitions that follow)

Cultural humility: Recognition of the importance of listening to learn about, honor, and incorporate children's cultural identity and respecting families from varying races, religions, ethnicities, and economic statuses; understanding that you are always evolving—

emotionally, socially, and intellectually—and the more open you are to new ideas, the more you will understand an individual's culture; respecting differences in values of children and birth families; and acknowledging that learning about other cultures is an ongoing process. [Reflections on Cultural Humility](#) offers extensive definitions of cultural humility.

Implicit bias: Unconscious attitudes toward others often based on stereotypes that contradict a person's conscious beliefs. We all carry implicit bias, no matter our race or the impact of racism we have personally experienced. Learning to recognize it in ourselves is important to avoid the negative effects of the way we will otherwise inadvertently understand and represent children. [Project Implicit](#) offers free online tests that may reveal information you do not know about your own biases.

Microaggressions: Common daily insults, invalidations, slights, or attitudes that communicate hostile racial judgments. Microaggressions can be intentional or unintentional and can focus on race, culture, and adoption status. [“If Microaggressions Happened to White People”](#) shows how people of color deal with racial microaggressions every day.

Colorism: Discrimination based on skin color and valuing one skin color or shade over another, whether within your family, racial or cultural group, or across groups. [“Colorism: The Difference Between Racism and Colorism”](#) discusses the impact skin color has on everyday life.

If you're a white parent adopting a child of another race, refer to [White Parents Identity](#) to learn about how your relationship to race and identity affects your child and family. Also, listen to [“A Mother Reflects on Privilege,](#)

[Adoption and Parenting ‘Without Perfection’](#) to hear one adoptive mother talk about how raising two black sons—one adopted from foster care and the other from Haiti—and two white birth daughters helped her understand white privilege.

All parents adopting a child of another race or culture may benefit from taking a family self-assessment regarding transracial adoption. Pact, An Adoption Alliance, offers for purchase [Below the Surface: A Self-Evaluation Guide for Anyone Considering or Participating in Adoption Across Racial and Cultural Lines](#) to help you think about how your attitudes about race and culture may affect how you parent in a multicultural family.

Refer to [Proactive Engagement: The Adoptive Parent's Responsibility When Parenting a Child of a Different Race](#) from the National Council For Adoption for more helpful information to support your child's identity, including a suggested framework that you can follow based on your child's age and developmental stage.

HEALTHY RACIAL AND CULTURAL IDENTITY FORMATION

Healthy racial and cultural identity involves positive esteem for yourself and others who share your racial and cultural background. Helping your child develop a healthy identity requires you to take an intentional and ongoing role. It may be difficult for children from other countries to develop a healthy sense of self without immersion in the culture of their birth countries. Similarly, immersion in a social group that shares a child's ethnic and cultural experiences may be equally important. For example, a child born in China needs to have people in her life who can help her understand not only what it means to be Chinese but also Chinese American.

Children who have been adopted and youth whose parents do not share their race need their adoptive parents to not only help them build relationships with people who share their racial and cultural heritage but to develop those relationships for themselves as well. Children should never feel like they are the exception in their own life. This means that parents must also connect to the local communities of their child's racial group. Your children should know that they have the freedom and flexibility to explore these relationships openly and independently as well. This is how children form allies and mentors from groups with whom they identify. Remember, that means connecting to adults who share their racial experience, not just other children. Assure your children that having a healthy racial or cultural identity does not mean they are rejecting you as their adoptive parents or your family's heritage and traditions. They deserve to explore all their identities, both that of their adoptive family but also that of their birth family.

"International Adoptions and Connecting to a Local Community" shares advice for parents of a child adopted from abroad on how to help their child understand and learn about his or her different culture.

For children of color, healthy identity development requires coping skills that build resilience against hurtful societal messages, particularly messages that idealize the white race, even among people of color. For children of color adopted into families of a different race and culture, this means that they have a basic and developing connection to the race and culture of their birth. They understand the complexity of identity, in an age-appropriate way, and they are proud of the racial differences between them and their adoptive parents and siblings. Communities of

color have many strong and positive legacies that often go untaught in school or mainstream culture, which tends to focus on Eurocentric history. Children need to have positive images and messages about their history and their communities to counterbalance the negative messages. For a child to achieve this strong and healthy identity, the entire family needs to love these racial and cultural differences and engage in ways that enhance their own identities (Dinwoodie, 2016).

"We need to really see a child to show them love; and when we see them, we have to see all parts of what make them who they are. We have to celebrate all parts...so when they look in the mirror they love what they see."—Dinwoodie, 2016

Every child is on an individual journey to form a racial identity. A child adopted as an infant, for example, and a child adopted as a school-aged child will have different connections to their birth communities. Early memories may positively resonate with some children while others may feel a fundamental disconnection that creates pain and confusion surrounding identity. To help your child on this journey, you can:

- Go beyond superficial cultural differences. Merely celebrating Chinese New Year or Kwanzaa, eating Ethiopian food, or watching an occasional video with Latino characters does not provide the human connections required for your child to build and maintain a real sense of belonging to and ownership of their cultural heritage.

- Represent your child's racial and cultural heritage in meaningful ways, including through the people who come into your home and in your child's school environment.
- Integrate culturally relevant traditions, holidays, and rituals into daily home life for the whole family so your child can see themselves in a multitude of ways and know that their cultural traditions are valued and considered as important as your own. Consider also buying toys and books, listening to music, and watching movies that reflect your child's heritage.
- Know what life is like on a day-to-day basis for your child. Know the possible danger that your child faces, particularly as a teenager and young adult of color (e.g., bullying by classmates, unfair punishment in school, being pulled over by the police).

As your child grows older, they will mature, ask questions, and explore their sense of racial and cultural belonging. They will determine who their true peers are and grapple with how they do and do not fit in with their adoptive family and with communities outside that family. Most people do not grow up without racial role models in their family, so adopted children have a different experience that deserves to be acknowledged. You can help them by recognizing the identity issues they face and supporting open lines of communication. Some children and youth may find support in peer counseling groups in which they can talk with other adoptees in diverse families.

For more tips on race and identity development, refer to the following resources:

- ["Race and Identity in Transracial Adoption: Suggestions for Adoptive Parents"](#) offers tips on exploring racial identity and its impact on international adoption.

- ["Transracial Adoption: Love Is Just the Beginning"](#) shares how one family handles being a family of African American, Native American, Latino, and European American individuals.
- ["The Realities of Raising a Kid of a Different Race"](#) discusses possible dangers children of color encounter in their daily lives.

EXTENDED FAMILY AND CREATING A FAMILY IDENTITY

Most parents do not choose to adopt children of a different race without a great deal of thought and preparation. Yet many parents ask their extended families to do just that. While you may have considered the reactions and feelings of your relatives as part of your home study process, these feelings may not have been fully resolved. Some in your extended family will need to get used to the adoption, especially if they have not been involved in the process. Give them time to adjust and to learn about your child. If anyone in your extended family simply cannot accept your child as a family member, remember that every child deserves to be safe from racism in the haven of their family. You may need to assess whether this is a time to restructure your relationship with this person to protect your child from ongoing contact that might be damaging.

Creating a strong family identity requires that all members feel included. Having a clear sense of family identity also may help you and your child decide how to respond to questions and comments from outsiders (see *Developing Strategies to Prepare Your Child for Racism*).

Training and Related Skills for Parenting in Racially and Culturally Diverse Families

The Children's Bureau awarded a grant to Spaulding for Children to develop the National Training and Development Curriculum for Foster and Adoptive Parents (NTDC). The NTDC training program and curriculum is in development and will be pilot tested and evaluated in various States and a Tribal community. NTDC will be designed for families who are adopting through an intercountry or private domestic process as well as those fostering and/or adopting in the public child welfare system.

Adoptive families who participate in the NTDC training program can expect to achieve greater levels of competence in caring for children who have experienced trauma, separation, and loss.

To provide adoptive parents the training, knowledge, and ongoing skills they need to effectively parent children and youth from other races or countries, NTDC has identified several areas of knowledge and skills that apply directly to parents who adopt children who are of another race/culture. Courses include Multiracial/Multicultural Parenting and Cultural Humility.

The final curriculum will be available for free across the United States in 2022.

EMBRACING LIFE AS A RACIALLY AND CULTURALLY DIVERSE FAMILY

As a parent, you can make sure that you and your child have as many opportunities as possible to interact with people of your child's race and culture and to develop a positive self-image. Your children may be more likely to feel connected and comfortable when their circle of playmates, peers, and trusted adults includes people who look like them, and you will learn much about your child's cultural community by being with other parents and adults who share your child's race or ethnicity. Much of how a child's identity develops is influenced by immersion and exposure and encountering those who are around them. They internalize what they see and what they experience. They can learn the language and cultural mores of people they look like and with whom they share a racial identity, allowing them to codeswitch as they need or choose. This affects their self-esteem and sense of identity. They can learn important life lessons from adults of their same race about being a person of a particular race in American society. They may experience—with both children and adults—positive social interactions and behaviors that can help them understand and believe they are fully members of their racial group, rather than feeling like outsiders. This section provides suggestions for ways to build a multicultural and multiracial life for your child and your family.

TALKING ABOUT RACE AND CULTURE

Talking about race can be difficult, but it's especially important for adoptive parents of children from another race or culture. If you assume there are no differences between races and cultures, or shouldn't be, you

may create relational distance, silence, and mistrust between you and your child (Jackson & Samuels, 2019). Talk about race and your child's cultural heritage in positive terms, beginning when your child is very young or whenever your child joins your family. By the time your child starts school, they will need tools to answer questions by themselves, including appropriate racial terms. You can make them aware of terms that are inappropriate and unacceptable, so that they can recognize them and consider how to respond.

If you start the conversation when your child is young, when they're older they will have a level of comfort in discussing more complex issues, coping skills, and risks of living in a society where race affects how people are treated. It may be helpful to discuss key historical events around race and culture. Use these events to provide context for the racism they encounter.

Visit the National Museum of African American History and Culture (NMAAHC) webpage, [Talking About Race](#), for digital tools and other resources to help you have constructive talks on race topics including bias, antiracism, racial identity, and systemic oppression. Although NMAAHC focuses on African American culture, many of the resources and concepts apply broadly across race and culture.

[Talking Race With Young Children](#) offers tips for conversations about race, racism, diversity, and inclusion.

["Talking About Race With Our Children, Whatever Their Race"](#) offers suggestions about raising children of another race from a white adoptive mother of a Latina daughter and a Black son.

["Raising a Child of Color in America—While White"](#) offers parents a three-step process to talk with their children about the realities of racism.

["How White Parents Can Talk About Race With Their Children of Color"](#) provides advice to guide discussions about race in multiracial families.

Ongoing Contact With Your Child's Birth Family

Nowadays, it's common and encouraged that adoptive and birth families maintain some level of ongoing contact with each other. In diverse adoptive families, regular contact may be especially important because the birth parents or other birth relatives represent the child's race and heritage. Birth family relationships may be complex for the child, however, especially if the birth family is the only representation of the child's race and culture. For more information on maintaining contact between adoptive and birth families, read Information Gateway's [Helping Your Adopted Children Maintain Important Relationships With Family](#).

LIFE WITHIN YOUR COMMUNITY AND MAKING CONNECTIONS

Take a look at your community and surroundings and ask yourself how reflective it is of your child and whether it is welcoming and comfortable for your child and family. This involves looking at your extended environment—for example, your neighborhood, stores where you shop, community organizations and social groups, places of worship, health care providers,

and schools. Children tend to do better academically and socially when they are not the only person of their own race in their town, classroom, and other areas where they spend a lot of time.

Schools are particularly important as most children spend a significant portion of their developmental years there—dealing with peers, making friends, and learning from teachers and others. Consider all aspects of your child's school experience, including the curriculum, faculty, and student diversity, to determine what kind of fit the school will be for your child. Consider what you can supplement at home and what you cannot. Often the experience of being immersed in their own racial group is not something that is easily found outside of the school or other important social settings. Also, in school and at other places outside of the home, your child may learn the cultural norms of their own group. Exposure to peers and adults who share their racial and cultural heritage will make their response to identity issues less difficult. You can take the opportunity not only to expose but to actively involve your child and your entire family in groups where his or her race or ethnic culture is shared by most of the participants. This may mean driving to another neighborhood or attending events and being part of teams or activities in another part of town.

Similarly, your family's neighborhood may limit your child's access to role models of the same race or culture that can help nurture their healthy identity development (Jackson & Samuels, 2019). Awareness of visible racial and ethnic differences starts at an early age, so it's important to have connections to people who look like your child; otherwise your child

"[My husband] didn't see his parents subjectively experience racism. He did however get to see his parents fight racism through their active involvement in social justice issues. For me racism is one of those realities I expected would happen but hoped never would happen. So when it happened, I wasn't surprised. It is the world that we live in."—Roorda, 2015

may assume that you prefer people of your own race. If your life and social activities do not already include significant connections to people who are the same race or culture as your child, it will take time to create and nurture these connections. Suggestions for doing this include the following:

- Finding a local community organization or a social, religious, or recreational group that includes adults of your child's ethnic or racial background and where you can participate as a family on a regular basis. Ideally, this group should have a majority of adults who share your child's ethnic or racial background.
- Making a conscious effort to expand your usual social activities to include more people whose race and culture are different from yours. You may also want to identify an informal mentor for yourself from your child's racial or ethnic group. These activities may begin to prepare you to teach your child about different people and different ways of life.

- Locating a specific place in your community, such as a school, playground, social group, or parent network, where your child will be able to play with other children of different races and backgrounds, including children who share your child's racial heritage. Find other parents to talk with about raising a child of your child's race in your community. Be sure that at least some of the parents you approach include those who are parenting children who are born to them. While there is also great benefit to adoptive parent groups, it is important not to limit your connections to those parents.
- Creating a list of types of professionals you may need as a parent, for example, pediatricians, dentists, ethnic-specific hair care salons, or child care providers, then reviewing this list to see where you can find providers of your child's heritage to meet your family's needs. Asking other parents of your child's race or culture for recommendations can be a great way to start off the conversations that may lead to making connections.
- Finding TV series, podcasts, or books that are targeted to members of your child's race—and being sure to watch, listen to, or read regularly. This may even mean learning a new language. Begin collecting children's books, family videos, and art for your home that reflect your child's culture and diverse families and people in general. Find as many different local resources for these products as you can, as this may give you other opportunities to interact with people from a wide variety of races, ethnicities, and cultures.

Special Note About Adopting an Older Child

Older children bring their previous life experiences to their new adoptive families. If you adopt an older child, they will be making a transition not only to new caregivers but also to being part of a family and perhaps a neighborhood and community of a different race and/or culture than their own. In this case, your child may have already formed an identity and may need time to develop a comfort zone with people of your race. It is important to maintain the positive connections that already exist in your child's life. As much as the child will need to adjust to life in your family and neighborhood, you and your family can help by incorporating connections to your child's former neighborhood and friends. If those connections are lost, children may internalize the message that permanence and membership in a safe family are somehow not associated with people of their own race.

DEVELOPING STRATEGIES TO PREPARE YOUR CHILD FOR RACISM

Although race is not supported by science, the concept of race is real, and it has a real impact on life in society. Societies use race to create and reinforce racism, including class systems of power and privilege that benefit some and exclude or deny others (NMAAHC, 2020). Furthermore, American society's historic preference for racial sameness in

families prejudices racially and culturally diverse adoptive families (Jackson & Samuels, 2019). Strangers may make remarks or ask questions about your family because they see that you and your children do not look alike. Others may make racist comments. You need to prepare your children and yourself for both situations.

“Adopted Child: Strangers Asking Questions” explains how to respond when strangers ask intrusive questions about your child.

ADDRESSING AND FIGHTING AGAINST RACISM

Your job as a parent is to be part of difficult talks with your children and to let them know that it's okay to struggle with topics of race openly. It is important to talk with your child about race and racism before they experience prejudice. Remember for children of color this is a matter of when, not if. You may worry that if you point out differences or talk about racism, your child will feel less connected to you or be more likely to become a victim of racism instead of developing inner strength. But if parents are not able to discuss racial bias and differences, their children will be left to grapple with these critical issues alone with a limited world view and what they learn from society.

Your child needs to learn how to respond to the racism they may experience in different circumstances and from people with whom your child has relationships. For instance, responses to peers may be different from responses to authority figures or adult family members. These responses may range from ignoring the comment to seeking help or support from others to confronting the person or the system.

Children ask lots of questions as they notice people of different races, and these questions can prompt you to respond in the following ways:

- “When people of one race get better things or better treatment, that is called racism. Our family doesn’t think racism is okay. No one is better or should be treated better than anyone else.”
- “Some people prefer to be around others who are like them. Sometimes, they try to get their own way by making it harder for people who are different.”
- “Some people call people of different races bad names or mistreat them in other ways. If you hear this happen or it happens to you, it is wrong, and I would like to help. Let me tell you a story about something I heard, and let’s brainstorm some things that I could say to help.”

You are an important role model for your children against the effects of racism. Some strategies to address and fight against racism include the following:

- Fill your child with positive remarks and feelings about who they are and help them to practice responding to racist comments.
- Talk about race and your child’s cultural heritage in positive terms beginning when your child is very young or whenever your child joins your family. This may help to build self-esteem that your child can draw on when he or she is older.
- Educate yourself and your child about the positive values of your child’s cultural history. Point out positive role models who are from the same culture as your child’s.

- Make clear your commitment to fight racism. Replace negative meanings of race and multiracial identity with positive messages. Confirm that racist things happen, and that while they hurt everyone of all races, they especially hurt people who are the target of the racism. Work with your family to promote equality across the board—not just when it involves your child. Emphasize not only your refusal to engage in racist activities or language, but also your commitment to actively fight racism.
- Make a clear and visible commitment to authentically loving people of other races.

Visit the NMAAHC [Being Antiracist](#) webpage to learn about types of racism, questions to ask yourself, and how to handle racist situations. For additional learning materials on antiracism, including books and essays, visit the website of [Ibram X. Kendi](#), one of America's foremost historians and leading voices on antiracism.

FAMILY RESPONSE TO OUTSIDERS' QUESTIONS

You do not owe strangers the answer to any question, but you may give your child, your child's siblings, and yourself permission to handle intrusive questions like "Where did he come from?" and "Whose child is he?" Talk with your children about strategies and responses they might want to try. You may not be with your children when they encounter outsiders' questions or remarks, so it's important that they know appropriate ways to respond.

The *W.I.S.E. Up! Powerbook* curriculum provides practical guidance and specific examples that teach school-age children how to **W**(alk away), **I**(gnore), **S**(hare), or **E**(ducate)

in response to questions or remarks from outsiders. The goal of this curriculum is to teach children that they have control over how they respond to outsiders about their adoption experience. By working together to come up with a range of ideas about handling attention and curiosity from others, children and parents can be allies, reinforcing a feeling of belonging, and counteracting the message of isolation that can otherwise undermine children's sense of connection.

The [W.I.S.E. Up! Powerbook](#) is available for purchase from the Center for Adoption Support and Education (C.A.S.E.). C.A.S.E. also offers for purchase a webinar, "[W.I.S.E. Up! for Parents: Empowering Children to Handle Questions/Comments About Adoption](#)."

CONCLUSION

As adoptive parents to a child of another race or culture, consider what you may do differently in and out of your home to meet your child's needs and help them develop a healthy racial and cultural identity. Develop comfortable ways to talk with your children in age-appropriate conversations about diversity. Such conversations may support your diverse family's sense of unity, especially if your children feel isolated because they look different or they are in situations where they feel they need to explain or even defend the composition of their family. If you have many friends of different races and cultures, your child will see that you value people of different backgrounds. If together your family develops a family identity that celebrates the individual members and the strengths of the unit, you and your children will be better prepared to face the challenges that the outside world may present.

ADDITIONAL RESOURCES

The following resources are for parents considering or already in racially and culturally diverse families:

[Child Welfare Information Gateway](#). Includes several web sections on racially and culturally diverse families:

- [Adoption by Family Type: Racially and Culturally Diverse Families](#)
- [Adopting Children From Another Country](#)
- [After Intercountry Adoption](#)
- [Perspectives of People Raised in Racially and Culturally Diverse Families](#)

[Pact, an Adoption Alliance](#). Offers resources, support, and community for adoptive families to children of color.

[Transracial Parenting Training](#). The North American Council on Adoptable Children offers parents training on race and cultural issues involved in adopting a child of another race and/or culture.

[NPR's Code Switch podcast](#). Covers the overlap of race, ethnicity, and culture—how they play out in our lives and communities and how all of this is shifting.

[EmbraceRace](#). Provides parents with articles, webinars, action guides, podcasts, and other resources to meet the challenges they face raising children of color in a world where race matters.

ARTICLES

- [“4 Unique Challenges Faced By Transracial Adoptees”](#) addresses unique challenges experienced by adoptees and services as a guide for hopeful parents planning to adopt a child of a different race.

- [“25 Helpful Resources for Transracial Adoptive Families”](#) includes links to books, podcasts, articles, videos, films, and TV series as well as organizations to follow on social media.
- [“Transracial & Transcultural Adoption: Preservation, Policy, and a Personal Perspective”](#) provides historical background of intercountry adoption in the U.S. and the personal story of an African American woman who was raised in a multiracial and multicultural family and is now parenting in a multicultural family.
- [“How to Be an Anti-Racist Adoptive Parent”](#) teaches parents how to talk with their children about systemic racism and commit to working toward justice.
- [“Debunking the Most Common Myths White People Tell About Race”](#) addresses common excuses white people make about race and how to respond.

[The Adopted Life Episodes](#), a web series created by a transracial adoptee, Angela Tucker, features one-on-one conversations between herself and transracially adopted youth with the goal to elevate the adoptee voice and provide trustworthy open-source content to the public.

CELEBRITY VIDEOS

- [Aaron Judge](#) is a baseball player who writes about being adopted as an infant by a white couple.
- [Colin Kaepernick](#) is a former NFL player who was adopted at 5 weeks old by a white couple and talks about being adopted.

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Name: _____

Date: _____

2 Training Hours

Parenting in Racially and Culturally Diverse Adoptive Families

1. Define transracial or transcultural adoption.
2. Explain the differences between the terms of "race," "culture," and "ethnicity."
3. What is implicit bias?
4. What are microaggressions?
5. Why is it imperative that adoptive transracial/cultural families build relationships with people who share racial and cultural heritage of their adoptive child(ren)?
6. Name three ways that adoptive parents can assist a transracial adopted child to form their own racial identity.
 - a.
 - b.
 - c.
7. Name three ways that transracial adoptive parents can make affirming and significant connections within their community for their adopted child.
 - a.
 - b.
 - c.
8. State four strategies that an adoptive parent can utilize to address and fight against racism:
 - a.
 - b.
 - c.
 - d.
9. How do you and/or your child respond to outsiders' intrusive questions about your family?

Name: _____

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