

# fostering perspectives

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## Healthy relationships and young people in foster care

The last issue of *Fostering Perspectives* talked about what resource parents can do to promote the physical health of the children in their care. Physical health is critical, but there are other dimensions of well-being to think about, including social and emotional health.

One way to touch on these other facets of well-being is to focus on **healthy relationships**. There are many definitions of a healthy relationship, but we are partial to the one Dionna (age 16) provides in this issue:

"Healthy relationships contain trust, loyalty, forgiveness, laughter, honesty, and unconditional love." As a resource parent, your success hinges in part on your ability to form this kind of bond with the kids in your care.

From this foundation you can help them maintain the links they already have and create new ones with supportive people and institutions. These strong connections can buffer children against many of the risks they face and help them learn the skills they need to succeed in life.

Of course, relationship building isn't always easy. It can take patience, persistence, and the courage to have uncomfortable conversations. It calls for an ongoing commitment to learning anything that might help your child. Like many of the best things in life, relationships are a journey, not a destination.

We hope the information, advice, and encouragement you find in these pages will be useful to you along the way.



## How we react and carry ourselves matters!

by Jeanne Preisler

"A smile can make all the difference."

I bet you have heard that expression before. Smiles are powerful.

For most of us, our day gets a little brighter when someone smiles at us. You may have even heard that smiles can be detected over the phone. A study from the University of Portsmouth demonstrated we actually can "hear" a smile in a person's tone of voice. Smiling is usually the best approach.

Usually, but not always. Imagine you are a 6-year-old girl. A stranger (a social worker) just removed you from the only home you have ever known. You are in a strange car. You're away from your parents and don't know what is happening with them. No one thought to pack your favorite stuffed animal and you have no idea how you will fall asleep without it.

You are scared, worried, and numb from all the chaos that has happened over the last few days. The car stops in a neighborhood that looks nothing like yours. The social worker takes your hand and walks you up to a house. Your heart is aching for your stuffed animal so much you can actually hear your heartbeat. It's beating fast, which makes you even more worried.

Knock. Knock. A woman and man open the

door. They're smiling from ear-to-ear. They're so happy to see you, they are beaming!

If you are that 6-year-old girl, what thoughts and feelings will you have when you see two strangers with big smiles on their faces—when your world has just fallen apart?

### Matching Our Reactions to the Child's Situation

It's important to match our reactions—even our facial expressions—to the child's situation. A warm, slight smile might be an appropriate way to greet our 6-year-old girl, but a broad, joyous smile is not.

In this article I would like to explore how, as resource parents and social workers, we can use our reactions—both to everyday events and to momentous ones, like reunification or graduation—to support young people's social and emotional well-being.

### Our Body Language Is Often Shouting

When social workers started asking young people specific questions about their trauma histories, they began to tell us about events they hadn't talked about before. Some of these events had to do with why the child entered foster care, but many had nothing to do with child abuse or neglect. They were just scary things these children had experienced. When we asked young people why they hadn't told



Many young people in foster care carry an invisible suitcase full of negative beliefs about themselves. Our reactions either confirm these beliefs or start the slow process of replacing them with better, more positive ones.

us before about these scary events they often said they didn't think we could handle it.

Even if we don't say it out loud, young people can sense when we are hesitant to talk about the traumas they have experienced. Whether we are a foster parent, social worker, or other caregiver, children can read our body language quite well.

But young people often misinterpret our trepidation. They may incorrectly think, *What happened to me was really, really bad. This adult is stressed out enough, telling my story may send them* *continued next page*

# How we react and carry ourselves matters!

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over the edge. I better not share what happened. They haven't heard stories as bad as mine before.

Of course, this is not what we are thinking. We are just worried we'll mess up somehow, that we are not "qualified" or "prepared enough" to have a conversation about bad experiences. It would be easier to leave the difficult conversations up to a licensed professional. Plus, haven't we heard a million times that a young person does not want to tell their story over and over? But avoiding difficult conversations does not support the young person's social and emotional healing. In fact, avoiding, evading, or skirting around tough topics can exacerbate the challenges the child may be experiencing.

How we react and carry ourselves should always convey this message: *No matter what has happened to you, I am here to talk about it when you want to. You do not need to carry this scary thing all alone. There is nothing you can tell me that I cannot handle.*

## Repack Your Child's "Suitcase"

Many of our young people carry an invisible suitcase full of negative beliefs about themselves. Beliefs like: *I am not lovable. I will never be good enough. I am dumb. I am ugly. I am always disappointing people. What happened to me was my fault. I can never get anything right. I am just stupid.* Far too often, these beliefs have been deliberately instilled in them by others.

Your reactions either confirm the beliefs in their suitcase or start the slow process of replacing them with better, more positive beliefs.

What might repacking a child's suitcase look like in the real world? Let's answer this question by considering some common situations. At right are three columns: (1) a well-intended parental reaction to an issue; (2) what a young person might think after the parent's reaction; (3) an alternative approach that a parent could take. This third approach addresses the issue, but also tries to erode negative beliefs the young person may have about themselves and give them hope for the future.

Many young people are not consciously aware of their negative thoughts and beliefs. Your reactions and the messages you send can help children gradually become more aware of their negative self-talk. The more healing that happens, the more the young person will be able to discern for themselves which beliefs they should discard because they are untrue.

Until then, we need to use "universal precautions." We need to assume that every young person is carrying an invisible suitcase full of negative beliefs about themselves and the world, and that negative self-talk is happening

Initial Parental Approach	Young Person May Think	Alternative Parental Approach
"Something came up at work and I can't pick you up after practice. But I spoke to Mike's mom and she is going to drive you home, OK? I should be home by 7 p.m. and we can eat dinner together then."	<i>It's starting again. He doesn't really care about me. He is probably just going out for drinks with people from work. I can't count on him. I can't count on anyone but myself.</i>	"I want you to always feel you can count on me to be there for you. I want that more than anything because you are important to me. But, something came up at work and I need to stay late. This means we should decide together how best to get you home from practice. What do you think is a good plan? What would you like to do together after I get home?"
"Please chew with your mouth closed. I have asked you so many times. It is really unappealing and I don't want you grossing out your friends or teachers."	<i>I can't change everything all at once. I'll never fit in here. I'll never be what you want me to be. I should just leave now before you kick me out.</i>	"I know we've talked before about you chewing with your mouth closed. It must be really hard to change something you have done for so long. You have an awesome future ahead and I think this could help you along the way. Can you think of anything we could do together to help you break this habit?"
"Please stop playing so rough with the dog. When his ears go back, that means he is not enjoying it. I don't want the dog to get hurt or to bite you."	<i>You care more about the dog than you do about me. Even dogs are more lovable than me. No one will ever love me. I hope the dog bites me and then maybe my social worker will just move me from this house. I don't like dogs anyway.</i>	"I see you are playing rougher than usual with the dog. That is not safe for you or the dog. I love you both, and I don't want anything bad to happen to either of you. Did something happen today to make you upset or worried?"
"I know you can do better in school. You are just not applying yourself. You are smarter than this."	<i>I am not smart. I am dumb. I am trying and I just don't understand this stuff, and I never will.</i>	"School seems to be a real struggle for you right now. I believe in you. You have a great future ahead of you. We can get through this together. How can I help?"
"I'm excited you'll be living with your family again. I know you missed them a lot while you stayed with us. But I will also really miss you."	<i>I want to go home, so why am I so scared? I bet you are just happy to get rid of me. I doubt you'll miss me at all. I'm nothing. Why would you miss me?</i>	"This is a big day. I bet you have a ton of different feelings happening all at once. I am so happy I got to know you. The real you. You are so special. Your mom and I talked and I really want to remain in your life however you would like me to. We could write, or call, or Facetime, or you can even come spend the night if you like. I'm sure it will be an adjustment moving back home, but you got through the adjustment of living with us, and that was probably even scarier. You've got this. I know you can do it. You have great things in your future."

inside their heads whether they can articulate it or not.

We must each do our best to reinforce positive beliefs during every interaction with our children. Luckily, there is a pretty easy framework we can use. Just keep in mind three words: safe, capable, and lovable. If you can help a young person feel safe, capa-

ble, and lovable during your interactions, you can improve their social and emotional well-being. And you will probably make them smile more, too! And, as we know, that can make all the difference.

Jeanne Preisler, a Program Consultant with the NC Division of Social Services, is leading an effort to help our child-serving system become more trauma-informed.



# A trauma-informed approach—and self-care—can make a big difference for resource parents by Bob DeMarco

When we were completing our home study and identifying the characteristics the child we would foster would have, we were thinking about a child with physical disabilities. My wife is a physical therapist specializing in pediatrics, so it seemed like a natural fit. We wanted to help a child or children who would otherwise not have a chance at a family. At the time we didn't know what we were opening ourselves up to or how much it would impact our comfortable world. We soon got a crash course in Childhood Trauma 101.

## Our Crash Course Begins

For the first few months our kids were in our home, we were confused, exhausted, frustrated, and overwhelmed. We weren't used to kids acting the way these kids were: refusing to do simple things; speaking disrespectfully; having temper tantrums at 5 and 7 years old; acting wild and aggressive; being unsafe; and doing everything possible to create chaos.

By our son's second day of the school, the principal assigned him to "homebound status," which meant he could not go to the school for several weeks. When he did go back, he would attempt to run away when my wife dropped him off in the morning. My daughter spent more time acting like a cat than a human. It was surreal.

We were in way over our heads. Not knowing any better, we tried to meet the behavior with discipline (time outs and taking away privileges), but these kids had survived far worse. The more we tried to tighten our control, the more they amped up the behaviors. We read parenting books, sought the council of friends with kids of the same age, and spent a lot of time in prayer.

## Light Dawns

It wasn't until someone gave us a copy of *The Connected Child*, by Karyn Purvis, that we found someone who truly seemed to "get" our kids. In her book, Dr. Purvis described our kids' behavior to a "T" and it was there that we discovered the impact trauma has on the developing child. Her research had shown that the brains of kids from "hard places" (as she called them) were different from other children. We learned about brain chemistry and the effects of too much adrenaline coursing through the body for too long. Our kids were clearly in "fight, flight, or freeze" mode. They literally thought their lives were in jeopardy.

We read everything we could find about childhood trauma. In the works of Karen Purvis, David Cross, and others we found great insights into traumatized children and how to respond effectively to their behaviors.

## Seeing with a Trauma Lens

About the same time we took a free class offered by the Center for Child and Family Health (<https://www.ccf-hnc.org/>) called *Caring for Children Who Have Experienced Trauma* (<http://bit.ly/2nwkuDK>). There we learned to look at our children's behavior through a "trauma lens." This transformed our parenting and took us from a place of hopelessness to a place of hope.

Using a trauma lens is looking at a child's behaviors in light of the trauma they've endured and seeing what underlying thoughts, fears, feelings, beliefs, or memories might be driving the behaviors. Seen through the trauma lens, a child who behaves in a way that is stubborn, disrespectful, and conniving may be revealed as a child who is fearful, resilient, courageous, and resourceful.

Don't get me wrong; my wife and I haven't changed our definition of acceptable behavior. But viewing my child in this way helps shift my perspective. I see myself not as someone dealing with a difficult child, but as someone partnering with a child who struggles with difficult behaviors. Instead of battling my child, the trauma lens allows me to come alongside my child so that together we can battle the demons that haunt him.

The trauma lens also helps me take things less personally. I understand my child is not attacking me because he hates me—even if that's what he says. Rather, he may be protecting himself from getting too attached or directing at me the anger he feels at his birth parents. Seeing my kids through the trauma lens helps me to look past behaviors, use them as clues, and ask "What does my child need?"

Let me be clear, this is really tough stuff and requires commitment, patience, and unconditional love. It can be immensely difficult to see little Johnny as a hurting boy when you find he destroyed the walls in his bedroom because he was mad, or to be empathetic with little Suzie's plight when you find out that she dipped your toothbrush in the toilet...yesterday. Even if you aren't dealing with behaviors as extreme as these, it can be very difficult to find the real need driving your child's behaviors.

## Prioritizing Self-Care

This is a good place to talk about the essential discipline of self-care. Helping a traumatized child heal is exhausting and takes a long time; it's a marathon, not a sprint. Unless you selflessly find and do whatever it is that helps you recharge your batteries,

The trauma lens idea transformed our parenting and took us from a place of hopelessness to a place of hope.

you too might become a casualty of your child's trauma history.

On airplanes passengers are always advised that there may be a need to use an oxygen mask. Should that occur, we're told, we must put on our own oxygen mask before helping others. Why? Because you can't help someone else if you're dead!

Resource parents can get into trouble if we aren't intentional

about caring for ourselves. We can experience secondary trauma, emotional exhaustion, marital disharmony, guilt over the impact to our birth children, difficulties at work, or a host of other maladies. If we don't take the time to intentionally unwind outside the chaos, we can be overcome by it.

This nearly happened to us. After four years of trauma-informed parenting, my wife and I were struggling. We had different ideas about how to respond to our children, and learning new ways to help them seemed like the only thing we had in common. Our communication was reduced to difficult topics or the business of running our household. There was no relaxation, joy, or laughter. We were sinking. Fortunately, our faith held us together and we have others in our lives (a.k.a. a support system) who helped us see we were in trouble and needed to make changes.

If you're a resource parent, your child has experienced maltreatment and lost their birth family. This will impact them throughout their development. Looking at that impact through a trauma lens will help you help your child. Looking through the trauma lens with well-rested eyes, a clear head, and a long fuse will help you help them more effectively and with greater endurance.

For us, self-care involves ballroom dancing lessons once a week. It is far more enjoyable than I expected! I take my wife in my arms, we look into each other's eyes, we move in unison in the same direction, we laugh when we mess up. We follow up with coffee at a local cafe where under no circumstances do we talk about the children or family business. It all lasts only two hours, but we've disconnected from the difficult and connected with each other in an enjoyable way.

The impact on our home is palpable. There's less strife. We smile more. We're affectionate, more of a team, and more patient with the kids and each other. In short, we have a healthier, happier home and are better equipped to take on whatever gets dished our way as trauma-informed parents.

*Bob DeMarco is an adoptive parent in North Carolina.*





# Protecting youth in care from dating violence by Claudia Kearney

It is not talked about much, but teen dating violence is extremely common. Nearly 1.5 million high school students a year are physically abused by a dating partner. The violence is not always physical—it can also be sexual or emotional. Statistics show that **one in three** adolescents is a victim of physical, sexual, or emotional violence in a dating relationship.

These, of course, are just the reported cases. Acts of dating violence go unreported every day. Some victims do not want to lose the relationship with their partner or get the person in trouble. Others worry about losing friends, appearing weak, or developing a reputation as a “snitch.” Any of these labels can make school life extremely hard.

## Dating Violence Thrives in Secrecy

What can we do to help teens with a concern this complex but as common as acne?

Talk about it! Teen dating violence, like with domestic violence, thrives in secrecy. It continues because no one knows it is happening, or because the few who do know are not talking. People often wait for the victim to ask for help, or they offer help once and if the victim refuses, they never ask again.

What should you do if you think your teen is experiencing violence in a dating relationship? One approach is to begin with general questions about what a healthy relationship looks like. This is a non-threatening way to get a conversation started if you see one or more of the signs in box at right. Be forewarned: these conversations are not always easy. However, you can do this!

Start the conversation by asking questions such as: *Describe an ideal partner... What makes that person ideal? Now describe your partner... How is your partner different from your ideal partner? Is there a couple that you admire? What do you admire about them?*

For teens who have experienced trauma these questions may be challenging. Vulnerability is very scary to a traumatized teen. It may bring up feelings they have suppressed or ignored. Consciously or not, they may try to protect themselves by disguising their fear with anger or defiance. Be patient.

Many young people in foster care want to be seen as strong and capable of making good choices. Admitting a partner has been violent is admitting they made a poor choice. Like adult victims in unhealthy relationships, youth may believe they can “handle it” and their partner will go back to being the wonderful person they were at first.

## What Can Resource Parents Do?

Here are some ideas for talking with your teenager about dating violence.

**Be aware of your own feelings** about

## Early Warning Signs of Teen Dating Violence

Researchers who study teen dating violence have identified several early warning signs that a dating relationship might be likely to turn violent. These warning signs do not mean a relationship will definitely turn violent. However, if you notice several of them in your relationship or partner, you may need to re-evaluate your dating relationship. These warning signs include:

- Excessive jealousy
- Constant checking in with you or making you check in with him or her
- Attempts to isolate you from friends and family
- Insults or puts down people you care about
- Is too serious about the relationship too quickly
- Has had a lot of bad prior relationships - and blames all problems on the previous partners
- Is very controlling; this may include giving you orders, telling you what to wear, or trying to make all decisions for you
- Blames you when they treat you badly by telling you all the ways you provoked them
- Does not take responsibility for own actions
- Has an explosive temper (“blows up” a lot)
- Pressures you into sexual activity with which you are not comfortable
- Has a history of fighting, hurting animals, or brags about mistreating other people
- Believes strongly in stereotypical gender roles for males and females
- You worry about how your partner will react to the things you say or you are afraid of provoking your partner
- Owns or uses weapons
- Refuses to let you end the relationship

Source: McGhee, 2015

domestic violence. Often people think they can hide their feelings about teen dating or domestic violence. Although you may be able to filter what you say, if you have not dealt with your feelings your body language may send a different message.

**Make time for the conversation.** Your child needs your full attention. This is not a 10-minute talk or one where others are present. As you know, even if someone else in the room appears not to be paying attention, they can be listening to every word.

**Study up.** Although you cannot know everything, you want to enter into this conversation with a basic understanding of the dangers, dynamics, and common excuses used to dismiss teen dating violence. Educating yourself will help you help your teen and provide culturally appropriate resources.

**Be ready to hear “Everything is great.”** If your child tells you “Everything is great!” continue the conversation. Ask:

- *Tell me about an interaction you had with your partner that was not great.*
- *How did you feel at that time?*
- *What did you and your partner do to resolve the situation?*

Even if your teenager does not answer you, they have had a chance to think about the questions you ask. You know your child best: craft the follow-up questions in whatever way you need to keep the conversation going. You will know when to stop.

**Have resources ready** for your child to review or if they feel they want help. Not all agencies are the same. It is very important that the resources you provide are culturally appropriate to your teenager.

## Must I Really Have This Talk?

One of the most common questions about

teenage dating violence is: *Why do we have to talk with them? Teenagers are not going to tell us anything!*

They may not tell us anything, but they will have heard us. We need them to hear us so they do not try to go it alone. The Centers for Disease Control and Prevention reports that teens who experience dating violence are at a much higher risk for a variety of serious problems, including using marijuana or cocaine, getting into fights, carrying a weapon, having sex, and having sex with multiple partners. Teens who experience dating violence are also twice as likely to consider suicide. And the increased risk for these problems does not magically end when teens become adults.

## Resources

Fortunately, there is help for you and your teenager. In your county, a domestic violence agency can point you in the right direction for resources. If you need help locating this agency in your community, visit the **NC Coalition Against Domestic Violence** at [www.nccadv.org](http://www.nccadv.org). Even if you are not at the point where you need help, [nccadv.org](http://nccadv.org) is a great place to gather information to talk about with your teen. Other sites worth a look include:

- Love is Respect ([loveisrespect.org](http://loveisrespect.org)) provides info. on teen dating violence. Call 866/331-9474 (TTY 866/331-8653) with questions or for information. Anyone uncomfortable talking or unable to talk can text: [loveis22522](http://loveis22522).
- Survivor to Survivor ([survivortosurvivor.org](http://survivortosurvivor.org))
- National Network to End Domestic Violence ([nnedv.org](http://nnedv.org))
- National Coalition Against Domestic Violence ([ncadv.org](http://ncadv.org)). They also have a hotline staffed 24/7; just call 800/799-SAFE.

*Claudia Kearney is a trainer for the Center for Family and Community Engagement at NC State University.*



# Youth in care say self-care supports healthy relationships

by Megan Holmes

To have healthy relationships with others, one must first have a healthy relationship with oneself. For this, safe, enjoyable practices for maintaining mental, physical, emotional, and spiritual health are needed. The right self-care practices can be the key to creating an environment where healthy relationships can flourish.

## Self-Care

Self-care means recognizing when it is time to step away from personal and or professional relationships and responsibilities to provide care for oneself in some way (e.g., meditation, therapy, time alone, etc.). Recharging helps one maintain the dignity of the relationship.

Self-care can take many forms. For one person it may be writing. For another it could be music, or reading a book in the park. What matters is that people take time to do something they enjoy or helps improve their focus, productivity, and relationships.

## What Do Youth Think?

What do young people in foster care in North Carolina think about the connection between self-care and healthy relationships? To find out, I spoke with youth in care and foster care alumni from different parts of the state at an event called SaySo Saturday. (For more on SaySo Saturday, see box below.)

Interviewees were first asked what “self-care” meant to them. One defined self-care as having people that care about you and want to be present in your life, and who want to help you as you grow throughout life. For this young person, self-care is different from the definition provided above, and clearly involves help from others. Another young person I spoke with defined self-care as when you are your own provider in safety, health, and hygiene.

What do youth in foster care do to take care of themselves? One young person shared that when she gets angry, she finds it helpful to step outside and regain her thoughts. For her, fresh air and scenery help her regroup.

Another respondent noted that one way of practicing self-care is to have healthy eating habits and exercise regularly. This makes sense—healthy eating habits and regular activity increases a person’s overall health and well-being, which then allows a greater chance for them to establish and maintain healthy relationships.

Another interviewee pointed out that self-care is also about the things we choose not to do. He said that he is mindful to not place himself in situations that he should not be in, such as dangerous environments. It is great to

## A Foster Care Alumna’s Thoughts on Self-Care

by Shanita Didly-Goings

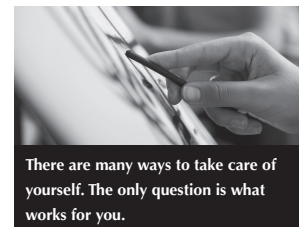
Relief coursed through me when, at age 12, my siblings and I were taken from our uncle. But relief quickly turned to weariness as 11 years of abuse started to catch up to me. Then we had five years of trauma due to our separation in the system.

I ended up developing some pretty bad self-care habits. Way into my young adult years I was hurting myself just to cope with my anger and day-to-day issues. Fortunately, I was able to surround myself with the right role models and slowly overcame those bad habits. I learned that when I am angry I should use words to convey that, not violence. I realized when I am sad, writing, drawing and reading are great out-

lets for my negative energy—far better than moping around and closing myself off from people. Some other methods that work for me include exercising, going out with friends or family, eating right, listening to music, and going to my favorite place and just chilling. There are many ways to take care of yourself. The only question is what fits best for the individual.

Sadly, children in my predicament have not been properly taken care of by anyone. This leads to our overall ignorance about taking care of ourselves. Self-care to me is about maintaining a healthy balance between one’s body, mind, soul, emotions, and our relationships with others.

We are not perfect, of course. Sometimes even when I use all my self-care methods I’ll still be upset,



or sad, or restless. This is a part of life. There is no foolproof plan to a better life. These are just tactics to make the journey a little less dramatic and tiring.

We should be getting our youth involved in their self-care early on in life. In my opinion this would help stop the abuse cycle and years of stereotypical statistics, particularly in African American youth. We should teach and raise stable, sound children so they grow up to be strong and supportive resources to draw from as alumni.

see these youth establishing self-care practices that will help them grow into strong adults.

The young persons I interviewed see a clear connection between self-care and healthy relationships. One shared their belief that both self-care and healthy relationships “help the other individual and help you become a better person.” Another agreed, pointing out that “If you don’t have proper hygiene, it can be harmful for intimate relationships by transferring various illnesses to the other person, which would be inconsiderate.” This respondent mentioned a different aspect of healthy relationships that is extremely important. Good hygiene is a self-

care practice that will increase the young person’s long-term health.

## Conclusion

Conversations with youth in care reveal that self-care is not as simple as we think it is. It has many faces and many lasting effects on all involved. If you are currently experiencing life in any way (employment, caring for family, etc.), you are strongly encouraged to find time to care for **you** so you can perform at your best in all you do. Don’t forget, you can’t help others if you aren’t first helping yourself.

*Megan Holmes is a foster care alumna and recent graduate of NC Central University, where she earned a BSW degree with a minor in Spanish.*

## SaySo: Strong Able Youth Speaking Out

### SaySo Saturday

SaySo Saturday is an annual youth conference that provides youth who are or have been in substitute care in NC a chance to network with other youth in care and participate in essential life skill workshops. We also draw names for door prizes and elect SaySo’s next Youth Board of Directors. SaySo Saturday is held every year on the first Saturday of March.

### Other Annual SaySo Events

**It’s My Transition.** A one-day seminar for youths 16+ years of age. Three are held annually. Each seminar focuses on two of the seven LINKS outcomes.

### LINK-Up Youth Conference.

This one-day life skills conference is for youths ages 13-16. Workshops and games are facilitated by SaySo’s Board of Directors and adult supporters. Conferences are usually held in January and August each year.

**SaySo Survivor.** This is a weekend leadership retreat that allows SaySo members to explore their resiliencies and move from surviving to thriving.

*To learn more about these and other SaySo activities please contact SaySo (800/820-0001; Email: sayso@ilrinc.com; Web: www.saysoinc.org).*





# Fighting human trafficking in North Carolina by Kiricka Yarbough Smith

Human trafficking is one of the fastest growing crimes in our country, and it's on the rise. It is happening right now in North Carolina.

There are two kinds of human trafficking. **Sex trafficking** is recruiting, harboring, transporting, providing, or obtaining a person for a commercial sex act that is induced by force, fraud, or coercion. When the victim is under age 18, no force, fraud, or coercion is necessary. In other words, minors involved in sex trafficking are always victims regardless of their knowledge of or agreement to commercial sex acts.

**Labor trafficking** is recruiting, harboring, transporting, providing, or obtaining a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Human trafficking is the second most profitable industry in the world, worth \$150 billion annually. Millions of men, women, and children are trafficked every year. The International Labour Organization estimates there are 21 million human trafficking victims globally.

## Youth Most at Risk

Traffickers target the vulnerable. This can include young people with a history of sexual abuse, dating violence, low self-esteem, or minimal social support.

Runaways and homeless youth are particularly endangered. One in three runaways who end up homeless are approached by a trafficker in the first 48 hours. Youth who identify as LGBTQ are also at risk because they are more likely to face discrimination and homelessness.

Youth involved with child welfare are also vulnerable. They often lack a strong family foundation, which teaches a healthy model of love and trust. This creates an opening for traffickers to exploit.

## Traffickers

A trafficker can be anyone who has influence over a minor—a friend, boyfriend, parent, brother, cousin, counselor, teacher, coach, or even a peer. Traffickers are not always involved in organized crime or gangs. They can be any age, gender, or race.

Traffickers exploit their victims by posing as friends or lovers, and even take on the role of surrogate family. Many initially shower their victims with material items and offers of protection. Then, once they have victims' trust, traffickers exploit them. Traffickers use violence and blackmail to keep victims under their control and to shame them. Because of the manipulation, victims often lose all feelings of hope and self-worth. Even if there is a chance to escape, the psychological chains traffickers use often keep victims from leaving.



**10**  
North Carolina is in the top 10 states for where human trafficking most likely to occur in the United States.

**Where is trafficking occurring?**

**Top 3 Sex Trafficking Venues**

1. Commercial Front Brothel
2. Hotel/Motel-Based
3. Residential Brothel

**Top 3 Labor Trafficking Industries**

1. Domestic Work
2. Traveling Sales Crew
3. Restaurant/Food Service

Source: Polaris Project



Council for Women Advocates  
919-733-2455  
www.ncfwadvoc.com

**20,000**  
women and children trafficked annually into the US.

**\$90**  
average cost of a trafficked person.

**less than 1%** of trafficking victims in the US are identified.



**HELP**  
IDENTIFY TRAFFICKING

**Red Flags include:**

- Signs of Branding
- False Identification
- Hungry/Malnourished
- Inconsistencies in Story
- Little to No Pay/Long Hours
- Inability to Make Eye Contact
- Injuries/Signs of Physical Abuse
- No Control of Personal Documents

National Human Trafficking Resource Center

**1.888.373.7888**

**Text "BEFREE" (233733)**

Confidential, 24/7, toll-free hotline

## Recognizing Victims

Trafficking victims often try to avoid identification, so it helps to know the signs. The following are **possible** indications:

- Distrusts law enforcement
- Avoids eye contact
- Lacks medical care or is denied medical services by trafficker
- Appears malnourished or shows signs of abuse, physical restraint, confinement, torture, or branding
- Has a lack of control, has few or no personal possessions, is not in control of his/her own money, financial records, identification documents, and/or is not allowed to speak for themselves
- Has numerous inconsistencies in his/her story, no sense of time, doesn't know what city they are in
- Poor mental and/or physical health, such as fear, anxiety, depression, paranoid behavior

If you see these signs further inquiry may be warranted. If you suspect trafficking is taking place, contact the National Human Trafficking Resource Center (888/373-7888) or text "BEFREE."

## Project C.O.P.E.

At the NC Council for Women and Youth Involvement, we believe that through collaboration, outreach, protection and education, we can improve and expand mentoring services for those at risk of sexual exploitation. In 2015, we were awarded a grant from the NC Governor's Crime Commission to fund Project C.O.P.E. (Collaboration, Outreach,

Protection, and Education). The four primary goals of Project C.O.P.E. are to:

- Increase awareness about the risks of commercial sexual exploitation
- Promote resources and services available for children at risk of exploitation
- Strengthen existing academic, extracurricular, and mentoring programs to serve youth more effectively
- Strengthen protective factors among previously exploited children and youth

Project C.O.P.E. provides trainings for school personnel, students, and parents on how to prevent trafficking in their community. It is important for parents and caregivers to teach children about healthy relationships and personal boundaries. Parents should be aware of their child's friends and other relationships because traffickers often try to build friendly relationships with victims to gain their trust prior to recruiting them.

Since human trafficking is increasingly happening through technology, parents should establish guidelines for and monitor the use of internet and social media. It's important to create a space where young people feel comfortable coming to their parents about situations that make them feel uncomfortable or exploited. Community involvement and awareness is a critical part of the fight against human trafficking.

For more information, please visit [www.councilforwomen.nc.gov](http://www.councilforwomen.nc.gov) or contact Project C.O.P.E.'s Kiricka Yarbough Smith (919-733-2455; [Kiricka.yarbough.smith@doa.nc.gov](mailto:Kiricka.yarbough.smith@doa.nc.gov)).



# Youth in foster care are vulnerable to exploitation

*An excerpt from Withelma "T" Ortiz Walker Pettigrew's testimony before Congress*

On October 23, 2013, foster care alumna and human trafficking survivor Withelma "T" Ortiz Walker Pettigrew testified before the U.S. House of Representatives' Committee on Ways and Means as part of a hearing on preventing and addressing sex trafficking of youth in foster care. The following is an excerpt of her testimony. Her full remarks, as well as the transcript of the full hearing, can be found at <http://bit.ly/2osx7lg>.

\*\*\*\*\*

I was a youth who grew up in foster care for pretty much the first 18 years of my life. Throughout that time, from the ages of 10 to 17, I was a victim of sexual exploitation and trafficking . . .

I am here to tell you why I and other youth in foster care are rendered more vulnerable to be sexually trafficked. So, first of all, we accept and normalize being used as an object for financial gain. . . . As we all know, there is money provided to caregivers by the agencies to provide and serve the youth. Often, this money is used by caregivers for their personal use or the use of their families or biological children. . . . so what we began to do as the youth in care is normalize and accept that our purpose is of being a financial benefit of others. And so, because of this, it makes it harder for a youth and even for myself in my story to have seen the difference in bringing in finances into the foster home or of bringing money to an exploiter and their stable. (Editor's note: a "stable" is a group of victims under the control of a single pimp.)

So foster care normalizes that other people

are supposed to control our lives and circumstances. Multiple roles, such as public defenders and social workers, come in and fluctuate in and out of youths' lives, most of whom are strangers to them. These are the people who dictate what happens in their lives where they live, what school they go to, and what decisions will be made for them socially. Foster care creates an ever changing environment of youth having to adapt to strangers making life decisions, and this is conducive to the parallel process of exploiters who seek to keep control of a youth's life.

We also lack opportunities to gain meaningful relationships and positive attachments. How this plays out for others and for myself, opportunities to build these skills, such as problem solving or for what it means to reconcile after an argument, are denied, and instead we are just moved to another placement. For myself, as unfortunate as it is to say, due to the over 14 plus placements I have endured, the most consistent relationship that I ever had while in care was that of my pimp and his "family" . . .

In care, we become accustomed to being isolated, much like the victims of domestic violence. By adapting to multiple moves from home to home, this allows us to easily adapt when traffickers move us multiple times from hotel to hotel, city to city, and/or State to State.

And these exploiters go without fear of punishment due to the lack of attention when young people from this population go missing.

The most consistent relationship that I ever had while in care was that of my pimp and his "family."

No one looks for us. I really want to make this clear: no one looks for us. No one keeps us on their radar. The system just makes no effort. There are no AMBER alerts, no posters when youths from the foster care system go missing. And, oftentimes, group homes will avoid reporting youth missing due to interrupting payment.

And . . . it is always assumed that we have willingly run away. Many times, that is not the case. Many times, we are kidnapped or other circumstances. This the exploiters use to their advantage. The life instability of foster care makes it easier for exploiters to hide their involvement, which continues to perpetuate our population's vulnerability.

I believe child welfare agencies should be working with local programs which support and provide resources to youth who have been sexually exploited to enhance their . . . transition into a healthier lifestyle. They also can learn ways to identify these youth. For myself in care, there was many times that I had many absences and people knew I was absent . . . those were red flags that should have been paid attention to.

Today Ms. Pettigrew is a policy consultant, trainer, and moderator.

## Know the Lingo

Knowing terms used by those involved in sex trafficking can help you identify and understand victims. For a glossary of terms visit <http://shared-hope.org/the-problem/trafficking-terms/>

## Tips for Caring for a Trafficking Victim

Caring for young people who have survived sex or labor trafficking is new territory for most resource parents. Here are some tips adapted from the Ohio Child Welfare Training Program (2014) to get you started.

**Learn all you can** about human trafficking, its impact, and how to help children who have experienced it.

**Find a real live support person.** Helping a victim is easier if you have someone experienced you can turn to for insight and advice. Work with your licensing worker and/or the child's social worker to find the right person.

**Think physical safety.** Consider the following with your social worker:

- Youth may try to reconnect with traffickers. Explain to youth why this is a bad idea. At the same time, it may be necessary to restrict visi-

tors and monitor calls and electronic communications (texts, etc.).

- Contact with children's families. NC strongly supports shared parenting, but special care must be taken when human trafficking has occurred. Some families were directly involved in the trafficking; others may be watched or pressured by traffickers to share the child's information. Discuss contact with family with your agency before it occurs.

**Think psychological safety.** To recover from trafficking, children must feel psychologically safe. You can help by:

- Helping them identify things that instill the feeling of safety; eliminate or minimize things that make them feel unsafe.
- Teaching them to understand and manage difficult behaviors. Help

them see the links between what they think, feel, and do; help them take control of their actions.

- Helping them develop a strengths-based understanding of their life story. Help them overcome negative or distorted beliefs about their histories by being a safe listener for them.
- Help children understand and manage overwhelming emotions. By providing calm, consistent, loving care, you set an example and teach children to define, express, and manage their emotions.
- Give them opportunities to create, have fun, and play. Celebrate their strengths.

**Ensure youth get a comprehensive assessment** and all services they need. After trafficking a young person might need medical care, academic interven-

tion, legal assistance, or mental health treatment.

**Be ready to reframe.** Many young people see themselves as strong-willed survivors of trafficking, not victims. They may even be defiant. Use this as a strength to help empower youth and rebuild their self-esteem.

**Be a constant, patient presence.** Building trust with trafficking victims can take time. Sex trafficking dynamics can cause youth to repeatedly return to a pimp. "Programs working with these youth have learned the importance of being a constant presence for these youth, which means allowing them to return many times" (p. 2).



## Writing Contest

# A healthy relationship in my life today

We asked young people in foster care, "Describe a healthy relationship in your life today. How do you know it is healthy?" Here's what they had to say.

Dionna, age 16

Healthy relationships contain: trust, loyalty, forgiveness, laughter, honesty, and unconditional love.

I am thankful to have a healthy relationship with my dear friend, Tashianna. I can talk to her about anything, even my darkest secrets. Just like any other relationship, we have our disagreements and arguments, but we are able to settle it out. We always forgive each other. Tashianna will always have my back and I will always have hers. When I tell her about my insecurities she always makes me feel better. Tashianna will always tell me the truth when I'm in the wrong, not just with her but with other people as well. Even when I don't want to hear it, she still keeps it real with me.

My relationship with Tashianna is healthy because we can overcome any obstacle we face. Even if we are not on speaking terms I know she loves me and that our relationship will never die out.

*DIONNA RECEIVED \$100 FOR TAKING TOP PRIZE IN THE WRITING CONTEST.*

Tashianna will always have my back and I will always have hers.

1

Adam, age 16

I have a very healthy relationship with my foster family. We don't argue, we don't yell. We enjoy being around each other....

I had severe back problems [when I came to them]. They noticed and I had to have MAJOR surgery. They stayed with me in the hospital for 16 days and never left my side....

I'm the happiest I've been in a long time and I am very, very grateful for that. When I first got here I really didn't know what love was. Now I am treated with all the love and affection I've always wanted in my life but really never had. I love them and they love me. That is a healthy relationship.

*ADAM RECEIVED \$50 FOR TAKING SECOND PRIZE IN THE WRITING CONTEST.*

My foster family stayed with me in the hospital for 16 days and never left my side.

2

Chidubem, age 17

[When] my mother told the judge that she didn't want to/ couldn't keep us, I felt unwanted and unloved... I felt that if the most important people in my life were told they could only pick one person, they wouldn't pick me. Not one person, not my mother, my sisters, or even my best friend. I believed that if people had to choose between having to be with me and anyone else, they would take their shot with someone else. Truthfully, I wouldn't have picked myself....

[But today] I believe Mrs. Chevy, a foster parent, would pick me.... [Now] for the first time in over three years, I would pick myself. I love myself. I want myself....

[Since] Mrs. Chevy helped me love myself, I've been able to properly receive love from others. As cliché as this is, the healthiest relationship I have today, is with me. And isn't that the most important thing?

*CHIDUBEM RECEIVED \$25 FOR TAKING THIRD PRIZE IN THE WRITING CONTEST.*

Mrs. Chevy helped me love myself.... isn't that the most important thing?

3

I have a healthy relationship with . . .

**My twin** . . . I don't just say that because we are twins, I'm saying that because it's true. I know our relationship is very, very healthy because she tells me true things that will help me get through life or a situation. Sometimes I don't wanna hear it, but at the end I always find out what she said was true. Another way I know our relationship is healthy is she never hurts me mentally, physically, emotionally, or verbally. . . . She never says things about my weight. . . . She builds me up every day mentally by pushing me to do what's right and making me a better person. — Gabriella, age 16

My twin sister builds me up every day.

**My adoptive mom** . . . we get along so well no matter what happens. Also, I know that if I ever mess up in my life, she will be there to forgive me and help me out. That's why I am glad to call her my mom. . . . The number one key for a healthy relationship is FORGIVENESS and my mom always forgives me no matter what. The relationship I have with my mother is the best relationship I have ever had. — Dawn, age 18

**My foster parents** . . . They took me in and for the first three months I didn't trust them, but slowly I realized they truly cared. I started to believe that my mom left me cause she didn't love me, so I took all my anger at my biological mom and took it out on my foster parents. 2016 was my fourth year with them. They are planning on my adoption.

What really makes a long-lasting, successful relationship? Well for starters LOVE has a big role. Love isn't a word you just say. You have to show love. Patience and forgiveness helps you a lot. You have to be able to forgive and be patient even when you're at your worst. Love isn't about expensive gifts but about the laughter, the memories, and the inside jokes you develop over time. . . .

We went through hard times together, yet they still love me unconditionally. I used to have very little self-esteem and pretty much hated myself because of what happened to me as a child. There were a couple of times when my foster parents would compliment me and say I looked nice and I would blow it all out of proportion. I would scream and say "you never loved me," "you are lying to me!" . . . I would keep screaming and screaming, saying I hated them and was gonna walk on their graveyard and laugh.

Sometimes I look back and wish I could take back what I said. I didn't deserve such a caring family, but I love them! What shocks me the most is that they still love me to this very day. — Andrea, age 12

**My foster parents.** . . . I have been in foster care for almost four years. When I came to foster care I didn't know anybody. I was scared the first night and the second, and maybe the third. The next couple of weeks were OK because I was just getting to know everybody and they got to know me. I felt a lot better. When my foster parents went on vacation, I went too. They treated me like their own child and I liked that. When I got in trouble, they would ground me. When I came home from school my foster parents would help me with my homework and I got good grades . . . . When it came to holidays, I would participate in the activities and spend time with family. I learned a lot and I'm getting better. — Faith, age 13

They treated me like their own child and I liked that.

*THESE YOUNG PEOPLE RECEIVED \$20 FOR HAVING THEIR ESSAYS PUBLISHED.*



# Forging a healthier social climate by addressing bullying

by Trishana Jones, MSW, North Carolina Coalition Against Domestic Violence

Treating others with fairness and compassion helps us build healthy relationships and improves how we collectively feel about ourselves. Yet the opposite is also true: bullying at school and in other settings harms us all.

It's especially bad for those involved. Studies have shown involvement in bullying—as a perpetrator, victim, or witness—can undermine one's psychological well-being and academic performance and may lead to involvement in dating/intimate partner violence or substance abuse (CDC, 2014).

Despite the harm it causes, bullying is common. One in five students admits to being a bully or engaging in bullying. According to the 2015 results of the Youth Risk Behavior Survey (YRBS), 15.6% of teens surveyed in North Carolina reported being bullied at school.

## Bullying: What It Is

The Centers for Disease Control and Prevention (2016a) define bullying as “any unwanted aggressive behavior(s) by another youth or group of youths...that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.” Bullying may be carried out by physical aggression (hitting, tripping, damaging belongings), verbal insults, or hurting a victim's social standing by spreading rumors or encouraging peer rejection or isolation.

There is also **cyber-bullying**, which is aggression through e-mails, chat rooms and forums, text messaging, or social media apps. Incidents of virtual or real-world bullying can be widely shared and put on unending display with social media platforms such as Twitter, YouTube, and Tumblr. In the 2015 YRBS results, 12.1% of teens surveyed in our state reported being electronically bullied.

## Victims

Some are more at risk of being bullied than others. Youths who live with disabilities, learning challenges, obesity/body image issues, or who identify as members of an ethnic or religious minority or as lesbian, gay, or gender non-conforming are highly vulnerable. In the past decade, incidents of bullying Muslim girls by pulling their hijabs (headscarves) have increased. Victims of bullying may suffer physical injuries, lower self-esteem, changes in eating habits, and emotional distress. Bullying may incite the onset of depression, anxiety, and sleep difficulties.

Bullying may also hurt a victim's school performance. Bullied youth may grow to dislike school and may avoid attending out of fear of getting hurt. Importantly, Black and Hispanic youth who are bullied are more likely to struggle academically than their white peers.

Bullying can widen the disconnection some

## Possible Signs of Bullying

NOTE: These signs *may* indicate involvement in bullying. However, they could be caused by many things other than bullying.

- Missing or damaged belongings (e.g., books, clothes, electronics, jewelry)
- Unexplained injuries
- Frequent real or faked illness
- Trouble sleeping or frequent bad dreams
- Changes in eating habits
- Increase in self-destructive behaviors
- Runs away
- Decreased self-esteem
- Sudden loss of friends or avoidance of social situations
- Afraid to go to school or other activities
- Avoids computer, cell phone, etc. or appears stressed when receiving email, instant messages, or texts
- Avoids conversation about computer use



Source: Marsh, 2011

kids already feel at school. In a survey of 3,530 elementary school students, those who reported being bullied were four times more likely than non-victims to feel they did not fit in or belong at school. In contrast, bullies are perceived by their peers as popular or powerful (Zweig, et al., 2013).

## Bullies

There is no single profile for children and teens who participate in bullying. However, youth who bully are more likely to exhibit an attitude accepting of violence, lack non-violent problem-solving skills, display rule-breaking or defiant behaviors, have friends who encourage bullying, and have a history of violent victimization and harsh parenting by caregivers. Exposure to domestic violence also makes bullying behavior more likely.

Youth who consistently play the role of bully are at higher risk of substance abuse, poor academic achievement, and of using violence against peers and dating partners when they grow up. Bullying is also concerning because both perpetrators and victims have been found at increased risk of self-harming or suicide-related behaviors.

Bullying can have a domino effect, inspiring some victims to become bullies themselves (“bully-victims”). Studies show bully-victims have trouble controlling their emotions and often retaliate with aggression. Like victims, bully-victims may battle anxiety and depression, along with cognitive and behavioral difficulties, hyperactivity, and reactive aggression. Many lack close friendships.

## Witnesses/Bystanders

Witnesses of bullying, also known as bystanders, can play multiple roles. Some assist or reinforce the bullying behavior. Others observe but provide no feedback. Still others step up and defend the target of the bullying. The role a bystander chooses is influenced by many things, including fear of retaliation, concern that taking action will have no impact or even make things worse for the victim, and the bystander's feelings about the victim.

Bystanders have the power to stop bullying. In one study, when a bystander intervened, 57% of the time the bullying stopped (Hawkins, et al., 2001). Bystander strategies that victims find most helpful include:

- Affirming the victim by letting them know the bystander cares;
- Walking or talking with the victim in social settings; and
- Helping the victim get away/offering advice.

## What Can Resource Parents Do?

**Keep learning.** This article is just a start. Learn all you can about responding to bullying. Check out the resources found here: <http://practicenotes.org/bullying-resources.pdf>.

**Connect your child to a peer group.** Especially if they have had to change schools or communities, kids in care may not know safe routes to and from school or which people or places to avoid. You can help by connecting the child to a group of peers. This provides a place to “belong” as well as access to kids who “know the ropes.”

**Advocate with schools to provide effective anti-bullying programs.** Child welfare agencies should do the same. For a study by Lawner & Terzian (2013) about the traits of effective programs, go to <http://bit.ly/2nFg3XI>.

## If your child is being bullied:

- *Share your concerns* with teachers, school administrators, and others who work with or care for the child. Keep documentation with dates, incidents, and school personnel contacted.
- *Coach your child* on how to avoid bullying and to respond and seek help when it occurs. Never encourage physical fighting or matching the aggression of the bully. Coaching about issues of hygiene, clothing, and social skills may be helpful.
- *Enroll your child* in a peer support group, counseling, or assertiveness training.

**If your child is bullying others,** talk with the child's worker about how the child's treatment plan might incorporate counseling or other interventions. Fortunately, bullying is a learned behavior and it can be unlearned.

# Preventing suicide among children in foster care by Jodi Flick

Suicide among young people in foster care is uncommon, but it does happen—even in young children. What can we do to reduce the risk of such a tragedy and increase every child's resilience?

## Risk Factors

As a starting point, it helps to know the factors that put youth at risk for depression, anxiety, and suicide. These include the following:

### 1) Unrecognized, untreated, or under-treated depression and bipolar disorder.

This is one of the greatest risk factors, especially among youth in foster care, who tend to suffer from mental illnesses at higher rates than other children. Unfortunately, many parents, resource parents, and professionals overlook or underestimate the amount of depression in children and teens. The experiences children have endured aren't the only cause of mental disorders; genetics also has a big influence.

We know for a fact early intervention and treatment can save lives and lessen the impact of these illnesses for a child's entire life. The most effective treatments involve both medication and Cognitive Behavioral Therapy, combined with efforts to decrease stress in the child's life. Unfortunately, research shows that even when they receive medication, children often don't get the therapy they need. In one study, three months after being put on medication for depression and anxiety, more than half of children had not yet seen a therapist.

**2) Firearms in the home.** This is a big risk factor for suicide. When a child is depressed, anxious, or suicidal, the lethality of firearms is an issue. Less lethal methods of suicide allow a person time to change their mind or for others to rescue them. With a firearm, this isn't an option.

Gun owners should not be overconfident. Of children who die by suicide, 82% use a gun belonging to a family member. One out of three times the gun was locked, but the child knew the combination or where the key was kept. Studies also show it is not uncommon for children to handle their parents' firearms without their knowledge (Baxley & Miller, 2006).

**3) Peer suicidal behavior.** This is a particular risk factor for adolescents. Teenagers who have had a friend attempt suicide are two to three times more likely to attempt it themselves. In youth exposed to suicide, even six years after the death, those with traumatic grief have five times higher rates of suicidal thoughts.

There are things you can do to reduce the risk of tragedy and increase a child's resilience.

### 4) Untreated childhood trauma

(especially physical abuse, sexual abuse, and severe neglect). This can have a lasting impact on the brain, both by disrupting normal, healthy, developmental experiences and by causing potentially lifelong changes in the brain. The more traumas you experience, the greater the risk. It's true that there

are effective treatments for trauma in children, including Trauma-Focused Cognitive Behavioral Therapy and EMDR, but many children in foster care never receive treatment to address this need.

Sources: SAMHSA, 2012; Goldsmith, et al., 2002

## Protective Factors

Just as there are risk factors, there are also factors that lessen the risk of depression and suicide in children and adolescents. Some of these are outlined in the box at right. We boost protective factors when we teach children skills such as:

- Social skills (how to make friends, how to read social situations, how to recognize emotions in others and respond appropriately)
- Optimism (good humor and playfulness, seeing possibilities for hope/change)
- Managing stress and emotions (how to calm yourself when you're upset or angry, how to motivate yourself)
- Assertiveness (being clear about personal feelings, setting limits without being aggressive)
- Taking responsibility (apologizing, not blaming others when something really was your fault)
- Negotiating (compromising, feeling some control and power over decisions)
- Empathy (understanding how another person would feel)

Seligman, 2012; Goldsmith, et al., 2002; Hockey, 2003

One study found that when these specific skills were taught to 5th and 6th graders, they were half as likely to develop depression.

All of these skills foster **social connectedness**—one of the most important factors that protect children from suicide. For more on social connectedness, see the article on the next page.

## Know the Signs

To prevent suicide, we must be able to recognize the warning signs. Resource parents and other adults should be willing to act if they notice a child / youth:

- Threatening to hurt or kill themselves
- Seeking access to means (e.g., pills, weapons) to hurt or kill themselves

## Protective Factors Matter

Having three or more of the following protective factors reduces the risk of suicide in adolescents by 70-85%:

- Perception that an important adult cares about them
- School connectedness (teachers treat them fairly, feels part of school)
- School safety (feels safe at school)
- Parental presence before and after school
- Parent and family connectedness and caring
- Good grade point average (GPA)
- Religious identity (faith affiliation)
- Counseling provided by the school
- A number of parent/child activities (play games together, eat dinner together, engage in physical activities together)

Sources: Goldsmith, et al., 2002; APA, 2013

- Talking, writing, or posting on social media about death, dying, or suicide
- Increasing alcohol or drug use
- Withdrawing from family, friends, or society
- Feeling hopeless, trapped, worthless, or a lack of purpose
- Acting recklessly or engaging in activities with high risk of death
- Demonstrating rage, agitation, anger, or seeking revenge
- Having a dramatic change in mood

A common myth is that people who talk about suicide won't act on it. Another is that asking a person if they are having thoughts of suicide will "put the idea in their head." Neither of these is true (National Council for Behavioral Health, 2015).

Ask a child directly if they are having thoughts of killing themselves. If they say yes, immediately arrange for an evaluation by a qualified mental health professional. You could save that child's life. Preventing suicide is everyone's business.

## Focus on Prevention

Children's mental health has a tremendous influence on their risk of suicide. If we all commit to doing everything we can to ensure children and youth in foster care get trauma-informed mental health treatment and to teaching them skills to manage their stress (e.g., exercise, adequate sleep, spending time in nature, mindfulness, volunteering in activities that help someone else, expressions of gratitude), we can help keep them safe and promote their ability to learn, carry out daily activities, and have satisfying relationships.

Jodi Flick, ACSW, LCSW, MSW, is a Clinical Assistant Professor with the UNC School of Social Work and a counselor with the Chapel Hill Police Department's Crisis Unit.

# Social connections help youth in foster care thrive

Young people in foster care struggle with trauma and other challenges. For many, a bright and happy future is not guaranteed. One way to protect these young people from the risks they face and put them on the path to success is to help them build and maintain social connections.

## Definition

Social connections have two parts: (1) healthy, supportive, caring relationships with family, peers, and other adults, and (2) constructive engagement with safe, stable, equitable organizations and institutions (e.g., schools, churches). To thrive, young people need good connections to both people and institutions.

## Connections to People

In their search for identity, purpose, and direction, young people need to feel connected to others, especially to people who:

- Care about them
- Listen non-judgmentally and keep communication open
- Give well-informed advice
- Help solve problems
- Set limits that are developmentally-appropriate
- Offer opportunities for new experiences, and
- Encourage them, set high expectations, and celebrate their successes.

**Resource parents** and other caring adults help meet this need, of course. Research finds youth who feel close and attached to at least one caring adult are psychologically healthier than peers who feel detached. Being connected to a trusted adult is a buffer against many types of risks including depression, early sexual activity, violence, and alcohol and marijuana use.

NC policy recognizes how important it is for youth to have meaningful relationships with adults. For example, since 2001, our state has sought to ensure that, in addition to professional relationships, all teens in foster care have a personal support system of at least five caring adults.

**Peers count, too.** Close peer relationships and friendships are especially important during adolescence. Peer groups provide a context for youth to develop and express independence and develop their own identity. Identity includes a youth's self-concept (i.e., beliefs about oneself), self-esteem (i.e., positive or negative feelings about oneself) and a sense of who one is (including gender identity, sexual orientation, race, culture, and socioeconomic status). Conversely, research shows a lack of close peer relationships is associated

## Ways You Can Promote Social Connections for Youth in Foster Care

- Model strong, supportive, and loving relationship skills. Be the kind of positive, caring adult who makes a difference in the lives children and youth.
- Help youth stay connected to siblings, extended birth family members, past foster parents, and other important adults whenever possible.
- Provide a predictable, fair, and stable home and avoid any additional moves or disrupted connections.
- Take time to reflect on your own experiences and history and know who and how you relate best to other people.
- Connect youth to other caring adults (coaches, teachers, neighbors, clergy) and other young people with similar interests, circumstances, or backgrounds and to activities that celebrate their race, culture, and ethnicity.
- Encourage youth to get help to address any issues that make it hard to develop healthy connections (e.g., anxiety, depression); this could be through counseling, support groups, or other wellness activities such as yoga, relaxation techniques, or exercise.
- Make sure youth are able to attend and participate in child and family team meetings (CFTs) and other case planning meetings.
- Ensure youth can participate in the full range of "normal" adolescent activities such as sleepovers, class trips, and prom.
- Celebrate successes and events that are significant to the young person.
- Be patient and don't give up. Healing takes time, as does building positive connections.



with a range of poor outcomes in adolescence and adulthood such as delinquency, poor academic performance, poor social skills, and mental health problems.

## Connections to Institutions

Youth also need to be constructively engaged in organizations such as schools, religious communities, and recreational

facilities. Social institutions support young people's intellectual, social, emotional, moral, and physical development.

To feel connected to a social institution, youth must see it as safe and believe that at least one adult associated with the institution is fair, cares about them both as a member of a group (e.g., stu-

*continued next page*

## Reflections on Resource Parents, Firearms, and Child Safety

A few years back our family was rocked by the suicide of two teenage boys within 24 hours of each other. In both cases, the gun used belonged to a family member. Sadly, this is all too common.

In fact, studies show gun availability is a risk factor for youth suicide in the United States and that most suicide attempts using a firearm involve a weapon owned by a parent or other family member. For this reason the NC Division of Social Services urges foster parents not to keep firearms in the home. Not inclined to agree? Read on...

Suicide attempts using a firearm are 85-90% successful. In contrast, other means, such as cutting or poisoning, are 1-2% successful. Studies also show that only 10% of those who seriously attempt suicide and fail are likely to eventually die from a subsequent attempt (Harvard Injury Control Research Center, 2017).

Considered together, these studies show there is strong support for the assertion that it is better not to keep firearms in your home. Keeping firearms out

of the home dramatically reduces the risk of your children successfully ending their own lives.

If families choose to store firearms at home, strict vigilance and storage rules must be followed. If you suspect your children (or anyone, for that matter) may be at risk of harming themselves, the first step in prevention is to make firearms unavailable by temporarily removing guns from your home. Do not make the mistake of thinking that hiding a gun is enough.

The safety controls foster parent gun owners in our state must use are little more than common sense. The following list is an excerpt of the requirements for North Carolina foster families:

- Explosive materials, ammunition, and firearms shall each be stored separately, in locked places.
- Firearms must be kept securely locked. Consider adding a trigger lock for additional security.
- Ammunition for the firearm must be locked up and stored separately from the firearm.
- If a gun cabinet is used to store both firearm and ammunition, the cabinet must have separate



locked areas for the firearm and the ammunition (NC DSS, 2014).

As an avid sportsman I've been storing my guns in a safe in my home. But as a father to children who are at increased risk of self-harm, the education I got in researching this article has caused me to pause and reconsider that decision. If you're like me and have or will have kids in your home who could be at risk, I encourage you to do the same.

*Bob DeMarco is an adoptive parent in North Carolina.*



# Social connections

from previous page

dent/team player/band member/congregant) and as an individual, and wants them to succeed.

Connection to a social institution helps buffer young people. For example, participation in an active, school-based support group correlates with lower rates of depression and suicide attempts in LGBT youth. Conversely, when young people feel isolated, excluded, or disconnected from social institutions, they may experience a range of negative reactions, such as lack of self-confidence or increased likelihood of suicidal thoughts.

## Quality, Not Quantity

The quality of social connections is what matters. Youth can feel lonely and isolated even when surrounded by others if relationships lack emotional depth and genuine acceptance. Group activities must support a sense of connectedness between the youth and at least one other person. New relationships should engender meaningful support so honest conversations and healthy development can occur in a context of mutual trust and respect.


## Take-Aways for Parents

What does all this mean for you as a resource parent? Since social connection reduces risk for kids and increases their resilience and well-being, foster and adoptive parents and kin caregivers should deliberately cultivate children's relationships with people and institutions.

This starts with you, of course. Your reassurance, understanding, and consistency can make a big difference in their lives.

You should also encourage their involvement in social activities that build on their interests. For example, encourage them to join a sports team, a club (drama, chess, poetry), a music group or choir, a scout troop, or faith-based youth group. North Carolina's new policy related to normalcy for kids in care is designed to encourage this kind of thing. (For more on this policy visit <http://bit.ly/2nkd1hJ>.) Activities requiring synchronous movement with others (like dancing or singing) are especially helpful in increasing positivity.

Volunteer activities that help



**Every Kid is ONE Caring Adult Away From Being a Success Story**

As Josh Shipp puts it, "Statistically, I am supposed to be dead, in jail, or homeless. At 14, I'd been kicked out of so many foster homes that it became a game to me. I acted out because I didn't trust anyone, and I didn't expect that to change any time soon."

Somehow he turned it all around to become an award-winning youth speaker and teen expert. To find out how he went from likely statistic to national success, visit the link below to watch his compelling, inspiring 17-minute video. You'll be glad you did.

<http://joshshipp.com/one-caring-adult/>

others have been shown to increase children's feelings of worth, value, and meaning—all of which are protective. Find ways for them to do things for someone else: make a meal and take it to a sick neighbor, help out at the animal shelter, serve lunch at the soup kitchen, work on a Habitat for Humanity house, write a letter telling someone why you are grateful to have them in your life. These skills will protect children for a lifetime.

It's important to remember that the impact of trauma does not have to be permanent. Brain

cells and connections can be "rewired" within the context of positive environmental stimulation. When young people have positive, nurturing, kind, permanent relationships and experiences, their brains build new pathways that help them reach a calm and connected state. With the right relationships, education, and supports children and youth can learn to THRIVE.

*Special thanks to the Center for the Study of Social Policy's Francie Zimmerman for her contributions to this article.*

## Sign Up for Mental Health First Aid

Mental Health First Aid is a training program that teaches members of the public how to help a person developing a mental health problem (including a substance use problem), experiencing a worsening of an existing mental health problem, or in a mental health crisis. Like traditional first aid, Mental Health First Aid does not teach people to treat or diagnose mental health or substance use conditions. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves.

### Why Mental Health First Aid?

Mental health problems are common, so members of the public are likely to have close contact with people affected. However, many people are not well informed about how to recognize mental health problems, how to provide support and what are the best treatments and services available. Furthermore, many people developing mental disorders do not get professional help or delay getting professional help. Half of all mental health issues start before age 14; 75% start by age 24. Someone in their social network who is

informed about the options available for professional help can assist the person to get appropriate help. In mental health crises, such as a person feeling suicidal, deliberately harming themselves, having a panic attack, or being acutely psychotic, someone with appropriate mental health first aid skills can reduce the risk of the person coming to harm. There is also stigma and discrimination against people with mental health problems, which may be reduced by improving public understanding of their experiences.

### Sign Up

Mental Health First Aid is an 8-hour course that teaches you how to help someone who may be experiencing a mental health or substance use challenge. The training helps you identify, understand and respond to signs of addictions and mental illnesses. Once you have taken this course you are certified for three years. Search and sign up at [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

Source: Wikipedia, 2017



## Parenting a Child with an IDD?

The Center for Family and Community Engagement at NC State University is conducting a study about foster care services for youth diagnosed with an intellectual or developmental disability (IDD). The purpose of the study is to learn about the experiences of foster parents of a child diagnosed with IDD, the challenges faced by foster youth with IDD, and any services that would be helpful for these youth and their foster families. Foster parents who are caring for a child with IDD, or who have cared for one in the past, are needed to participate in focus groups with a researcher and 4-6 other foster caregivers. We hope to begin focus groups in June 2017 and hold them throughout the summer. Each group will last approximately 1.5 to 2 hours and will occur at a time and place convenient for participants. Individuals will receive a \$25 gift card for each hour of participation. To learn more contact Kate Norwalk at [knorwal@ncsu.edu](mailto:knorwal@ncsu.edu).

**NC STATE  
UNIVERSITY**

# How resource parents can help struggling students by Kelly Sullivan

Imagine you go to work every day and you're really bad at your job. And, everyone thinks your job is the only really important thing you do, while your other interests and talents are hardly acknowledged.

How does this relate to children in foster care? School is the work of childhood. For many children involved in the child welfare system, the scenario I've just described could be close to their reality.

## At a Disadvantage

Many children in foster care have missed a lot of school. Even when they're at school, they may find it hard to pay attention to what they're being taught due to untreated conditions (e.g., ADHD, brain damage from prenatal and postnatal toxic exposure), symptoms of chronic or traumatic stress, and removal from the classroom as a form of discipline.

Moves are another problem. When children move from one foster care placement to another they often have to change schools. When they do, even more learning time is lost as they adjust to the new school.

Also, many children have negative associations with school and learning. Some have been repeatedly told they are stupid. Others come to this belief by interpreting more subtle behavior of others or through self-comparisons they make during the school day. Children in foster care are also twice as likely as other children to have learning disabilities (14.7% vs 7.6%) and developmental delays (7.3% vs 3.4%) (Turney & Wildeman, 2016).

Rarely does a child struggle with just one of these issues. Instead, these challenges interact with and compound each other. Some children involved with the child welfare system experience all of these issues.

The statistics verify this phenomenon. Many youth in foster care perform below their peers in school. The greatest achievement gaps are in basic reading, math, and writing. Young people in foster care score on average 15–20 percentile points lower than their peers on standardized academic tests and are more likely to be retained at least one year and to be referred for special education (Beisse et al., 2011; Scherr, 2006).

## School Tasks Can Be a Trigger

For many young people in foster care anything dealing with school can be a trigger. In other words, even a tiny experience (e.g., taking out homework, a spelling test, a teacher's question) may cause the child to have an intense and largely uncontrollable emotional reaction linked to their past negative experiences.

Often these emotional reactions stem from feelings of incompetence. When children who

Think of negative behaviors not as attention-seeking, but as *attachment seeking*.

have suffered disruptions and losses feel incompetent at something as important as school—remember, it is the “work” of childhood—they may even doubt their worthiness to be loved.

## Homework Can Be a Minefield

As a result, what should be a regular day-to-day event—doing homework—can be a minefield for some children and their caregivers. Children may lie about school work or use conflict over homework as a way to ensure connection to their caregivers.

Try not to view these behaviors negatively. Think of them not as attention-seeking but as *attachment-seeking*. They are likely rooted in intense self-doubt and/or negative identity stemming from the child's educational experiences and from relationships with previous caregivers who may have only paid attention when the child displayed negative behavior.

Homework can also be tricky because children's skills can be highly variable. They may do well on a skill one day, but not the next. Or they may make mistakes on some problems of a worksheet but not others, even though all the problems require the same level of skill.

This variability can be authentic and occurs naturally in the process of grasping new skills. Furthermore, it is more likely to occur when the child is tired, hungry, stressed, or getting sick, all of which may be hard to detect for children who have become numb to their body's signals as a way of coping with the discomfort of unmet needs.

## What You Can Do

**Give kids the benefit of the doubt.** In general, it is important to believe that children do well *if they can*. Dr. Ross Greene explains this philosophy in his book *Lost at School: Why Our Kids with Behavioral Challenges Are Falling Through the Cracks and How We Can Help Them* (to read an

excerpt go to <http://bit.ly/2nK09Mf>). This philosophy is based on the idea that behind every struggle is an unsolved problem or lacking skill.

**Consider stepping back temporarily.** For children for whom homework has become a battle or when caregivers are being pressured to “fix” the child's school behavior at home, sometimes caregivers' efforts will only backfire. This may be occurring because the child has learned through experience to doubt the stability of their relationships with caregivers. If this is the case, talk with your child's therapist and school staff about temporarily stepping out of your role as an educator to your child. A tutor or other educational support may be needed. That way the child will get the individualized attention they need and be free to make mistakes without fear of disappointing the caregivers they hope will love and keep them. Similarly, behavior issues at school should be *addressed* at school, not at home.

**Focus on the child's interests.** Even as they take a break from their educational role, caregivers must continue to focus on children's talents and interests. This combination should build the child's confidence, and in turn improve their belief that they are capable of succeeding in the work of childhood, which may also shift their beliefs about being worthy of a loving relationship with a caregiver (i.e., self-worth).

**Use consequences sparingly.** The assumption that it is “right” to give consequences for wrongdoings is short-sighted if the consequences do not improve the behavior. In fact, consequences may actually *worsen* behavior. For this reason their effectiveness should be monitored. In general, it is important to remember that children who have been struggling a long time academically or with school behavior need to experience successes—and a lot of them—to reverse their negative thinking and behavioral patterns!

*Kelly Sullivan, PhD, is a Licensed Psychologist, Director of Mental Health Services at the Center for Child & Family Health, and an Assistant Professor at Duke University Medical Center.*

## Suggestions for Parents

### Things to Keep in Mind

- Children may have the capability to achieve in school, but may underachieve because of their repeated negative experiences with schooling and/or other environmental variables (e.g., changing schools repeatedly).
- Children may struggle with school because of underlying conditions (e.g., ADHD, learning disabilities) that have not been identified or have had inadequate intervention.
- Both of the above can interact with one another, creating greater difficulties.

### Things to Try

- Consider stepping away from your role as an educator to your child when your interactions with your child around school are becoming negative.
- Get a tutor or other educational support through your child's school.
- Attend to your child's interests and talents much more than you attend to their struggles.
- Recognize that consequences may backfire; use them with discretion and measure their effectiveness.



## A reader asks ...

### How can I maintain sibling connections?

The young man in my care has sisters and brothers who are placed elsewhere. How can I help him keep up a meaningful connection with them?

It is widely understood and accepted, both by resource parents and child welfare professionals, that children in foster care should be placed in the same home as their siblings whenever possible. Being separated from their brothers and sisters can be a significant trauma for young people, deeply impacting their emotional well-being.

Unfortunately, there are times when siblings cannot be placed together. Following are some ways resource parents can help children maintain these important relationships when siblings are apart.

#### Frequent, Consistent Visits

Siblings in foster care who are placed separately usually have court-ordered visits with each other. The importance of these visits cannot be overstated. Try to keep them as consistent as possible. When small variances must be made (for example, moving the day of the week that the visit takes place), try to give the children as much information about why the change needs to happen and when the next visit will be. You may not realize how much they look forward to their Thursday afternoon visits. Children may find a change in the time or day of visits jarring and scary.

#### Joint Outings and Experiences

Planning a day trip to the zoo or a vacation at the beach? Signing little Johnny up for soccer or summer camp? Maybe you could coordinate these activities with the child's sibling's caregivers, thereby facilitating "extra" sibling time for the children to look forward to in addition to their scheduled visits. Any time you can create overlap in childhood experiences helps to strengthen the sibling bond. Get creative in thinking about activities your child could share with his or her siblings.

No matter what they do when you get them together, always take lots of pictures and share those pictures with them. They can use them in their Lifebooks, and just look at them. Too many youth in foster care grow up without pictures of their childhood.

#### Helping Children with Complicated Emotions

Sometimes sibling visits stir up complex emotions, such as intense feelings surrounding shared traumatic experiences. These powerful emotions can sometimes

result in behavioral challenges once the visits are over. This, in turn, may cause caregivers to conclude that the visits are having a negative impact on the children, leading to requests that visits be discontinued or occur less frequently. In reality, children may just need some help expressing and working through their feelings. Could a joint therapy session be scheduled for the siblings together? Could the visits be used as an opportunity for the children to complete sections of their Lifebooks together? Help them name more uncomfortable emotions that may come up, such as anger or guilt, and talk with them about a time when you felt that way.

#### Arrange Other Forms of Contact

When siblings must be placed some distance away from each other, visits may have to be less frequent out of necessity. When this happens, frequent contact through letters, calls, emails, cards, and social media (if age- and developmentally-appropriate) become a critical tool to maintaining the sibling connection over long distances. In-person visits should still take place as much as possible, but these other contact methods can help siblings stay close.

#### Involve the Children in the Planning

When children must go longer in between visits, the sibling relationship can suffer. Involve children in the planning of the next visit as much as is age- and developmentally-appropriate. Knowing exactly when they will next see their brothers and sisters can give children a greater sense of security and control. It also sends the message that you know that this is important to them, and that you respect their thoughts and ideas.

#### Overnight Visits/Joint Respite Care

Talk to the children's social worker about organizing joint respite care for all the siblings together. Could you and the siblings' caregivers act as each other's sources of respite care, thereby facilitating sibling slumber parties? The Reasonable and Prudent Parenting Standards for North Carolina state that "normal childhood activities" include overnight activities out-

Our efforts to maintain sibling connections can lead to improved well-being and increased placement stability for children.

## fostering perspectives (May 2017)

**Sponsors.** NC Division of Social Services, SaySo, and the Family and Children's Resource Program, part of the UNC-Chapel Hill School of Social Work's Jordan Institute for Families.

**Contact Us.** *Fostering Perspectives*, c/o John McMahon, Family and Children's Resource Program, UNC-Chapel Hill School of Social, CB# 3550, Chapel Hill, NC 27599-3550. Email: jdmcmaho@unc.edu.

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**Newsletter Staff.** John McMahon (Editor)

**Mission.** *Fostering Perspectives* exists to promote the professional development of North Carolina's child welfare professionals and foster, kinship, and adoptive parents and to provide a forum where the people involved in the child welfare system in our state can exchange ideas.

**Disclaimer.** The opinions and beliefs expressed herein are not necessarily those of the NC Division of Social Services or the UNC School of Social Work.

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**Online.** [www.fosteringperspectives.org](http://www.fosteringperspectives.org)

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**References.** See the online version of this issue for references cited in this issue.

side the direct supervision of the caregiver for up to 72 hours. Remember that every child is different, and overnight visits should only occur if the safety of all children is a reasonable expectation.

#### A Capacity Exemption?

In certain circumstances, after careful assessment and evaluation DHHS may grant foster home licensing capacity exemptions so that larger sibling groups can be placed together. Capacity exemptions are case-specific, and are only available when all the children to be placed in the home are siblings. For more information about capacity exemptions, please talk to your social worker.

Committing to maintaining sibling connections leads to improved well-being and increased placement stability for children. Thank you for ensuring that children's emotional needs are met!

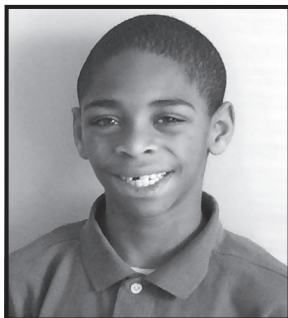
Response by the NC Division of Social Services. Portions of this response were obtained from the Child Welfare Information Gateway (<https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>). If you have a question about foster care or adoption in North Carolina you'd like answered in "A Reader Asks," send it to us using the contact information in the box at top right.





# Help us find families for these children

For more information on these children or adoption in general, call the NC Kids Adoption and Foster Care Network at 1-877-NCKIDS-1 <[www.adoptnckids.org](http://www.adoptnckids.org)>



**Zalyn** (age 8)

Zalyn is a handsome boy who is engaging, playful, affectionate, and strong. He loves outings to the museum, park, or movies. His top favorite is attending fairs and other community events. He also enjoys art and coloring. Zalyn has a cochlear implant, and he's making great progress in his communication. He also has a specialized diet that is very important to his overall health.

Zalyn responds best to men, so he would do well in a family with at least one male parent. He would be most successful as the youngest child in his adoptive family. The ideal family would have some experience with American Sign Language. Ultimately, his forever family will need patience. With clear structure, consistency, and affection, Zalyn will thrive.



**Tatyiana** (age 14)

Friendly, creative, and smart, Tatyiana enjoys playing volleyball, cheerleading, and arts and crafts. She likes to read and loves going to libraries and museums. Tatyiana is about to finish middle school and is excited to go on to high school. Her favorite subject is science; she'd like to be a marine biologist when she grows up.

Tatyiana wants to be adopted by a family that will love her unconditionally. It is very important to Tatyiana that she remain in touch with her younger sister. Tatyiana would prefer a family that includes both a mom and a dad, though she will also consider single female families. Tatyiana needs to be the only child in her adoptive home. The right family will understand it will take time, patience, and consistency for Tatyiana to learn to trust them, and there will be bumps in the road. Tatyiana deserves a forever family that will harness her great potential.



**Chance** (age 7)

Chance is a bubbly, smart, active boy. Inquisitive and happy, Chance loves sports, especially football and basketball. His favorite toys are his Hot Wheels cars. One of his favorite things to do is go out to eat. Chance is in the first grade and his favorite subject in school is writing. He is a very smart child with great potential for academic success.

Chance is eager to be a part of a forever family. He responds best to men, and so a family with a kind, strong, and involved male parent is desired. A family with experience parenting children with therapeutic needs is preferred. Chance's forever family will need to be very consistent, patient, and stable as they help him work through his past traumas. High levels of structure, empathy, and compassion will help Chance succeed.



**Codie** (age 14)

Meet Codie! This young man is creative, respectful, funny, and loving. He has his own style and likes to dye his hair. Codie enjoys basketball and football, being outside, and playing on his Xbox. Codie thrives when he participates in extracurricular activities where he can interact with peers who are a good influence on him. He is currently in eighth grade and his favorite subject is Social Studies. After high school, Codie would like to join the military. He also aspires to one day become a police officer. Codie has recently expressed openness to adoption.

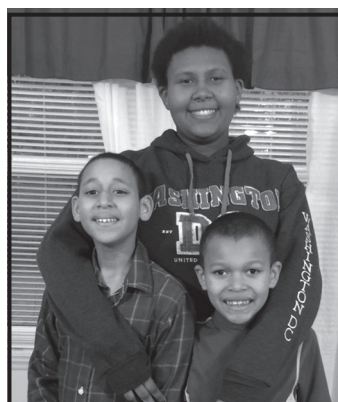
Codie would do well in a variety of different family settings. He gets along well with other children of any age. The ideal forever family for Codie would be one who can give him a lot of one-on-one attention, but also let him have his own space when he needs it. His forever family will let him be who he is, while providing him guidance as he transitions from adolescence to adulthood. Codie will thrive in a family that can meet him where he is and help him grow.



**Kyle** (age 8)

Kyle is a social, bright, sweet boy with great capacity for love and affection. He loves learning new things and thrives when given positive attention. He enjoys playing basketball, listening to songs and nursery rhymes, and visiting the beach. His favorite TV show is Paw Patrol. Above all, Kyle loves to read and spell words. His principal says that he will win pretty much any spelling bee he's in! He is fascinated with numbers and letters, and he also loves to learn sign language. Kyle does experience some developmental challenges, and he sometimes has trouble expressing himself verbally.

Kyle deserves a nurturing, two-parent family that will love him, support him, and keep him safe. Kyle's family needs to be patient, consistent, and willing to engage in his therapies to help him reach his fullest potential. His family needs to be open in their displays of affection, as Kyle craves positive attention and love. Kyle will bring great joy to a special family.



**Latyvia** (age 15), **Gudrell** (age 10), and **Malyke** (age 9)

These three sweet, loving, and affectionate children are tightly bonded together. Latyvia is the ultimate big sister, always looking out for her little brothers. She is very athletic, enjoying and excelling at most sports. Baseball, softball, and football are her favorites. She has the desire and ability to go to college, and she would like to be a foster parent and work with children when she grows up. Gudrell loves life and is a great friend. He is a natural scientist, enjoying building rockets and collecting bugs. Malyke is the comedian and he loves to laugh. He loves riding his bike outside and pretty much all outdoor activities.

Malyke excels in school and is identified as academically gifted. All three children also enjoy singing in their church choir.

These three children are incredibly resilient and deserve a forever family that they can call their own. They say they would like a home that includes both a mom and a dad. They would do well in a family with or without other children. It is important that they be able to maintain contact with their other brother, their current foster family, and with their grandparents, so staying close to North Carolina would be ideal.

# Writing Contest

First Prize: \$100 • Second Prize: \$50 • Third Prize: \$25

If you are under 18 and are or have been in foster care, please send us a letter or short essay in response to the following question:



**When you are feeling down and really struggling, what (or who) helps you feel better?**

**DEADLINE: August 8, 2017**

E-mail submissions to [jdmcmaho@unc.edu](mailto:jdmcmaho@unc.edu) or mail them to: Fostering Perspectives, Family & Children's Resource Program, CB#3550, UNC School of Social Work, Chapel Hill, NC 27599-3550. Include your name, age, address, and phone number. In addition to receiving the awards specified above, winners will have their work published in the next issue. Runners-up may also have their work published, for which they will also receive an award.

## Seeking Artwork and Other Writing Submissions

Submissions can be on any theme. There is no deadline for non-contest submissions: submit your work at any time. If sent via U.S. Mail, artwork should be sent flat (unfolded) on white, unlined paper.

## Readers, Don't Lose Touch!

*Fostering Perspectives* will soon go all online—copies will no longer be printed and mailed out to readers.

**Don't lose touch with us!**

To be notified by email when new issues appear online, go to <http://eepurl.com/brPe9b> and sign up.



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## Get in-service training credit for reading this newsletter!

Enjoy *Fostering Perspectives* and earn credit toward your relicensure. Just write down the answers to the questions below and present them to your licensing social worker. If your answers are satisfactory, you'll receive 30 minutes of training credit. If you have questions about this method of gaining in-service training credit, ask your worker.

### In-Service Quiz, FP v21 n2

1. Name three strategies resource parents can use to maintain connections between siblings when they are not placed together.
2. What are Dr. Kelly Sullivan's suggestions for ways resource parents can help children when they are struggling in school?
3. What are social connections and why are they important for children and youth in foster care?
4. What can resource parents do to reduce the risk that young people in their care will attempt suicide?
5. Name three things resource parents can do if their child is being bullied at school.
6. According to Withelma Pettigrew, what are some of the things that make youth in foster care more vulnerable to human traffickers?
7. What are some of Claudia Kearney's suggestions for talking with youth in care about healthy relationships and teen dating violence?
8. What did Megan Holmes learn when she asked young people about self-care?
9. How has a "trauma lens" changed the way Bob DeMarco approaches parenting?
10. What are the three words Jeanne Preisler asks resource parents to keep in mind during every interaction with their children?



## A new learning site for North Carolina's foster and adoptive parents and kinship caregivers

In March 2017 the NC Division of Social Services launched [fosteringNC.org](http://fosteringNC.org), a learning site for our state's resource parents. This site features:

- **On-Demand Courses.** Available any time, these short, free courses include a certificate of completion learners can share with their supervising agencies.
- **Videos.** Helpful, short videos on topics discussed by experts and those with lived experiences. Take a few minutes to learn about issues relevant to those caring for children and young adults in foster care.
- **Webinars.** Recorded webinars on [fosteringNC.org](http://fosteringNC.org) address a range of topics of interest to all parents and caregivers. Recordings vary in length and normally include handouts. Topics covered include creating normalcy for young people in foster care and treatment for ADHD.
- **Resources.** The Resources page provides links to *Fostering Perspectives*, NC Kids Adoption and Foster Care Network, and many other sources of information and support.
- **Answers.** The site's FAQ page answers questions many resource parents ask.

Foster parents are encouraged to talk in advance to their supervising agency about obtaining training credit through [fosteringNC.org](http://fosteringNC.org).

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