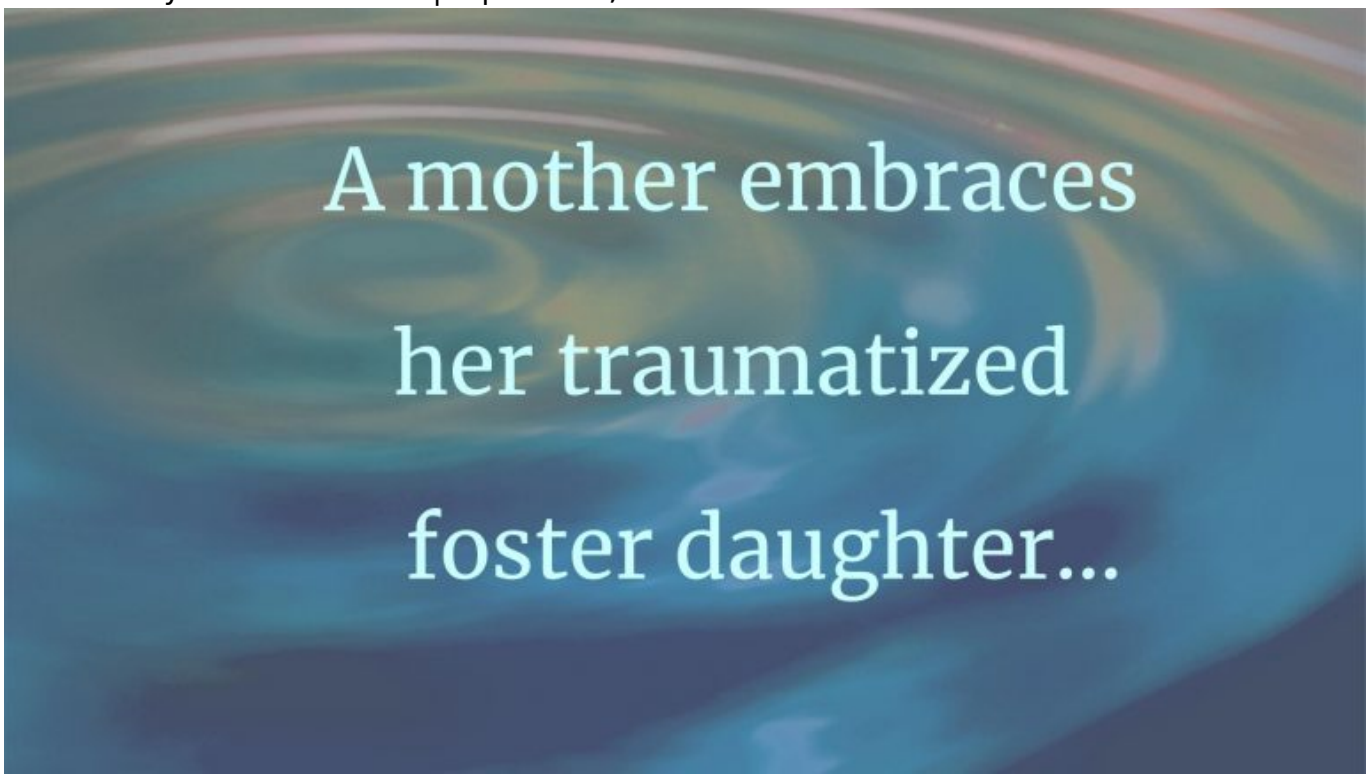
Sweet Child of Mine

Category: Stories
written by Jenn OConnor | April 17, 2020



You know what stress is, right? You're late for work, your car won't start, gas costs more than you expected. We've all been there, and it's not pleasant, that palm-sweating, heart-racing anxiety. Luckily, it's not long-lasting—not *toxic.*

What is *toxic* stress? It's prolonged adversity and/or abuse—not having enough to eat, or being exposed to violence. It's the kind of stress that puts you on edge and keeps you there, day after day after day.

If you're familiar with one CDC study from the 1990s, you know that factors such as divorce, domestic violence or having an incarcerated parent are called Adverse Childhood Experiences (ACEs). Four or more ACEs can result in chronic health conditions such as heart disease or diabetes. In the long term, living with ACEs or other negative factors, such as poverty, can literally change your brain chemistry.

"Ms. Apple said that I have a traumatized brain," said my daughter, Cleo, matter-of-factly after school one day. Her counselor had shown her a video and talked with her about why she reacts the way she does to certain triggers, such as someone blocking a door. Telling me this, Cleo sounded relieved, even empowered: It finally made sense to her.

As a director at a nonprofit for preventing child abuse, I've known about ACEs for a long time. But it wasn't until I brought a twelve-year-old foster child into my life that I fully understood their impact. What does it look like for a young person to live with several ACEs and no supports? As custodial guardian to my daughter, now sixteen, I can only speak from my own observations.

For Cleo, it's not being able to sleep without the light on. It's eating even

when she's full. For a while, she was what the school called a "runner"—she left school whenever she was upset. For a while, this happened every day. She'd make it halfway across town before I caught up with her.

She was a cutter; she was suicidal. She had trouble forming appropriate friendships. She trashed her room several times; in one fight-or-flight moment, she climbed out of her window and tumbled one story to the snowy ground. She once jumped out of my car (which was, thankfully, not moving very fast). On several occasions, I had to restrain her by wrapping my arms around her shoulders or waist, using all my strength to keep her from leaving or hurting herself.

When she reacted in those ways, impulsively and without thought, I would tell her over and over, "Stop, calm down, I love you." One day, when I raised my hand to motion toward something, she flinched. No, that's not right—she ducked. And my heart broke for this young woman, who should know by now that I would never hit her.

I became a foster parent because I thought I had things to give—time and care and love—to kids who needed them. Initially, I was the person whom the county calls when a child is removed from a home and has nowhere else to go, or when a foster family needs a break. That's what I signed up for: emergency respite.

Then I met Cleo.

She was all elbows and colt legs, a talented artist who'd been in and out of the child-welfare system most of her life. That first weekend with her, I found out that we both like cute kitten videos and television shows about vampires. I saw a child who wanted to be happy, but who, after a lifetime of abuse and neglect, didn't know how.

There was something about this kid that moved me. She tried so hard. Emotionally, she was much younger than twelve, but she was also more resilient than most adults I knew. She came to stay with me every weekend after that, until a couple of months later, when her foster family decided that they'd had enough (she was "challenging," she was *"too much"*). They sent her to residential care.

Believing that she belonged in a home, I fought with the county social-service agencies to bring her home with me. Another year later, I supported a reunification with her biological mother—but, when that didn't work out, I agreed to share custody. Cleo came to live with me and our dog, Zelda. A host of friends and family cheered us on.

Cleo and I worked hard, both with therapists and on our own, to build her coping skills. We sat together for hours over her schoolwork. I got her an individualized education plan (IEP) that allowed for smaller classes and more breaks when she needed them. She had near-perfect attendance for the first time ever and glowed when she brought home a good grade. We set aside one hour each night to sit cuddled on the couch and watch those vampire shows. We had structure; we had routine.

We'd liked each other right away, but trusting each other took time. I'll never forget the first time she asked, "Can I hug you?"

It's been four years now. We persevere. We're in this together, and we are resilient. I've taken pains to build a fortress of Protective Factors around

my girl. Protective Factors are those things that most of us take for granted—a friend to call when we need advice; someone to help when that car I mentioned won't start. Some of us are born with built-in Protective Factors (a supportive family, enough money); others need to collect them (a family made up of friends, perhaps).

For Cleo, Protective Factors include school supports—not just teachers and staff who are kind, but trauma-informed teachers and staff who understand how ACEs can be reflected in behavior. Her Protective Factors are as simple as my giving her a night-light, and as complex as my helping to facilitate her relationships with the aunts she hadn't seen in years. Her biggest Protective Factor? A dog who shows her unconditional love.

There are so many young people like my daughter everywhere. National data shows that more than 20 percent of children up to age seventeen have experienced two or more ACEs. I've given a lot of thought to the ways that we, as a society, could help to ease and hopefully heal trauma in children. Here are my ideas:

First, we need to acknowledge that brain toxicity exists. Yes, a child can have post-traumatic stress disorder; PTSD is not reserved for combat veterans. Or maybe it is—maybe we need to start seeing these children as refugees from a war zone. We need to educate ourselves about ACEs and look at *all* people through a trauma-informed lens. We need to admit that ACEs are not limited to low-income neighborhoods, and that the domestic violence and substance abuse that take place in higher income homes are just as toxic. We need to stop asking "What's *wrong* with you?" and ask, instead, "What *happened* to you?"

Second, we need to stop treating children who've been impacted by trauma as if their behavior doesn't make sense. We need to approach them with understanding and compassion, and give them tools to help them cope. In the state of New York, April 30 is ACEs Awareness Day, and the state mandates trauma training for domestic-violence shelter workers and childcare providers. My wish list includes trauma training for child-protective-services workers, family-court and law-enforcement personnel, and for physicians. We also need to increase mental-health supports, so that there are therapists and crisis-response teams to refer *to.*

Finally, we must not see these children as damaged or doomed. They're only lost causes if we make them so by giving up on them or telling them they're worthless. Treating them as if their trauma is *their* fault, or as if their reactions make no sense, doesn't help anyone. We need to shore up (or perhaps create) a safety net: The child-welfare, mental-health and education systems must work together to serve the whole child, or kids will fall through the cracks.

When I look at my daughter, I see the way her whole face lights up when Zelda licks it. I see how proud she feels when someone praises her for a job well done. I see the baby steps we make every day (not lashing out, not running away) and call them progress—and they are. The other night, this teenager who rarely made eye contact as a child went around the room after a party and hugged every adult there.

When I told her that I was writing this piece, she said that she wanted

adults to know this: “Records only tell part of the story. Nobody takes into account what the kids are dealing with. You can’t treat kids with trauma like kids without trauma. You have to treat us differently—but don’t make us feel different. You can’t tell us how to feel, or drug us up with medication. You have to listen.”

Cleo is remarkably resilient. How do I know this? Because she gets up every morning and tries again.

She hasn’t given up. So I won’t give up on her. And I hope others don’t, either.

About the author:

Jenn O’Connor is director of policy and advocacy at Prevent Child Abuse NY (PCANY) and director of the NYS Home Visiting Coordination Initiative. She is immediate past cochair of Winning Beginning New York, the State’s early-learning coalition, former public policy chair of the NY Association for the Education of Young Children (NYAEYC) and policy cochair for the NYS Network for Youth Success. She is a 2019 recipient of the NYAEYC’s Champions for Children award and a 2020 Women in Human Services Hall of Fame honoree. She majored in creative-writing arts, and her work has appeared in a number of literary magazines. “I have always been a writer. Often, as with this story, I draw on my own experiences as a parent to bring attention to the importance of trauma-informed practice.”
Cleo says, “I’m just like any other high-school student who goes through the same problems that most kids do, but people aren’t informed about these issues, so people don’t know that kids are having these problems.” She likes art and fashion and animals.