

Texas Lawyers for Children

*- Protecting Abused Children from Further Harm –*

3131 Turtle Creek Blvd., Suite 1018 ∙ Dallas, Texas ∙ 75219

P: (214)-219-5TLC (5852) ∙ F: (214)-219-5851 ∙ [www.TexasLawyersforChildren.org](about:blank)

***A Girl’s Story:***

***A Child’s Experience in a Foster Care System That Is Not Trauma-Informed***

Imagine a 10-year-old girl who wakes each morning, tiptoeing to the kitchen, only to hear her stepfather whisper her name, wave her into the family’s small bathroom, his finger across his lips to say, “Shhhh!!” She timidly enters, the smell of bacon follows her inside, and he motions for her to shut the door. He pulls her close, playing with the hair that reaches the small of her back. Her heart begins to beat rapidly, but she knows there is no escape. She has said something to her mom before, and it only got worse.

After two and a half years of being raped by her stepfather, she finally finds a friend she trusts enough to tell what has happened. When the investigator shows up, she is surprised. She doesn’t know if she should tell the truth or not—if she tells the truth, and they don’t believe her, what will happen to her then? She knows that the investigator’s presence will already create trouble, so she decides to try the truth. She is given a few minutes to pack a small bag while her mother yells at her for ruining her life. She can hear the sirens as they blare down the street, her stepfather’s face growing more and more angry and unpredictable. Her little sister is crying because she has to leave, too, and doesn’t understand why. Neighbors start to pile outside, while the girl and her sister are both loaded into the backseat of an investigator’s car. They sit in silence for hours, driving away from anything familiar.

Eventually, they arrive at a home. It is already dark outside, and they are greeted by an older man and woman. The woman reaches around and touches her back, running her fingers through her hair, just like her stepfather used to do. The girl quickly looks down, unable to make eye contact, and her back bristles. That evening, when it is time to use the restroom, her memories emerge and she is too frightened to go. Because she shares a room with her sister, who is asleep from exhaustion, and another girl she doesn’t know, she must stifle her emotions and spends much of the night staring at the ceiling. She finally falls asleep but wakes a few hours later to wet sheets and clothing and the smell of bacon wafting into the room. The young girl begins to cry, pulls the sheets frantically off the bed, and refuses to eat. She remembers the last time she smelled bacon, and her heart races uncontrollably. She can hear the older woman on the phone, “I thought these girls were at a Basic level of care. The little one can stay, but the older one has to go.”

A few days later, another worker arrives and gives her five minutes to pack up her things. Her sister stares ahead, sad to see her go but also angry that she put them in this situation. The worker is taking the girl to another home, for children “more like her”. On the way, the worker stops at an appointment where the girl and the worker are given hundreds of questions to mark “Never”, “Sometimes”, “Always”. *Depression* and *Anxiety Disorder*, she hears. The doctor writes a few prescriptions and says, “This should help.”

At the new home, there are more kids. They stare at her when she enters with her small bundle wrapped in her arms; two girls groan when they find out they have a new roommate. She is told that the bus will arrive at 7:10 to take her to her new school. She only has the clothes on her back. She wakes the next morning, sweating and her heart pounding. Then, she smells it: bacon. She runs to the restroom, but in her panicked state, she cannot make herself shut the door. When she exits the bathroom, her new foster mother puts her arm around the girl, playing with her hair, “Honey, you have to close the door when you use the restroom. There are other children here. Now, come in the kitchen and eat.” Remembering his hand on her hair and the closed bathroom door, the girl is consumed with an overwhelming urge to flee and runs out the front door.

The police are called, and they bring her back. “Sorry, Officers, we haven’t tried her medication yet. Hopefully that will help.” She is given two pills that day and the next morning before school. On the bus, she notices that she is extremely drowsy and unable to concentrate. After four weeks at the new home, she is still eating very little, unable to close the bathroom door, and occasionally wetting the bed. Her foster mom is fed up with her “unwillingness” to follow the rules of the house and feels she is creating a bad influence on the other children. Then, her first progress report comes home, and she is failing three out of four core academic classes. When her foster mother asks why she is failing, the girl only responds with, “I don’t know.” She used to make A’s and B’s at her old school; she doesn’t know why she can’t pay attention here.

On to a new home and then another, and another, and another, and another, and another. One night, one of the teenage girls in her room puts her finger up to her mouth to say “Shh!!” and motions for the girl to come sit on her bed. Before even being aware of her own actions, the now 12-year-old girl has run through the front door and down the street. After the police have returned the girl again, the foster mother makes a call, and later that night, another worker arrives. “It looks like you may do better in a more secure facility,” the worker says and drives her to a place that looks more like a hospital than a home.

The doors clang shut behind her. Within the first 24 hours, she meets with several counselors and doctors. She is given hundreds of more questions to answer “Never”, “Sometimes” and “Always”, and she answers a bit differently this time, unable to think clearly and less sure of herself than before. *Bipolar Disorder* and *Severe Depression.*  She now has a handful of different medications to take to make her “feel better”, but a few days after she starts them, her mind is racing, and she feels agitated all the time. Now, when she smells bacon cooking in the morning or someone brushes up against her hair or skin, she is filled with uncontrollable panic which makes her cry and thrash and kick. Once, when she bit at the workers as they tried to hold her down, two huge male staff threw her to the ground and restrained her for hours as she shrieked for help, tears streaming down her face. This awakened new fears and a rage she has never experienced before. She cannot learn, and she cannot focus. She asks where her sister is, and no one can tell her. She grows more and more distrustful of the adults around her and seeks anything to quiet the constant humming inside of her. She just wants to get outside of these walls, and occasionally, the now 16-year-old girl is able to escape, where she finds momentary comfort in sex with people she does not know and escape through a cocktail of drugs she buys on the street. She returns, only to have her medications altered and restrictions increased.

The facility counselors start to talk with her about life when she “ages out” of foster care and becomes responsible for herself. Although she has been passed from grade to grade, she does not have a workable reading comprehension level above 3rd grade and can only perform the most basic of math computations. She has never prepared a meal, filled out an application, or even made a handful of decisions for herself. They ask, “What training do you think you might need to function as an adult?” She doesn’t know how to respond; she has not ever really *functioned* before. A few months after turning 18 and leaving care, she is homeless and selling her body for drugs. By the age of 19, she is pregnant, and the cycle continues.