

The Centre For  
**Response-Based Practice**

**Child Protection and Children in Care:  
Honouring the Dignity &  
Situational Intelligence  
Of Children.**

**Cathy Richardson, Ph.D**  
**With Panel of Yukon Intelligensia**

# Response-Based Contextual Analysis





They said I had attachment disorder.  
Actually, I had life disorder.  
I attached accordingly.

(Sarah, National Youth In Care  
Network)

Children will always resist mistreatment,  
Disconnection, isolation and 'solitary confinement'.

**Every child living under government care has a story of loss; a ruptured or severed connection to their families of origin. For those who have experienced multiple foster home placements, multiple stories of loss exist.**

**An alternative view to ‘youth mental illness’ is describing the defiance and oppositional behavior of kids in care as ‘intelligence gathering’.**

**This is a process where they use what is most readily available to them—their behaviour—to test, push, and challenge the unfamiliar people and environments that have entered their lives.**

**Youth learn to accurately assess their environment while responding to the numerous threats they perceive around them.**

## Shane (28), former youth in care

There was a great big guy who worked at the group home I was in when I was 14 years old. He was always really fussy about his stuff and liked to keep everything organized and neat. He was so big, that when kids got out of control, he would just walk up behind them and restrain them in a hold—kind of like a big bear hug. I used to grab his stuff on purpose and then run like hell...I knew he'd get mad and come after me. I used to do that on purpose. It felt so good to be held.



She's not sick...she's a  
dancer...

<http://www.youtube.com/watch?v=yvhJnTPtJNQ>

## Childhood Responses To traumatic experience

## DSM-V Diagnosis ADHD

Fidgeting	Squirms in Seat
Compulsive Talking	Talks Excessively
Darting eyes	Trouble Engaging
Anxiety	Appears 'driven'
Agitation	Trouble awaiting turn
Distractibility	Easily distracted
Out-of-Seat Behaviour	Inappropriately leaves seat
Looking for a Fight	Interrupts

Childhood Responses  
To traumatic experience

DSM-V Diagnosis

Major Depressive Disorder

Feelings of helplessness	Feeling hopelessness, helpless, or worthless
Lack of initiative or motivation	Activity is sped up or slowed down
listlessness	Tiredness or loss of energy
Failure to complete work	Impaired work function
Difficulty transitioning to new tasks	Trouble thinking or concentrating
Flat affect	Depressed mood
Sense of lifelessness	Repeated thoughts of suicide

Responses  
To traumatic experience

DSM- Diagnosis

Feeling the desire to escape, or escaping	Drapetomania
Rascality - The desire to destroy the owner's property	Dysaesthesia Aethiopica

Imagine changing every part of your routine that is familiar to you...

***Dinnertime in a new foster home is the worst. I do everything possible to avoid it. Families are so different about how they eat dinner. Some families have certain places they sit every night and they freak out if I accidentally sit in someone's "spot". Then there's the 'manner's' thing. What can I use my hands for or do I always have to use a knife and fork...what about talking with food in my mouth? Do I have to take some of everything and if I do, do I have to eat everything on my plate? And the food itself...it's really hard to get used to other people's way of cooking and the type of food they eat...and they all think it's so normal. Finally...the awkward moment of how to leave the table. Do I have to wait for everyone to be done? Do I thank someone for the meal? What's her name again? Or am I supposed to stick around and help clean up, even though this isn't my house...but they keep saying it is my house now...but we all know the truth...(Candace, age 17)***

## Jennifer, former youth in care

When a kid goes into care, they're angry. They miss their families, their whole routine is fucked, everyone automatically thinks the kid has something wrong with them because of how they act...

Questions that may reveal the context of actions may include:

- What's the first thing you do when you're checking people out...finding out if they want you?"
- "how do you do that?"
- "...and then what do you do?"
- "How do you know if you can trust them?"



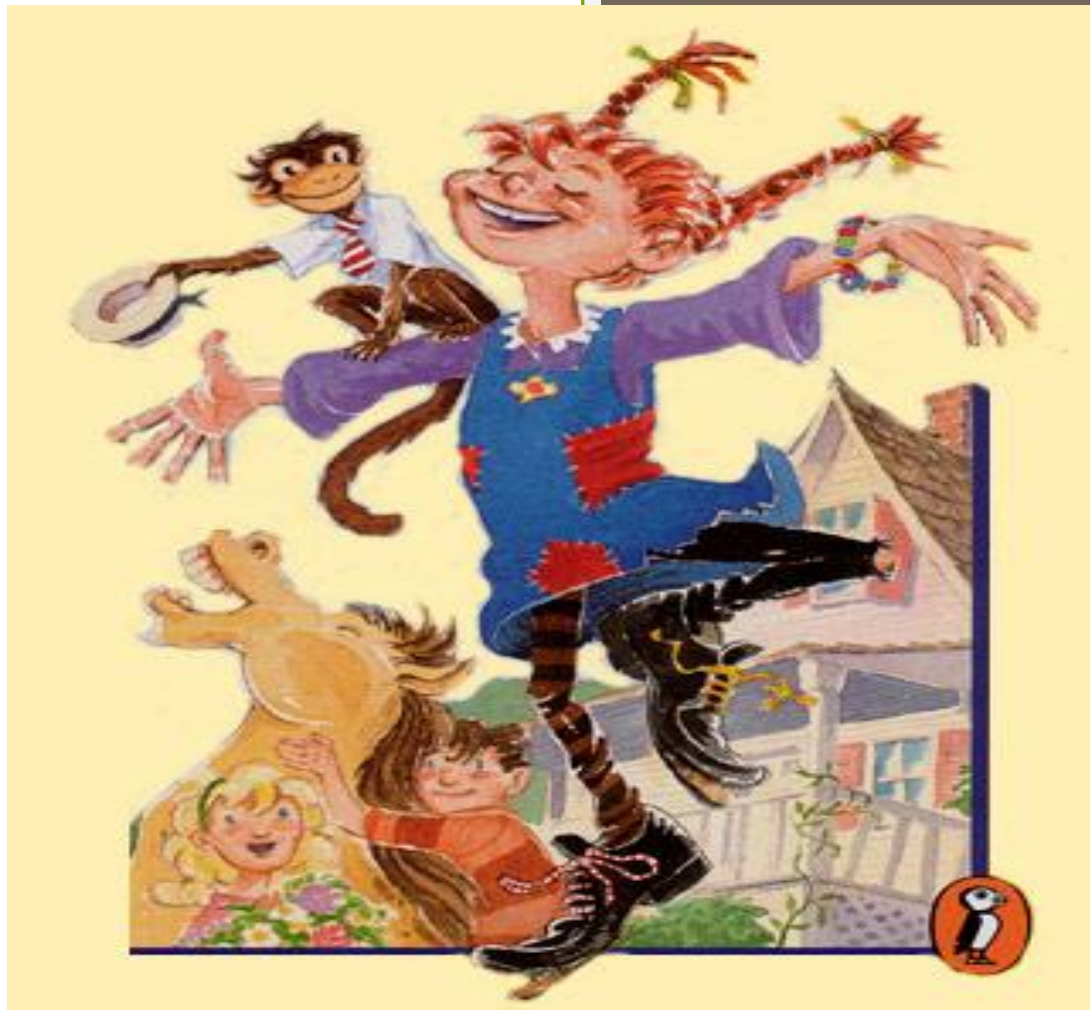
## Reformulating Pathology...

- Depression may be exposed as grief;
- Numbness a way of moderating pain;
- Trusting would not be prudent where survival is at stake; caregivers may not have demonstrated trustworthiness
- High concentration on surroundings leaves minimal concentration available for school.

**When youth have a sense of injustice: they will resist.**

**When they feel powerless in decisions that affect their lives: they will resist.**

**When youth feel that their dignity is threatened: they will resist.**



Resistance is Ever-Present



Lisbeth Salander



Stieg Larsson, author of the phenomenally successful ***The Girl with the Dragon Tattoo***, once revealed that the **sociopathic** computer hacker Lisbeth Salander was in fact based upon Pippi Longstocking.\* Given Salander's **uncompromising nature**, her **rejection of societal conventions**, and her **resourcefulness**, we would probably expect her literary predecessor to possess many of the same qualities. And we would be right. Like Salander, the **indomitable** Pippi Longstocking **may not fit into society**, but she is **more than a match for it**. Similarly, Pippi's **anti-authoritarian stance** has been read as **subversive** in some states.

Medication or “chemical restraints” are sometimes used as ‘convenient solutions’ for controlling behaviour and regulating their emotional struggles. Such interventions may actually inhibit or impede the situational resistance used by youth for self-protection and safety, which is counter to our hopes for them.

Although youth may be responding to fractured connections with their family, they are often assessed, advised and responded to based on their 'behaviour.' Diagnoses of "trauma" tend to exclude loss and the negative social responses the child has experienced.

**A Response-Based Approach strives for the discovery of how youth experience, respond to and resist all of the adversity in their lives.**

**We focus on the child's pre-existing ability, safety knowledge, tactics of resistance and responses to ageism and the oppression of children in our society.**



“I said I had a bad dream”

# To Conceal Resistance is to Conceal Violence.

- How do children resist and respond to violence?
- Whose dignity do they try to protect
- How do perpetrators try to suppress victim resistance
- How do perpetrators exploit anticipated social responses (e.g. to get away with the violence)
- Solution-focused questions can be helpful... (e.g. "What were you hoping for?")

# Social Responses

- Social responses refers to how family, friends, professionals, public, media, government respond after violence is revealed.
- Social responses, positive or negative, are perhaps the single best predictor of victims' distress.

# Positive Social Responses

- Victims tend to recover more fully and quickly

# Negative Social Responses

- Negative social responses are linked to a greater likelihood of a post-traumatic stress disorder diagnosis for victims of violence.



“Home is where you<sup>31</sup> see yourself in the faces of other people on the street”



Help connect people with their whuanau!





Reducing humiliation in a parental visitation program through music!!

**Dignity in the air!**

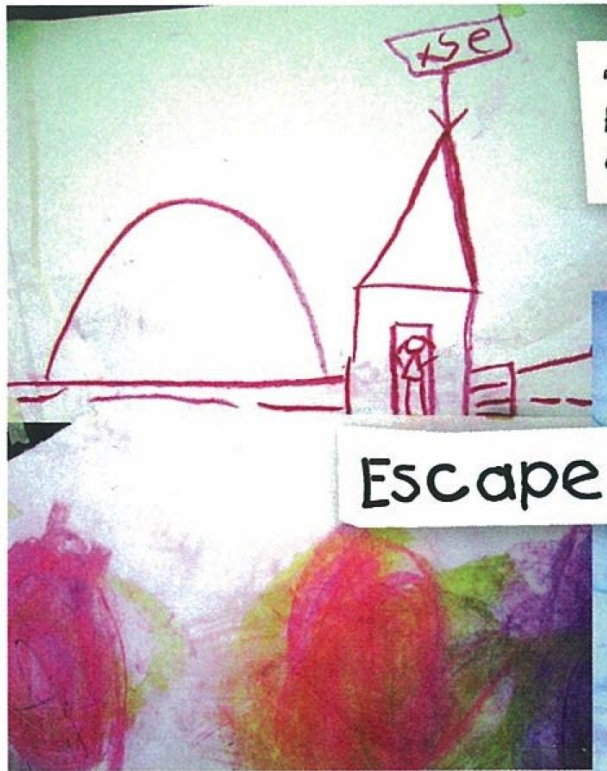


3  
SAD  
HAPPY



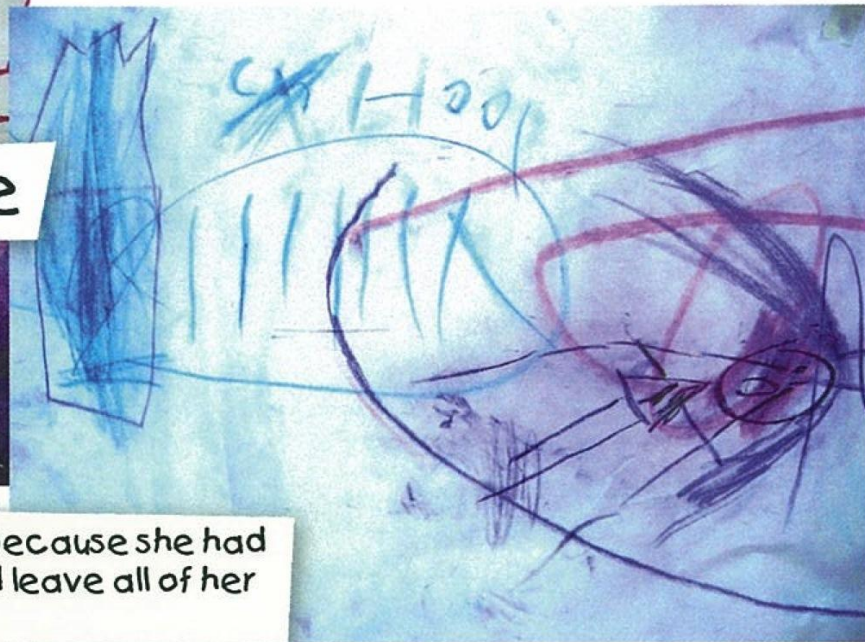


"Sometimes I pretend that I am happy when really I am feeling sad ..."



Escape

"We walked over a big hill and got to a new house, then we had to leave there and go over another big hill until we got to another house ..."



"The little girl is crying because she had to change schools and leave all of her friends."



# *Centered on Dignity*



What does dignity mean to you?

# Creating Safety

- z What kinds of things let you think it is safe enough to do this/to have this conversation?*
- z Have you talked about these events before..... If yes, with whom? How did that go?*
- z Understand power and relationships!*
- z If I were to make this work for you/botch this up... what would I do?*
- z Would you feel comfortable telling me that you 've had enough, that you would like to stop?*
- z If you were to let me know non-verbally, if I were doing a bad job here, what would I notice about you?*



When treated with  
dignity,  
people may...

- have light in their eyes
- hold their head high
- sparkle
- smile
- soften in their demeanour
- experience the psychological freedom to engage, explore ideas & be playful
- stand tall
- breathe naturally
- feel grounded

# Dignity – Asking Permission

If it's okay with you. . .

What I'd like to do first

is talk about what's happened

most recently, in the past

and then go back and talk about . . .

Would that be okay?

Would you feel comfortable stopping me if. . .?

Would you let me know if something doesn't

fit for you?

(Richardson & Wade)

& Avoiding Advice-Giving

# The Medicine Wheel of Responses

How did you respond? What did you do?







Cathy Richardson, Ph.D.  
Kinewesquao

[cathyresponds@gmail.com](mailto:cathyresponds@gmail.com)

University of Montreal  
Montreal  
Canada/Turtle Island



**Thank you for listening! All our relations!**