

TOILETING ISSUES

Kathryn Fenton
with Ellie Johnson

Published by

CoramBAAF Adoption and Fostering Academy

41 Brunswick Square

London WC1N 1AZ

www.corambaaf.org.uk

Coram Academy Limited, registered as a company limited by guarantee in England and Wales number 9697712, part of the Coram group, charity number 312278

© Kathryn Fenton, 2019

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN 978 1 910039 80 9

Project management by Jo Francis, Publications, CoramBAAF

Designed and typeset by Fravashi Aga

Printed in Great Britain by the Lavenham Press

Trade distribution by Turnaround Publisher Services, Unit 3,

Olympia Trading Estate, Coburg Road, London N22 6TZ

All rights reserved. Apart from any fair dealing for the purposes of research or private study, or criticism or review, as permitted under the Copyright, Designs and Patents Act 1988, this publication may not be reproduced, stored in a retrieval system, or transmitted in any form or by any means, without the prior written permission of the publishers.

The moral rights of the authors have been asserted in accordance with the Copyright, Designs and Patents Act 1988.

Contents

Looking behind the label...

Introduction vii

SECTION I

UNDERSTANDING TOILETING ISSUES 1

1 The challenges of parenting looked after
and adopted children 3

2 Bedwetting and soiling: a common problem? 8

3 The possible causes of wetting and soiling
in children and young people 12

4 Parental expectations 23

5 Who is this a problem for and whom does it affect? 30

6 Where and when to get help 38

7 Cultural issues 55

8 Safeguarding concerns 57

Conclusion 59

SECTION II

PARENTING CHILDREN AFFECTED BY
TOILETING ISSUES 61

Annie 64

Neil 68

Nahim 71

Suzie 75

James 78

Lucy 81

References 85

Glossary 89

Useful organisations 95

Notes about the authors

Kathryn Fenton is a Child and Adolescent Psychotherapist at the Tavistock and Portman NHS Foundation Trust. Trained as a social worker, she has a strong interest in applied psychoanalytic work in a variety of settings. She was a member of the Tavistock Fostering, Adoption and Kinship Care Team and worked for many years as an expert witness in the family courts, as well as offering treatment interventions to children and young people who have been fostered and adopted.

Ellie Johnson joined the team at CoramBAAF in 2017 as the Health Consultant. For 14 years previously, she was a LAC (looked after children) nurse. She was based in a multi-agency team and worked with many adopted and fostered children and young people, foster carers and adopters.

The series editor

Hedi Argent is an established author/editor for CoramBAAF. Her books cover a wide range of family placement topics and she has written several guides and a story book for young children.

Acknowledgements

My thanks to the children, young people and families who have shared their experiences with me, from whom I have learned so much, and without whom this book would not have been written.

Kathryn Fenton

The contribution I have made to this book comes from working with, and learning from, so many wonderful adopted and fostered children and their families.

Ellie Johnson

We are grateful to Phillida Sawbridge and Biddu Youell for reading an earlier draft and for their helpful comments.

Looking behind the label...

Jack has mild learning difficulties and displays some characteristics of ADHD and it is uncertain whether this will increase...

Beth and Mary both have a diagnosis of global developmental delay...

Abigail's birth mother has a history of substance abuse. There is no clear evidence that Abigail was prenatally exposed to drugs but her new family will have to accept developmental uncertainty...

Jade has some literacy and numeracy difficulties, but has made some improvement with the support of a learning mentor...

Prospective adopters and carers are often faced with the prospect of having to decide whether they can care for a child with a health need or condition they know little about and have no direct experience of. No easy task...

Will Jack's learning difficulties become more severe?

Will Beth and Mary be able to catch up?

When will it be clear whether or not Abigail has been affected by parental substance misuse?

And will Jade need a learning mentor throughout her school life?

It can be difficult to know where to turn for reliable information. What lies behind the diagnoses and "labels" that many looked after children bring with them? And what will it be like to live with them? How will they benefit from family life?

Parenting Matters is a unique series, "inspired" by the terms used – and the need to "decode" them – in profiles of children needing new permanent families. Each title provides expert knowledge about a particular condition, coupled with facts, figures and guidance presented in a straightforward and accessible style. Each book also describes what it is like to parent an affected child, with either case studies or

adopters and foster carers "telling it like it is", sharing their parenting experiences, and offering useful advice. This combination of expert information and first-hand experiences will help readers to gain understanding, and to make informed decisions.

Titles in the series deal with a wide range of health conditions and steer readers to where they can find more information. They offer a sound introduction to the topic under consideration and provide a glimpse of what it would be like to live with an affected child. Most importantly, this series looks behind the label and gives families the confidence to look more closely at a child whom they otherwise might have passed by.

Keep up with all our new books as they are published by signing up to our free publications bulletin at: <https://corambaaf.org.uk/subscribe>.

Shaila Shah, Publications Department, CoramBAAF

Titles in this series include:

- *Parenting a Child with Attention Deficit Hyperactivity Disorder*
- *Parenting a Child with Dyslexia*
- *Parenting a Child with Mental Health Issues*
- *Parenting a Child affected by Parental Substance Misuse*
- *Parenting a Child with Emotional and Behavioural Difficulties*
- *Parenting a Child with Autism Spectrum Disorder*
- *Parenting a Child with Developmental Delay*
- *Parenting a Child with, or at risk of, Genetic Disorders*
- *Parenting a Child affected by Domestic Violence*
- *Parenting a Child affected by Sexual Abuse*
- *Parenting a Child who has experienced Trauma*

Introduction

Wetting and soiling by children is not a new problem – it is something that occurs quite frequently in the general population. There is plenty of very comprehensive practical information and support available to help parents and carers when the problem arises. However, this tends to focus primarily on the *physical* causes of wetting and soiling and how best to manage them in a practical way.

Of course, the physical causes of the problem should be investigated in the first instance. Indeed, whatever the cause, it will have to be managed in a practical as well as a sensitive way. I will therefore be exploring some of the physical causes of wetting and soiling as well as making reference to resources that are widely available to help parents and carers. But the focus of this book will be on the issue of *wetting and soiling when it relates specifically to looked after and adopted children*. My intention is to examine some of the possible underlying emotional and/or psychological

causes, and to consider how toileting issues can sometimes be understood as a way for children to communicate their difficulties. I hope to support foster carers' and adoptive parents' *own understanding* of the issue and the possible meaning of the communication/behaviour.

I am mindful that children who have been in the care system will have had contact with many professionals, and will arrive in foster care placements or move to adoptive families accompanied by reports that can feel hard for carers or parents to digest and comprehend. I have provided some helpful definitions below and a glossary of terms at the end of this book in case some of the terms and phrases I have used are unfamiliar to the reader. I introduce these terms in bold type for ease of cross referencing. When talking to children about their toilet habits, it is important to use language that they themselves use or are able to understand and feel comfortable with. Therefore, I sometimes use the term “wee” when referring to urine and “poo” when referring to faeces.

I refer to the child as “he” throughout the book and to carers as “she”, in order to avoid confusion.

Useful definitions

Terminology	Meaning
Diurnal enuresis (daytime wetting)	This term refers to when a child who is toilet trained has wetting accidents during the day. This can be anything from damp patches in their pants to a full-blown “accident”. Some children who have daytime wetting also wet the bed.
Nocturnal enuresis (bedwetting)	This term refers to the unintentional passing of urine during sleep.

Encopresis (soiling)	This term refers to the soiling of underwear by children who are past the age of toilet training. It occurs when a child dirties his pants or poos in inappropriate places, for example, on his bed, or in rooms other than the toilet.
Scatolia (smearing)	This term refers to playing with and/or smearing of poo.
Contenance	This term refers to bowel and bladder control.

Who is this book for?

This book has been written with the aim of creating a deeper understanding of the potential emotional and psychological causes of wetting and soiling by children and young people who have been adopted or are in the care of the local authority. It will be of help to adoptive parents, prospective adopters, foster carers, social workers, looked after children (LAC) nurses, school nurses, residential staff, teachers, and other professionals involved in supporting children who are in foster or adoptive homes.

CHAPTER 3

The possible causes of wetting and soiling in children and young people

Physical causes

Some possible physical causes related to wetting and soiling are outlined below.

Hormonal imbalance

This can occur when a child is not producing enough of a hormone called **vasopressin**, which serves to slow down the body's production of urine at night. Low vasopressin levels mean that some children continue to produce large quantities of urine during the night.

Overactive bladder

A child may have an overactive bladder. You might see signs of this during the day if the child has to rush to the toilet, and needs to wee frequently.

Urinary tract infection

The problem could be caused by a child having a urinary tract infection (UTI). This is an infection that affects the bladder, kidneys and the tubes connected to them. UTIs in children are fairly common and are treated with antibiotics.

Diet

Some drinks (for example, fizzy drinks like coca cola, or tea and coffee) can stimulate the kidneys to produce more urine; they can also irritate the bladder.

Constipation

This can be linked to a poor diet due to neglect, although it is not always the cause. Some children are afraid of the toilet, particularly if they have been constipated before and have had pain when trying to pass stools. Constipation can lead to “bowel overflow” soiling and can also affect bladder function.

Emotional causes

I will now explore what I consider to be the main focus of this book: the potential underlying *emotional* causes for wetting and soiling in children and young people who have been adopted or are looked after.

This is a highly complex and emotive area for both children and young people and their carers or adoptive parents. In some circumstances, the issue can be quite easily identified and linked to an event or particularly stressful period in a child’s life, for example, starting school or changing placement. However, in many cases there will not simply be one precipitating factor, but rather a multiplicity of issues that are contributing to the overall difficulty, which are likely to take some considerable time and a great deal of patience to unravel. Having said this, we must also accept that

we might never get to the root of the problem, but with help and support we might develop a deeper understanding about why it is happening.

As discussed earlier, children who have been removed from their families of origin will not have had consistent and reliable parenting or the benefit of the ordinary rudimentary building blocks to support their healthy physical and emotional development. Not having had an early experience of feeling safely held can impact on an infant's capacity to take in and hold on to good experiences. This can, in turn, leave them fearing that everyone and everything will be taken away, and sometimes this is expressed in a very concrete way. Soiling or urinating, or both, can become an entrenched habit born out of unmet needs. It may be an unconscious strategy to "remain a baby" in order to keep a parent close.

Children and young people in adverse circumstances may have become frightened of their caregivers and developed unhelpful ways of eliciting attention, which can result in disturbing or destructive behaviour. When children and young people have been removed from their families, whatever the reason, it is important to remember that although they may now be in a safe environment and out of "harm's way", as it were, they do not leave their trauma behind, but will continue to carry it with them, into every new situation. Often children who have experienced fragmented or traumatic early relationships are unable to differentiate between who is a safe and who is an unsafe adult. Maltreated children will have adapted to their early environment; they are likely to relate to new caregivers in the same ways as they related to their parents or other abusive adults in their lives, and it will take a long time, years even, for them to develop a capacity to trust.

On the following pages, I have listed some of the potential

emotional causes of wetting, soiling and smearing in children and young people. Many causes overlap, but it is a broad overview of the kinds of issues that arise and the possible underlying emotional causes that I hope will resonate with carers and adoptive parents who are trying to make sense of distressing situations.

Abuse

It is generally understood that many children or young people who have been removed from their family of origin and placed in local authority care, or who are adopted, will probably have experienced some degree of abuse and neglect, which may be, or may become, an underlying cause of toileting issues.

For ease of reference, I have outlined below definitions of emotional abuse, sexual abuse, physical abuse and neglect drawn from the UK Government guidance, *Working Together to Safeguard Children* (Department for Education, 2015). These definitions are not definitive but meant to act as a guide.

Sexual abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether the child is aware of what is happening or not. The activities may involve physical contact, including both penetrative and non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse, or oral sex. Sexual abuse may also include non-contact activities, like inducing children to look at, or participate in, the production of pornographic material, or to watch sexual activities, or to behave in sexually inappropriate ways.

Emotional abuse: Emotional abuse is the persistent emotional maltreatment of a child, resulting in severe and persistent adverse effects on the child's emotional development. It may convey to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Emotional

abuse may feature age- or developmentally-inappropriate expectations being imposed on children, including interactions that are beyond the child's developmental capability, as well as overprotection, which limits exploration and learning, and may prevent the child from participating in normal social activities. Emotional abuse may also involve seeing or hearing the ill-treatment of another, or it may involve serious bullying, causing children to feel frightened or in danger. Some level of emotional abuse is present in all types of maltreatment of a child, although it may occur alone.

Physical abuse: Physical abuse is hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates symptoms or deliberately induces illness in a child.

Neglect: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, resulting in serious impairment to the child's health or development. Neglect may occur during pregnancy due to maternal substance abuse. Once a child is born, a parent or carer may neglect to provide adequate food, clothing or shelter, abandon or fail to protect a child from physical and emotional harm or danger, or fail to ensure safe supervision and access to appropriate medical care. Neglect can also be unresponsiveness to a child's basic emotional needs.

There are very many concerning behaviours that are linked to emotional, physical and sexual abuse and neglect. Children and young people who have been abused will try to assert control over difficult aspects of their lives, for example, by holding on to their poo, by refusing to use the toilet, by soiling their underwear, or by smearing in inappropriate places. Soiling, in particular, is one of many stress-induced dysregulated behaviours, which could be the child's response to any of the above experiences of abuse.

If a child is not constipated and is soiling his pants or smearing faeces, the issue could be related to an emotional or psychological difficulty or upset, which will need to be considered.

However, one should not jump to conclusions that a child or young person has been sexually abused because they have started wetting, soiling or smearing, even if it has been identified as not being related to physical causes or a lack of toilet training. It is more helpful to consider the different aspects and nuances of the behaviour in the context of the child's or young person's developmental stage and current environment in order to gain a holistic overview of the difficulties.

Attention seeking

Sometimes foster carers and adoptive parents describe a child or young person's wetting, smearing and soiling as something that is done on purpose, perhaps as "attention seeking" behaviour. This might sound slightly negative, but that is exactly what it might be. I say this because experience has shown us that a child might consciously or unconsciously *draw attention* to a particular difficulty or experience, which they do not have the words to express. So, if a child is not constipated and is soiling his pants or smearing poo, the issue could be related to an emotional or psychological difficulty, which will need to be given careful consideration.

It is important therefore that carers and parents are helped to understand children's signals and to be aware that an infant or young person who has been neglected or abused is probably not acting in a deliberately defiant way, but may be relying on survival techniques they have developed to ward off perceived or real threats, or concretely evacuating difficult feelings that they are unable to process.

In my experience of working with looked after children, foster

carers have often bravely prepared themselves, or at times sought to protect themselves, from the emotional and psychological “mess” that children who have been removed from their families might bring with them. But they are often not prepared for the concrete “physical mess” in the form of wetting, soiling and the smearing of various bodily fluids that could be thought about as a physical manifestation of their confused and frightened internal state.

Anxiety

Anxiety can lead to frequent urination; in younger children when physical control has not been established, this can lead to wetting accidents. However, a sudden onset of wetting after a sustained period of dryness, once physical causes have been ruled out, could be linked to a particularly stressful time in a child’s life, for example, some children or young people in the general population may find that their bladder or bowels are affected as a result of exam anxiety, regardless of their background history. Children who are in care or who have been adopted may be struggling to adjust to a change of placement, or it could be an indication of abuse.

Comfort

A child who has been left in a dirty nappy for long periods might draw some comfort from being wet with poos, as it is what he is accustomed to. The smell of urine may also unconsciously remind the child of his previous family, or it may even be a way of trying to be offensive to keep others from getting close to him. In some circumstances, smearing becomes part of a routine that a child has developed from which he might draw comfort. Alternatively, the child may be seeking extra nurturing and comfort from a carer, and sees this as an acceptable way of eliciting it. One child soiled regularly at school, because when she did, her adoptive mother would miraculously appear at lunch time to bring a clean set of clothes.

Shame

Children who have experienced neglect whilst living with their birth families, due to a lack of supervision, parental mental illness or addiction to drugs and alcohol, may not have been toilet trained or taught to wipe their bottoms properly. They may feel anxious or ashamed about using the toilet. If they have been previously chastised or physically disciplined for having “accidents”, children may associate using the toilet with punishment or harsh discipline.

Some children will not get up in the night to go to the toilet, because they have been used to their room being locked or have been forbidden to leave their room at night. When a child or young person experiences shameful feelings, he may resort to trying to keep other people at a distance out of fear that anyone who gets to know him will discover the “bad” or “shameful” feelings he has inside. Traumatized children can become highly skilled at making their carers feel useless, impotent, and thereby unconsciously recreating past experiences by provoking punitive feelings and responses, and thus reinforcing their sense of worthlessness.

Control

It is not at all unusual for young children to hold on to poos whilst at nursery or school, and it is a commonly reported issue in the general population, although this would be concerning if it continued for an extended period. However, a child who has a need to be in control may hold on to his poos to feel better about his underlying feelings of helplessness. Smearing can provide a sense of control over one’s body and environment when other areas of life feel out of control, and it can also prevent unwanted social interaction.

Esteem

Being wet, smelly and repulsive may be a reflection of how a child feels about himself: that he does not deserve to take care

of himself or indeed be taken care of. Children sometimes have a smell that is unpleasant – this can come from an unconscious wish to keep others at a distance, or it could be the child communicating his sense of deprivation and lack of self-esteem. Foster carers and adoptive parents may have to cope with a child who exhibits repulsive behaviours such as farting, soiling or smearing as a means of keeping people away.

Anger

Children who find it difficult to regulate and articulate their feelings because they have not experienced a parent/carer who could help them to recognise, “contain” and manage their feelings from an early age, may communicate their anger and frustration by wetting, smearing or soiling as a means of concretely getting rid of difficult or unwanted feelings. This is a leaking out or evacuation of bad feelings because a child has not been helped to contain these feelings at a crucial earlier developmental stage.

The impact of transitions/separations/ unfamiliar surroundings

It is important to take into consideration the *context* in which the wetting and/or soiling is taking place. I have already said that wetting and soiling accidents are not unusual in the general population of children aged between four and seven, and can often be linked to stressful life events.

However, for children who have had very difficult early experiences, even activities that on the surface appear to be benign and pleasurable can stir up huge amounts of anxiety and provoke an extreme or adverse reaction. Transitions and separations can be difficult for all children to manage, regardless of their background, but they are particularly poignant for children who are, or have been, in the care system, and who will have

experienced many transitions and separations about which they will have had very little warning and no control. They may have come to experience change in a visceral way, as being dropped, abandoned or rejected, regardless of the circumstances. Below I have outlined some examples of events that have been known to trigger a stress response in children. Again, this list is by no means exhaustive, but is meant to give an overview of the kind of situations that can cause a regression, which manifests itself by wetting or soiling:

- going on holiday;
- going on a school trip;
- staying with a friend overnight;
- meeting unfamiliar adults or professionals;
- starting or moving school;
- change of placement – there may be a regression in a child's behaviour if they move to a new placement or go to live with adoptive parents, for many different reasons, for example, a change in their night-time routine. They may be frightened of the dark or worried about asking for help in the night if they need to use the toilet for fear of being shouted at or told off;
- birth of a sibling;
- arrival of a new foster/adoptive sibling in the family;
- parental separation;
- parental illness;
- bereavement;
- any change in routine;
- contact – I make this last point with some caution.

It is not that contact causes these difficulties, but for the purpose of this book I am highlighting the issue of contact because, inevitably, contact with birth parents or siblings that a child or young person is no longer living with, whatever the reason, can stir up many conflicting feelings that will be hard to process, and very few children will have the emotional language to articulate.