

Enuresis (Bed Wetting) and Encopresis (Soiling) in School Aged Children



It is not uncommon for children who have been placed for adoption at an older age, having experienced significant trauma in their young lives, to suffer from Encopresis or Enuresis, or sometimes both. Encopresis is the consistent soiling of feces in the clothing. Sometimes children who have been deeply traumatized may also “play with” the feces, smearing it on themselves, the wall, or someplace else in their environment. Enuresis is wetting that may occur both at night and/or during the daytime. Sometimes children who have this issue will hide their wet underwear and clothing, due to their feelings of shame. Some children simply wet the bed or themselves, while others may void in inappropriate places, when a toilet is readily available.

What causes this?

The reasons for both Encopresis and Enuresis can be multi layered. Parents should always discuss a problem with Enuresis and/or Encopresis with their child’s physician, so that they can determine if there is a physiological or medical cause for this problem. If this has been ruled out by your child’s physician, your child’s history must be considered. Some children who have had chaotic early childhoods may not have had adequate toilet training. This may result in a physical disruption of the normal bowel process, due to consistent withholding of feces. A child may have begun to withhold due to having a painful bowel movement, or from having gotten into trouble with an adult when they had a genuine accident. In addition, when a child has experienced significant trauma, they often experience emotional/physical regression.

Enuresis and Encopresis are frequently seen in children who have been sexually abused. The effect of losing control of one’s bladder and bowels when deeply frightened is well documented. A child who has been repeatedly frightened may develop an automatic, uncontrollable elimination whenever they begin to be frightened about anything, or by anyone, not just the perpetrator of their traumatic abuse.

Some children who have been victims of sexual abuse have never managed to control their elimination, while other children, who were toilet-trained, become enuretic or encopretic with the onset of abuse. The former situations often are ones of chronic family dysfunction and chronic sexual abuse. In the latter, the incontinence is a regression to an earlier developmental stage. The encopretic or enuretic behavior may be related to regression, anxiety, and misperceptions about

the abuse and how the body functions. This behavior may also be an attempt on the part of some victims to make themselves unappealing, in order to protect against a future assault.

There can also be the additional layer of the child's expressing their anger in this way. The child, being reluctant or fearful to openly express his or her anger, may express it by soiling themselves and/or smearing feces on the wall. That will most definitely get their parents' attention! Still, another possibility for this behavior is the child's using this to isolate themselves from their peers, if they struggle with very low self-esteem.

What is the best way to deal with this?

Figuring out the source of the behaviors is not always easy, and it requires a lot of patience on the part of parents. It is important for parents to understand that their child's engaging in this behavior in most cases has nothing to do with them, but is a reaction to a history of traumatic events in their lives. This is not a conscious decision on the part of the child, so asking them why they do this is useless, since they truly don't know why they are doing it. Asking them will likely also increase the shame that they are already feeling about this. There must be a non-punitive atmosphere established around this issue. This behavior is usually very shame based, and parents should be very mindful of never shaming their child for this behavior. They should instead teach their child how to properly clean themselves, their bedding, or any other area of the home that was affected. The child will often benefit from extra attention, nurturing, and discussion about precautions the parents have taken to protect and care for the child. Some of the ways that you can work with your child to help them through this challenge are in utilizing therapeutic parenting techniques, helping the child to gain a sense of safety, a genuine feeling of not being judged, a sense of belonging within their family, working with a good therapist, and allowing plenty of time for your child to gradually begin to heal. In doing all of these things, the hope is that the child will gradually be able to adequately face and process the horrible trauma that they have endured, and find more positive and effective ways to express their pain, fear and anger. In addition, check with your child's physician about medications that can sometimes be helpful as you help your child to work through this challenge.

Sometimes, behavioral techniques, such as a behavior chart with a reward system, if the child goes for increasing amounts of time without wetting themselves or their bed, or soiling themselves, may be helpful for some children. Also working with a daily journal can be helpful in teaching the child a new way to behave and to become attuned to body cues, as well as in giving the child a private place to express their difficult feelings. In some cases biofeedback techniques have been utilized successfully. Proper bowel habits should be taught or re-taught by establishing (or re-establishing) a toilet-training program, which is responsive to the age and



developmental abilities of the child. Parents may need to patiently implement a toilet training program that was successful at a younger age, and remind the child to use the toilet. Gradually, most children will eventually resume age-appropriate behavior, with the help of all of these different interventions.

Is there an end in sight?

Although it can take a long time and a lot of patience, most children and adolescents who struggle with Enuresis and Encopresis, as a result of early trauma, will eventually recover with the support of their family, therapeutic intervention, patience and time!