

Adoptive Families – A Guide for Professionals

Introduction

Adoption UK supports many people in the demanding role of being an adoptive parent. For a lot of these parents we believe the support provided is inappropriate. This results in further harm and damage being caused to the very children who have been placed with nurturing and therapeutic families to help them overcome traumatic experiences of abuse and neglect.

The approach to supporting such situations needs to recognise the traumatized nature of many children placed for adoption, the role of adoptive parents and the need for a distinct, specialist approach to supporting adoptive families, as opposed to supporting birth families.

As with most areas of social care, one size does not fit all and adoptive parenting is different from birth parenting. This factsheet aims to address this and provide professionals in all spheres of social care, education and health services with introductory information on behaviours that may be displayed by adopted children, and the impact on their adoptive parents. It will be of particular use to: social care professionals, child protection workers, teachers and other educationalists, CAMHS professionals, health visitors and GPs.

Children who were traumatised in their birth families and by separation from, or loss of, their birth families continue to suffer, even when they are in supportive and loving adoptive families. The consequent behaviours are often imported into their relationships with their adopted family members, rather than originating within the adoptive family. Adoption UK's experience has been that this often presents unique difficulties for adoptive families, particularly in the case of child protection investigations. Whilst the ideal would be to have adoption specialists investigate child protection cases, we appreciate this is not always possible. But we feel practitioners need to recognise the distinction between birth families and adoptive families and will need a different approach.

The average age for a child entering the care system is just under one-and-a-half-years' old, and they spend on average two-and-a-half years in care (including the adoptive placement), before being legally adopted at around the age of four¹.

Children at the point of the adoption order are usually around four years old. Just over two-thirds of children adopted from the care system are aged between one and four at the point of adoption, while one-fifth are aged between five and nine².

¹ *National Statistics for Children Looked After in England, year ending 31 March 2008* (Department for Children, Schools and Families, September 2008).

² As above.

When we look at the rate of development in those crucial early years, where a child may have experienced trauma, abuse, neglect and, at the very least, the profound loss of their primary caregiver, it is no surprise that their ability to attach to their new family in a positive and secure way is compromised. Their brains have developed a neurological pattern that 'programmes' them into relating to any new parents in the same way they were related to during their early years.

Children who have been physically or emotionally abused will see this as normal and to them a positive loving family will throw them into confusion; sometimes they will unconsciously seek out and provoke the destructive behaviours that feel normal to them. Furthermore, children who are still traumatised by their past will have difficulties attaching to their adoptive parents.

Often adopted children will not be able to verbalise and rationalise their responses and so their behaviour *becomes* their language. With age, traumatised children's behaviour may become increasingly difficult to handle.

Since the child may have had insufficient early opportunities to modulate feelings, emotions and arousal, they can exist in states of high energy and high activity most of the time.

This impacts on a child's development and can cause:

- disturbed attachment patterns
- rapid behavioural regressions and shifts in emotional states
- aggressive behaviour towards self and others
- lack of awareness of danger
- self hatred and self blame
- chronic feelings of ineffectiveness.

Parents trying to cope with these feelings and behaviours in their adopted children are subject to intense and prolonged stress. It is important to note that the parents are not responsible for these behaviours, but that they are part of the solution. In some cases this has such an impact that their own sense of safety becomes threatened – they are suffering from secondary or vicarious trauma.

Anyone around a traumatized child may experience secondary traumatic stress mirroring that of the child. Most of the time parents bounce back, but nobody can be resilient 100 per cent of the time. We are all vulnerable and it can happen to anybody. A third of all adoptions end in disruption – this is an indication of how difficult it is to parent a hurt child.

Behaviours common in looked-after and adopted children

1. Aggressive and angry behaviour

Why? Children who have been abused and neglected have a right to feel anger, fear and sadness about what has happened to them and these feelings are unlikely to have been safely expressed in the past so consequently will be expressed when living with their new families.

These children are not in control of themselves, despite their 'controlling' behaviour; indeed fear lies at the heart of, and motivates, anger and aggression. A child who sees that their adoptive parents cannot control them will feel overwhelmed, uncontained and helpless.

Furthermore, when a child has been exposed to repeated trauma they will produce an excess amount of stress hormones which will need to be released; an effective way is to create angry and confrontational scenes that allow for this to be released.

Possible impact on adoptive parents: Parents' behaviours are often symptoms of their child's distress. They can feel isolated, helpless and confused, along with intense feelings of self-blame, shame and hurt. They will feel bullied, threatened and intimidated, and lacking in self-respect and belief in themselves as parents.

Living with aggression will have a profound impact and parents may find a way of coping by, perhaps, dissociating themselves from their negative feelings. They may do this by 'normalising' their children's behaviour through minimising it, or by increasingly distancing themselves from their child.

2. Sexualised behaviour

Why? In contrast to neglected children, children who have been sexually abused have experienced some degree of closeness, touch and non-verbal communication.

This will have resulted in a distorted view of relationships and where they fit in, teaching them that sexual abuse is 'love' and this is how love is expressed. Within these relationships their arousal levels will have been raised to unbearable levels, resulting in their dissociating themselves from the experience.

The majority of sexual abuse occurs between close family members when the abuser is also the caregiver. As a consequence the child is placed in an intolerable double bind that makes them especially vulnerable to physical and emotional dysregulation, disorganised attachments and dissociative behaviours.

Sexualised behaviour may be the only way a child knows of self-soothing and managing distress. It can also be triggered when a child feels threatened and needs to be in control. They will feel worthless and lack respect for personal boundaries and trust.

Possible impact on adoptive parents: In many cases, children may not disclose sexual abuse (for example through sexualised behaviour) until they are in the security of their adoptive families. Many parents will find it a particularly difficult issue to feel comfortable about; as a consequence they may either attempt to ignore or over-react to the behaviour.

Even when adopters accept the situation it can feel incredibly isolating when they realise the potential impact on other children, relatives, friends and the wider community. Unsupported parents who are unable to feel safe and secure when relating to their children are at most risk because their children may 'turn up' their behaviours. The child may replicate early patterns by making allegations against their adoptive parents or others, particularly when stressed or needing to be in control.

Children may misinterpret parents' behaviour as abuse when it is not. Children aren't making false allegations – they believe the allegations to be true even when there is no basis for their belief (see also 'Dissociation and lying' below).

3. Dangerous/risky/self-harming behaviour

Why? The child may not have received normal parenting in the toddler stage, such as being allowed to explore the outside world in a structured environment under close parental supervision and guidance.

Lack of boundaries may have led to an inability to perceive danger. The child may have little or no concept of cause and effect. Overwhelming shame could lead them to put themselves in situations where they may get hurt.

Control issues are usually a motive – to demonstrate that they have control over their life. It's important to recognise that children do this at an unconscious level and not purposely as they have little control over unconscious feelings that overwhelm them.

Possible impact on adoptive parents: Adoptive parents, who may have preconceptions about their children's capabilities based on their own childhood experiences, can struggle to understand that their child may need a different type of parenting than they themselves experienced as children.

Many will find the behaviours difficult to witness. Parental responses, particularly when the level of risk/danger is intensified, may inadvertently increase the child's difficulties and lead to even more uncontrollable behaviours in the child. Living with this has a profound impact on parents as they feel unable to protect their child.

4. Dissociation and lying

Why? Dissociative children may have very real problems with 'the truth'. Their internal world is all over the place since their early experiences did not provide them with opportunities to become well joined up. What they know may remain 'state dependent'; that is, they may have restricted access to 'all the facts' in certain feeling states.

Thus there exists a genuine 'information gap' that cannot necessarily be over-ridden. In addition, they may have become highly practised at forgetting or denying overwhelming or unpleasant feelings and events, which were necessary for survival and may be an ingrained but unconscious habit.

In daily life we all tend unconsciously to take out or make up bits of 'our story' to make it feel more acceptable and complete. This becomes exaggerated in dissociated children whose memories are already fragmented.

Hence their 'truth' at one moment may differ from the truth they can access or recognise at other times. Sadly, some older children do eventually learn to use these tactics more consciously, if they realise that it puts them in control.

Possible impact on adoptive parents: Adoptive parents may struggle to reach a child who is 'shut down' or 'goes away' and an accusatory or punitive approach is likely to perpetuate dissociated feelings, thinking and behaviour.

For adoptive parents caught in the middle where a child has made allegations against them, this can be particularly traumatising, especially when they are seen as the perpetrators of their child's behaviour, although very often the behaviour has been imported with the child. This can have an immense impact on how they see themselves, are seen by professionals at the time and by the wider community, and it can feel incredibly isolating.

What can you do to help adoptive families?

Listen to adoptive parents. They are best placed to advise on their child's early history and how this will impact on their behaviour.

Find out the child's emotional age – it may be very different from their actual age. Again the child's adoptive parent may be able to help you.

Always take into account where the child has come from and the nature of attachment within an adoptive family. This is especially vital in a child protection situation.

Always involve the local authority's Post Adoption Team which has specific expertise in this area.

Our thanks to Christine Gordon and Caroline Archer, co-authors of *New Families, Old Scripts*, for allowing us to take excerpts from this book for the purpose of this factsheet.

Further reading

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