



# If this is trauma, where are we heading?

by Dr Renée P Marks

The parents in front of me are clearly distressed. The mother is recalling the history of their adopted child since the age of 2. Problems with eating, attachment problems, controlling behaviour, sudden aggressive and violent outbursts, struggling to progress in school, yet very charming and mostly displaying impressive behaviour in the presence of the professionals. The mother talks about her helplessness as she counts the number of mental health professionals that have already seen their adopted child. No significant or permanent changes, despite the multiple therapy sessions, consultations, diagnoses and medication. The father is obviously grinding his teeth, clearly frustrated and concerned about his wife who is now starting to cry.

This has become an all too familiar picture at our offices. Desperate and traumatized adoptive parents who usually somewhere add the sentence. ‘We only wanted a child to love and care for .....

Is something missing? Is it just normal? I am often reading files of children in care proceedings. All these children suffered some form of neglect or abuse and most were also exposed to domestic violence. Sometimes there is reference to their attachments that have disrupted and this is a cause for concern in respect to long-term placements.

How many hours have professionals already spent with this family? How many diagnoses does the child have? What is the prognosis? Can this family be helped? Can this adoption be saved or will it become another disruption in the sea of non-official statistics of adoption disruptions?

In 2005 Dr Bessel van der Kolk wrote “Childhood trauma, including abuse and neglect is probably our nation’s single most important public health challenge..”. He continued to say “...chronic maltreatment has pervasive effects on the development of mind and brain”. Perhaps we are missing trauma as we do not equate child abuse and neglect to a traumatic experience for children. Somewhere we also hold on to the concept that if the child is ‘saved’ from the neglectful and abusive home, the child will automatically embrace the new parents and adapt to the new peaceful environment.

Perhaps we still too readily embrace the ‘happy ever after’ concept that we all once fantasized about or perhaps we are opting for the more simplistic and limited structure of treatment. One of the biggest concerns is that the majority of children that are presently referred to professionals in the field of adoption, have already been subjected to a long list of treatments with no significant or long-term change, while the problems are spiraling out of control.

Do we continue to believe that exposure to abuse and neglect enables a child to become resilient, despite the growing evidence that proves quite the contrary?

Stien & Kendal (2004) referred to Dr Bruce Perry who stated that “Children are not resilient, they are malleable”. If we dare to accept this succinct statement, we may have a much bigger responsibility towards the child who suffered abuse and neglect in the early years.

Although the words ‘abuse’ and ‘neglect’ is some of the most used words to describe the plight of many children in care, we seldom stop to ask the question “How did the child experience these events? How did the child feel? How did the child respond while living with abuse and neglect?” To some extent it may be easier for the person who completed a thorough psychological assessment on the child, to empathize more after listening to all the plans that this child made to survive the horror that became his/her daily life. “We were hiding in the cupboard” “I crawled under the bed with my baby sister” “I was afraid, I thought it will never stop again”, “I was so hungry, I went to the fairy to help me”, “I was too scared to cry”. What do these experiences do to the child, what is the impact on the developing brain?

Research across the world is presently revealing more significant information about the impact of trauma on the brain of the developing infant and child. It is evident that the younger the child is during the trauma experiences, the greater the impact is on the brain of the child. The most profound problems are often encountered in children who suffered pre-verbal trauma (traumatic experiences before the age of 36 months). There are also many children who suffer from pre-natal (pre-birth) trauma. It is evident that the young infant who does not have a template for human interaction, will specifically form a negative template in the brain, regarding himself and others caring for him, when exposed to early abuse, neglect and/or domestic violence. Instead of forming a template that life is safe, “I am worthwhile” and “The adults in my world are caring, loving and nurturing”, the child will be overwhelmed with fear, which will alter the neural networks in the brain. This will cause the child to live in a heightened state of arousal, unable to regulate emotions, unable to trust adults caring for him, especially if they are called ‘mum’ or ‘dad’, and a sense that the child self is worthless, despicable and helpless. In order to combat these intense feelings, the child usually opts to control, fight, go into flight or dissociate from reality. The long periods of neglect, abuse and often little stimulation has a negative impact on the lower parts of the brain that are responsible for movement, sensory integration and emotional regulation. It can also affect sleeping and eating patterns in future. Despite our firm believe and hope that adoption will erase the early experiences of the child, it sadly mostly amplify the earlier fear that resulted due to neglect, abuse and exposure to domestic violence.

Very often it is the closeness that the adopted parent seeks to the child, that is translated into the brain of the child as danger, the praise that the adopted parents are giving is screaming against a sense of “self” that is deeply flawed, rejected and emotionally hurt. It only amplifies the feeling that, the adopted

parent does not know or understand the child, which heightens the sense of danger in the child. The expectation for normal behaviour is pushing the child into all forms of compensatory behaviours for example to become extremely polite and well behaved in some settings and defiant and violent, aggressive and bullying in other settings. The expectations of school and home to perform often pushes the child into dissociation and a sense of disconnection from the real world around them or force the child to compensate with unacceptable behaviour in the classroom. As the adoptive child grows older the problems intensify and the child often appears 'less normal' than the peers of a similar age. "Normal problems" suddenly become concerning as many adopted children start to tell incessant lies, steal and start to display more anti-social behaviour. Adoptive parents often suffer from secondary trauma where they lose friends and family support, they start to develop sleeping problems, struggle to cope with the child and often regret their decision to adopt. Many older adopted teenagers describe themselves as 'weird', 'mad' or 'insane'. They silently battle their own intense fear about the fact that they are different from others, yet unable to change.

Trauma has become the silent partner in the lives of many adopted children, the monster that is haunting many adoptive parents, stealing their hopes and dreams for a 'normal family life'.

The most important question is "is there hope?" and "What can we do?". The sad answer is that there is little hope while we as professionals are ignoring the impact of abuse, neglect and domestic violence on the brain of the child. There is even less hope if unacceptable behaviour of the child in distress is viewed as a 'Behavioural problems' and this is exasperated by optimistically trying to 'cure' the behaviour, with conventional diagnoses, medication, 'star charts', 'incentives' 'behavioural programmes' and short-term therapeutic methods, that is focused on the cortex or thinking part of the brain.

Dr Bruce Perry developed a model over the past 30 years that focuses on the impact of early abuse, neglect and trauma on the developing brain of a young child. (Perry, 2009). He states that "Maltreatment disrupts this hardy process; trauma, neglect, and related experiences of maltreatment such as prenatal exposure to drugs or alcohol and impaired early bonding all influence the developing brain. These adverse experiences interfere with normal patterns of experience-guided neurodevelopment by creating extreme and abnormal patterns of neural and neuro-hormonal activity".

The biggest shock of this research is that the conventional therapies, however well intended, might not be able to address the problems that early abuse, neglect and trauma have caused to the brain. Perhaps it is time to redefine abuse and neglect as 'trauma', to redefine 'behaviour' of the adopted child as various 'fear responses' or 'maladaptive strategies' in order to cope with life that may appear so 'ordinary' that it is frightening.

Dr Martin Teicher and his colleagues (2003) provide fascinating information about the different functioning of the left and the right hemispheres in traumatized children. His research also found noticeable differences in several key structures in the brain of a traumatized child, suggesting traumatized children process information differently and may be unable to process the trauma related information without specific help.

The professional approach should be to look 'outside the box' and to venture into the unknown parts of the brain of the child in order to begin to understand the child's inability to regulate their emotions, the origins of long standing problems with eating, sleeping, enuresis, encopresis, the struggle to read and write and the fear, fight and flight responses that are playing out in various ways; all of which are more commonly referred to as 'defiance, control, anger, aggression and behavioural problems'. The earlier children can be referred for appropriate help, the shorter the treatment will be. The longer children are left with problems, the more entrenched the neural connections feeding the negative behavioural patterns become and the more difficult and longer the period will be that the child will need treatment.

We are either on slippery slope using old tools on new and developing problems that have the capacity to develop into an epidemic, or we are standing on the verge of a new and exciting road, where we as professionals and adopted parents, can take control and venture into the unknown of the brain. All this to find new and groundbreaking ways to help the adopted child find, calmness, congruency, peace, fulfillment and psychological reward in interpersonal relationships. Fortunately we already have the evidence that these new treatments can be successful!

## References

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