

child abuse victims need more than just our shock and horror



WHILE the publicity surrounding the rape of a two-year-old filled us all with horror – it served another purpose. It brought the subject into people’s living rooms.

Will this event force society to remove its rose-tinted glasses and acknowledge that infants are physically and sexually abused?

Might other abused children now be believed?

I'M writing this article on the 4 May 2009. It's the Bank Holiday and I've spent part of it reading newspapers and web pages about a four-year-old girl giving evidence at the Old Bailey of the anal rape she suffered some two years before at the hands of Baby P's killer.

From the outrage expressed in newspaper articles one might assume that the rape of a child is a rare event. I wish.

Really I do, I wish with all my being that no other child tells a sympathetic adult (police, foster carer, adopter or therapist); 'I was sleeping, he woke me up' ... 'I was in my 'jamas (pyjamas)' ... 'He hurt me' ... 'He was being naughty again' ... 'He was lying down .. like penguins do.' ... 'I said, "Don't do it"'

These quotes are from various trial reports in newspapers. I could list many other narratives from adopted and fostered children who a few years after placement were able to tell their new parents what happened to them.

The sustained, violent, manipulative torture inflicted on some infants almost defies belief. Beatings, rapes, imprisonment, rage-filled screaming, starvation or simply threatening another round of torment and abuse.

Secrecy was demanded by threats, often to loved ones. 'I'll kill your sister if you tell anyone'; so they stayed silent, weighed down by shame, guilt and humiliation. The abuser safeguarded by the distortion and perverted thinking imprinted onto the child.

I have listened to many adopters and foster carers share their

children's 'confessions', (the children are ashamed) and to adults abused as children who are still filled with toxic shame for the acts they were forced to perform decades before. The common factor is that all of them believed they were responsible for what was done to them. They had been 'naughty', 'bad' or were 'worthless', or told 'all children get this treatment' and 'you deserve this'.

Here is a ghastly thought. Maybe the death of Baby P caused the adults around the little girl to really hear her story. I wonder whether her rape would have made it to the Old Bailey without Baby P's death? A Serious Case Review and high media interest does rather focus attention and resources.

Andrew Anthony in The Observer 3 May 2009 wrote; 'In the absence of conclusive medical evidence, the jury believed her. In one sense, her tender age, the very thing that the defence argued rendered her an incompetent witness, may have been the key to the prosecution. One of the police detectives from the Child Abuse Investigation Command involved in the case told me that older children often bury the memory of abuse until much later in life, whereas the very young are too unformed to be imprisoned by guilt. But mostly they are also too young to be believed'.

It's a classic double bind; a very young child is not believed and an older child refuses to face the memory of abuse because they are guilt ridden. Both positions free the perpetrator and imprison trauma in the child.

This trial shone a light into the deep dark hole that experienced adopters know only too well. Andrew Flanagan, chief executive of the NSPCC said; "The brutal death of Baby P and the rape of a two-year-old girl are among the most heinous crimes against small children we have ever seen".

'Ever seen'

"Ever seen"! Tragically these crimes are rarely 'ever seen'. How much of an iceberg can you see? For all the crimes against small children seen, how many more exist below the waterline? For all

those seen, how many are acknowledged, how many prosecuted and how many children receive therapeutic help to overcome the experiences?

If the care plan for this little girl is adoption, her documented history will help her adoptive parent's access support and ongoing therapy.

Other adopted children are less fortunate; their history is not known or recorded accurately. The only concrete evidence of their early trauma is their current behaviour, often disturbed, angry, volatile and challenging. (Can you believe I am crediting this poor raped four-year-old girl with more luck than some other children? What a preposterous yet disgustingly real notion).

As Andrew Flanagan said; *"The violence, neglect and sexual brutality inflicted on these babies cuts deep into all our hearts – what happened to them is the stuff of nightmares. But tragically it is not unique. It is all too common for babies and toddlers to be abused behind closed doors."*

The majority of adopted children have experienced abuse and/or trauma; otherwise they would not have entered the care system. Few have their abuse documented. Some have their horrific experiences summarized in one line on a Child Placement Report; 'The police were called by neighbours who heard shouting.'

Lord Laming who carried out the investigation into the death of Victoria Climbié in 2000 and the Baby P inquiry said on Radio 4's Today Programme, that not enough vulnerable children were being taken into care.

"It is possible to identify children who are living in circumstances in which there are considerable risks, to identify them early and to intervene much more swiftly with confidence and determination. Drift is the enemy of good practice in this work."

"That doesn't mean that children have got to be snatched away - let's not go from one extreme to the other. But I do think that there has been reluctance in some authorities to bring these cases in front of the court."

If not enough are children are being identified, how damaged are those we do know about? If the drift and delay results in children being more damaged, they will need more help requiring even more intense therapeutic interventions, assuming they can access therapy.

What help is there?

Frankly the therapeutic help for abused children is a glacé cherry on the top of a massive Titanic-sinking iceberg. The cherry is impossible to see and makes no difference to the iceberg. Adopters know only too well the difficulty of accessing high quality therapy for their children. Climbing up the iceberg to get the cherry is almost impossible.

Metaphorically, in most local authorities that single cherry has to be split into tiny fragments which can barely be tasted. Often it simply rolls off and is lost in the ocean.

Let me remind you that in the Adoption and Children Act 2002, clause 4.1 obligates a local authority to 'carry out an assessment of that person's needs for adoption support services'.

However in Clause 4.4 'they (the local authority) must decide whether to provide any such service to that person'. Please note the word 'whether'. It means the decision lies with the local

authority and adoption support services are optional.

This gives adopters a right for an assessment of support needs, but there is no obligation to act on the findings or recommendations. So adopters are left with children known to have been abused, known to be violent, known to be at risk to themselves and others, and with no method of getting effective support and therapy, despite some assessments making it crystal clear that the child has been deeply traumatized.

What a ridiculous situation. What a disservice to adopters, foster carers and the children they parent. How ghastly for social workers who know the placement is at risk of breaking down. But, as we are regularly told, the funds simply aren't available.

Developmental Trauma Disorder

Many adopted children were the victims of infant physical and sexual abuse. They may not be able to voice their experiences but we know from trauma experts like Bessel Van Der Kolk MD, director of the Trauma Center that 'the body keeps score'.

The following is an extract from 'Developmental trauma disorder:

Towards a rational diagnosis for children with complex trauma histories' by Bessel van der Kolk, MD.

Trauma has its most pervasive impact during the first decade of life and becomes more circumscribed, i.e. more like 'pure' PTSD (Post Traumatic

Stress Disorder), with age. The diagnosis PTSD is not developmentally sensitive and does not adequately describe the impact of exposure to childhood trauma on the developing child. Because multiply abused infants and children often experience developmental delays across a broad spectrum, including cognitive, language, motor and socialization skills, they tend to display very complex disturbances with a variety of different, often fluctuating, presentations.

However, because there currently is no other diagnostic entity that describes the pervasive impact of trauma on child development these children are given a range of 'comorbid' diagnoses, as if they occurred independently from the PTSD symptoms, none of which do justice to the spectrum of problems of traumatized children, and none of which provide guidelines on what is needed for effective prevention and intervention. By relegating the full spectrum of trauma-related problems to seemingly unrelated 'comorbid' conditions, fundamental trauma-related disturbances may be lost to scientific investigation, and clinicians may run the risk of applying treatment approaches that are not helpful.

In essence, Van Der Kolk is saying we have to look at the whole child, including their traumatic experiences to make sense of their world and to intervene effectively. Too many children receive diagnoses that simply ignore their traumatic history. The full article and lots more at www.traumacenter.org

Previously UK society could pretend child rape didn't happen. Now it can't. Only when society faces the harsh truth about infant rape, childhood abuse and toxic parenting will change occur. Legislators might listen; the media might get excited by healing strategies rather than the gory rape details and effective therapy for children and adults abused in infancy might get a huge rise in funding.

"Wounds that can't be seen are more painful than those that can be seen and cured by a doctor." Nelson Mandela

Is it fair to leave invisible wounds undiagnosed and untreated?

© Helen Oakwater 2009



Helen Oakwater is an adoptive parent, NLP Coach and Trainer. She adopted a sibling group in the early 1990s and has first hand experience of living with 'the child who hurts'.

Her adoption and NLP credentials are listed on her website along with previous articles published in Adoption Today. www.helenoakwater.com