

the shame and the sha

In her previous article (*Adoption Today*, April) Helen Oakwater explained how and why Facebook allows birth family members to reconnect to adopted children.

This article explains why giving a child their detailed history allows them to build a solid sense of self which offers some protection when Facebook intrudes.

MALTREATED children need two things to heal:
 An enduring safe place to be parented
 An understanding that what happened to them was not their fault.

Two apparently simple things. However, anyone who has parented a child traumatised in infancy knows the complexities involved in establishing these criteria.

Contact through Facebook puts both at risk.

an enduring safe place to be parented

For adopted children, their birth family had values, standards, expectations and behaviours which caused the courts to permanently remove the child. These birth parents were not able to put the child's needs ahead of their own, often inflicting chaos and pain. The child did not feel safe.

By contrast, adopters and foster carers have been vetted, trained and approved by an external agency before they were allowed to parent children. They provide child-centred nurturing and stability, a parenting model with values, expectations and behaviours that reflect those of mainstream society.

This conundrum is crucial when parenting children from the care system. The acceptance of the birth family shadow is a prerequisite when approving adopters. Birth parents are, and always will be, incredibly important to the child for many reasons. However, Facebook brings that shadow into the foreground and shoves it into a child's face via a computer screen.

This raises huge internal conflict for the child. They have been 'found'. Their secure base fractured. Their physiological stress responses will heighten, their behaviour becomes more challenging; they will compare adopters and birth family; they will resent adopters who, in contrast to most birth families, hold secure behavioural boundaries and even more battles will occur.

How can a child feel safe when pulled in two directions? When home doesn't feel like a safe space, not only is healing impaired but extra conflict is generated. The therapeutic reparenting is interrupted and possibly reduced by years. There are already cases of children voting with their feet and returning to birth families within weeks of reconnecting.

it didn't happen or matter

For many reasons birth parents rarely acknowledge their contribution to their child's maltreatment, often denying abuse or neglect. They seldom take responsibility for the damage done to the child.

However, it is vital that the child hears the truth from trusted adults (parents and therapists together), their reality and sensory

experience honoured. The maltreatment needs to be evidenced, documented and shared with the child in an age-appropriate way and revisited many times throughout their youth and early adulthood. They need to understand how their different parts were formed.

identity and shame

We are all made up of parts and the more we understand and integrate them, the more comfortable we are in our own skin. The more parts of ourselves we reject or disown, the more fragmented and uncomfortable we feel. It's part of being human.

Shame is knowing you hate a part of yourself intensely. We all have parts of which we are ashamed. The fewer we have, the better we function – removing shame is a multimillion dollar industry. Look at the millions spent on self-help books. As a coach I have seen people freed from historical shackles and self-loathing by safely examining, then dumping negative views of themselves imposed on them during their childhood. Examining a toxic memory with fresh mature eyes is hugely empowering; realizing and saying 'It wasn't my fault', dissolves that fragment of shame.

Maltreated children often have, to use Dan Hughes' phrase 'pervasive shame', believing they are bad, without merit. Why wouldn't they? Their early experiences of being ignored, shouted at, hit, berated, forced to do terrible things, confused them, wired their brain for trauma and confirmed their worthlessness. They are ashamed of most of their parts. They have a fragmented sense of self.

These children require intensive therapeutic input to heal the horror inside. They need therapeutic reparenting AND a clear honest picture of their past life experience.

therapeutic reparenting

'Reparenting' fills in the developmental gaps, and notices and honours the developmental stage the child is at, rather than expecting behaviour to be appropriate to their chronological age. Teaching emotional modulation and self regulation is a major component. Prefrontal cortex cognitive skills such as thinking before acting and reflecting before deciding are learned.

'Therapeutic parenting' aims to undo the damage. It's parenting with a historical perspective, honouring the pain, suffering and trauma the child has experienced and helping the child make sense of their experience. Therapeutic parenting reduces some of the shame generated by the birth families

'Therapeutic reparenting' is the role of adopters and foster carers. It takes time, huge emotional effort and courage. It also takes consistency over years or decades; especially during adolescence and early adulthood when the brain is rewiring. Facebook interrupts this process.

How: Facebook part 2

First we should remind ourselves of a few salient points. Adopted and long-term foster children were removed from their birth families because their needs were not being met. Often they were maltreated.

Many of these children had their normal development blocked by traumatic experiences, abuse and neglect. They lacked a secure base. Their physical, emotional, psychological, social, spiritual and cognitive development was erratic and fractured.

Consequently their view of themselves and the world (inner working model) is distorted. We know infant brain development is impacted by maltreatment (see Bruce Perry www.childtraumacademy.com)

We know maltreated children have poor self regulation. We know teenage brains change their structure and are 'rewired'. The frontal cortex (thinking part) growing in early puberty and then being pruned back in mid puberty. Which could be one reason adolescents exhibit high risk-taking behaviour. *Blame my Brain* by Nicola Morgan, explains this well.

Brain rewiring is affected by the teenagers environment, stress levels, peers, school, parents and their own internal working model and belief system.

Because the brain is being rewired during adolescence, disclosure work and evidence of maltreatment needs to be shared and processed before puberty. This offers more protection when Facebook intrudes and is simply good practice.

Skilled therapists, specifically trained in trauma and attachment issues, need to work with the family. Note 'with!' Adopters and foster carers must be in the room and fully engaged in the process. To be received effectively, the data must be delivered 'cleanly' by an independent, trusted third party i.e. a therapist, not the adoptive parents. The role of adopters is to bear witness to the process, so the child knows their parents heard all the information and still love them. Also informed parents are better placed to deal with the aftermath. The practice of some therapists to exclude adoptive parents is ridiculous. They are part of the solution, not part of the problem.

information

If a child sees the photographs of the squalor he lived in; the medical report documenting the injuries; the record of police visits; court statements etc then he will be able to put the jigsaw of his life together. He can be helped to construct a 'coherent narrative', and develop a more positive

inner working model and a sense of worth and importance.

With a positive sense of self and factual information he will see the denials of maltreatment from his birth parents for what they truly are. With Facebook allowing adoptees and their birth family to connect at a much younger age there is even more reason to provide high quality therapeutic adoption support to children before and throughout an adoptive placement. That makes placements more robust and cheaper in the long run.

My experience is that children need 100 per cent of the information about their history, however disgusting. They know it already; words and photos simply confirm it, provide reasons and give many useful perspectives.



The remainder of this article is a modified extract from 'A Wish List', Chapter 2 in *Models of Adoption Support*, edited by Hedi Argent, published by BAAF in 2003. The entire chapter is on my website. Thanks to BAAF for permission to reproduce this. There are specific examples of actions social workers and decision makers could take. Seven years on, I really wish more of them were being implemented and Slack Harry was out of a job.

'A WISH LIST'

The Child's Life

- A life storybook for life, not a frill for placement. A life storybook that has more than a couple of photos, dates and fluffy prose. That has the real reasons children were adopted. Hard facts. The brutal truth. Dates, addresses, times.
- Photos that will help the child make sense of their experiences, validate their memories and by doing so allow the child to come to terms with their past and be comfortable in their own skin.
- Photos that show the grubby things, the dirt, the squalor, the poverty, the reality of a child's circumstances.
- Photos that show the good times, the parties, the paddling pool, the birthday cake, the friends, the sunshine and the laughter.
- Photos that show the painful things, the police photos of bruises or broken bones, the hospital reports,
- Photos of all the people who have been involved with the child; relatives, friends, culprits, perpetrators, teachers, victims, social workers, nurses
- All the schoolbooks, record cards, pictures drawn, certificates and stories written.

- A time-line showing significant events, including the day the child:
 - took first step,
 - spoke first word - what was it and said to whom?
 - was stung by a bee,
 - rode a bike without stabilisers ... into the pond in the park,
 - had goodbye visit with Mum,
 - went to the fair and was sick after too much candy floss,
 - bought first wellies,
 - lost first welly,
 - visited a farm with the school and was bitten by a Billy goat,
 - lost first tooth,
 - first heard about new adoptive parents
 - pushed a towel down the toilet flooding the bathroom floor,
 - last visited Grandpa before he died,
 - first paddle in sea,
 - had chicken pox
 - learned to write own name
 - first speaking part in a school assembly,
 - first time to swim a width, a length or 100m, or 400m

Information for the child

Full audit trail of decisions, actions (or lack of them) made by authorities. The reasons should be stated clearly.

Full details of birth family - medical, social, psychological, education, thoughts, hopes, beliefs, skills, quirks,

Information must be accurate, neat, legible, understandable, correctly spelt, free from subjective opinion and evidenced. . Equally, hearsay should be clearly indicated. The phrase 'it is thought... ' should never appear. Who thinks it and why? The evidence must be there.

A child, when reading these records and reports, should be allowed to form their own view of their history, from facts and evidenced opinion, not filtered through a social worker's belief that 'he won't need to know this'. That information belongs to the child and no one has the right to tamper with it, deliberately or inadvertently.

Access to all records from pre-birth to adoption. This information must be accessible when the child needs and wants it. Restricting access until legal adulthood prevents the child fitting fragments of their life together. Rather like a jigsaw, the fragments, memories and context need reprocessing to make sense of them. Delaying the facts simply causes confusion for the child. It's often not new data, their mind and body already knows. The information allows them to reframe events and understand themselves better.

Holistic Assessment of the Child

The assessment should not just be a single superficial snapshot. Drawing an analogy with a car - we need a full MOT at a garage with shiny state of the art equipment operated by a team of intelligent, motivated, highly skilled mechanics, who provide a full written assessment of the existing problems, indicate possible future concerns, note that the spark plugs need adjusting, which of the many noises are alarm signals, when to return for a service and then estimate the repair costs.

Sometimes cars are assessed by a bloke we met in the pub, who works in a dingy garage with no inspection pit, hasn't bought new tool in a decade, can't find his glasses, and ignores the rust pockets. Aaahhh ... but, he is cheaper. Allowing our children to



be assessed by Slack Harry is disgraceful. Let's not kid ourselves; Slack Harry currently walks the corridors in some Social Service, NHS and Education Departments, rusty spanner in hand.

therapy and counselling

Appropriate and effective therapy available to all when needed funded by the Authorities. Please remember therapy is tough for both child and parents. No-one undertakes therapy unless they have to. It is not an easy option - it's often the last resort but can be hugely effective.

Therapy that helps children understand and make sense of their early experiences. Talking therapy is often less effective for children if the damage occurred when the child was pre-lingual. Therapist training needs to reflect this accordingly.

Therapy that gets to the heart of the issue - a person's sense of self, their values and beliefs not just behaviour modification. Sometimes people need help in understanding and accepting that their view of themselves and their map of the world is skewed. (This applies to all corners of the triangle). There is a desperate need for therapists trained specifically to work with adopted and long term fostered children with attachment problems. A Centre of Excellence (virtual not necessarily bricks and mortar) should be established. The expertise exists - it simply needs disseminating.

Counselling services for birth parents (whose children have been removed from their care) should be completely separate from Social Services at a neutral venue provided by staff who were totally unconnected with the removal of their child.

Counselling services for birth parents should be ongoing, non-judgemental and supportive. Birth parents may need long term support to understand the circumstances of their child's adoption and to deal with the heavy grief and sadness they carry. One session (currently, often all that's offered) is just not enough.

Therapeutic support available on demand - at 3 pm on a Sunday if that's when it's most effective - telephone support will do. ■

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Helen Oakwater is an experienced adoptive parent, Executive Coach and NLP Trainer. Through parenting a sibling group placed in the early 1990s she has personal experience of 'living with the child who hurts'. She has been an Adoption UK trustee since 2005. Previous articles published in Adoption Today are available at www.helenoakwater.co.uk