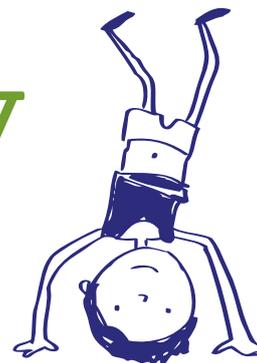


# why are these children any different?



WRITER, coach and adoptive parent **Helen Oakwater** asks professionals, and teachers to look at what lies beneath the child or children whose behaviour is preventing them from being able to even settle in a classroom let alone to begin learning.

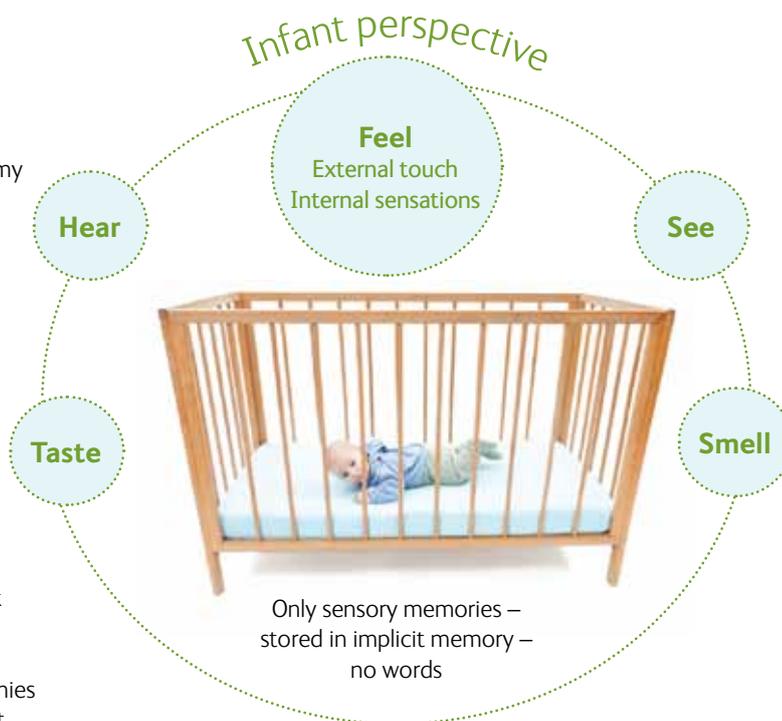
“IT’S OK, I know all about dealing with adopted children, because lots of the children in this class have divorced parents” replied a teacher when I attempted to explain my daughter’s unique needs due to adoption. Oh how I wish I’d had this magazine; one copy for her, one for the staffroom.

## Looks deceive

After two decades as the adoptive parent of a sibling group I’ve realised that I was often perceived as an over-anxious parent. I looked the same as most other parents; clean, reasonably well dressed and wanting ‘the best’ for my children. My children were neatly clothed, clean and regular school attendees. Just like all the other kids in the playground. But; my kids, like many adopted children, didn’t start out that way. They were on a different planet.

Unlike the other kids in the playground, who were borne to mothers who avoided unpasteurised cheese, alcohol and took folic acid, my kids developed inside a woman who continued her chaotic lifestyle, including binge drinking and antisocial behaviour. Once they were born, they weren’t spoiled by grannies and aunts nor cooed at constantly in a world of warmth that cherished every smile on their chubby faces. Their world was cold, wet, painful, lonely; they were neglected, maltreated and left to fend for themselves while their birth parents struggled with drug dependency, withdrawal and the thrice daily challenge of funding the next hit.

Lying in a cot, a belly knotted with hunger, shivering with cold, the thin blanket soaked in urine, tasting the vomited milk and listening to shouting and crashing doors is traumatic for an infant. This sensory experience is entwined with the fear that they might die. A ‘knowing’ that their cries are unheard. The terror that lengthy solitude might end only when an adult’s rough handling inflicts physical pain. The sense of worthlessness, hopelessness and helplessness pervades every cell of the neglected child: minute by minute, hour upon hour, day after day. This sensory experience creates the legacy of trauma.



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Trauma in this context is defined by either :

- an overwhelm of emotion which you are unable to integrate
- a belief you might die.

The infant in the cot feels both.

## Legacy of trauma

Sometimes children are abused by other adults while their parents were comatose or even watched. Yes, it is ugly. Yes, it is unspeakably awful. Yes, it still happens and yes such ghastliness leaves a legacy. It is this legacy of trauma which generates ‘nonsensical’ behaviour a few years later. It is this painful history that causes a seven-year-old adopted child to run round the classroom, because as a toddler he learned that constant moving keeps you safe; if ‘they’ can’t catch you ‘they’ can’t hurt you. However, he can’t verbalise why he is running, so don’t bother asking. (FYI: ‘they’ is any adult, teacher, doctor, dinner lady or parent ie you.)

You, the adult, must learn to interpret the child's behaviour because it's their unspoken language. You must see below the superficial presenting behaviour into what lies beneath, comprehend the vocabulary, this window into their beliefs, terror and shame. No, it's not easy. No, it's not nice. Yes, it requires facing the unspeakable; but as a professional this could be the biggest difference you ever make in a child's life. Working hand-in-hand with adoptive parents, implementing often counterintuitive strategies can transform the life of a traumatised child. Is it different from what you were taught in college? Maybe. Does it fit with other teaching models, possibly not, but aren't you curious to find out why? I hope so. Will the reasons you entered the teaching profession inspire you to explore trauma-triggered behaviour?

*“There is a belief that ‘all the horrid stuff’ will be forgotten if a child is picked up and put in a nice new home with caring, loving adults (adopters or foster carers). It’s not; it’s stored in the implicit, sensory memory, inaccessible with words.”*

**harsh truths**

You may find it at times a solitary, confusing journey. Much of society doesn't want to face these harsh truths. It acknowledges 'child abuse' happens, but not the ongoing effect, the enduring legacy of maltreatment and neglect. There is a belief that 'all the horrid stuff' will be forgotten if a child is picked up and put in a nice new home with caring, loving adults (adopters or foster carers). It's not; it's stored in the implicit, sensory memory, inaccessible with words.

The press and public wailed over the death of poor Peter Connolly (Baby P) yet are deeply critical of aggressive teenagers who frequently have similar traumatic backgrounds. We focus on the event, not the devastating aftermath. We want it all to be all right... just like in the movies. Aaahh: I wish.

I understand why. I didn't want to face the grim truth that adopted and fostered children spent much of their infancy in an emotional and psychological war zone, because this included my children. My children. Yes, just like other adopters, I had to accept their grim past, integrate it into our lives, yet keep the content confidential. Yes, of course I fumed, stomped and wept. I am human, fallible and this stuff hurts.



**challenging erratic behaviour**

However, denying the harsh reality did not serve them or me. Neither did it help the teachers who struggled with their challenging, erratic behaviour. Even though I could not disclose details of their history, exceptional teachers listened, saw the mass of contradictions and recognised that this child was frequently functioning way below her chronological age, was anxious below the bravado, was both fearful and fearless, emotionless and yet overwhelmed by feelings. The stealing, lying, sneaky pinching and irrational behaviour which superficially seemed so weird, was logical when incorporating the trauma perspective.

My children, like other adoptees, were eventually forcibly removed by Social Services and eventually the Court removed parental responsibility from the birth family. The chart below details some reasons children are removed.

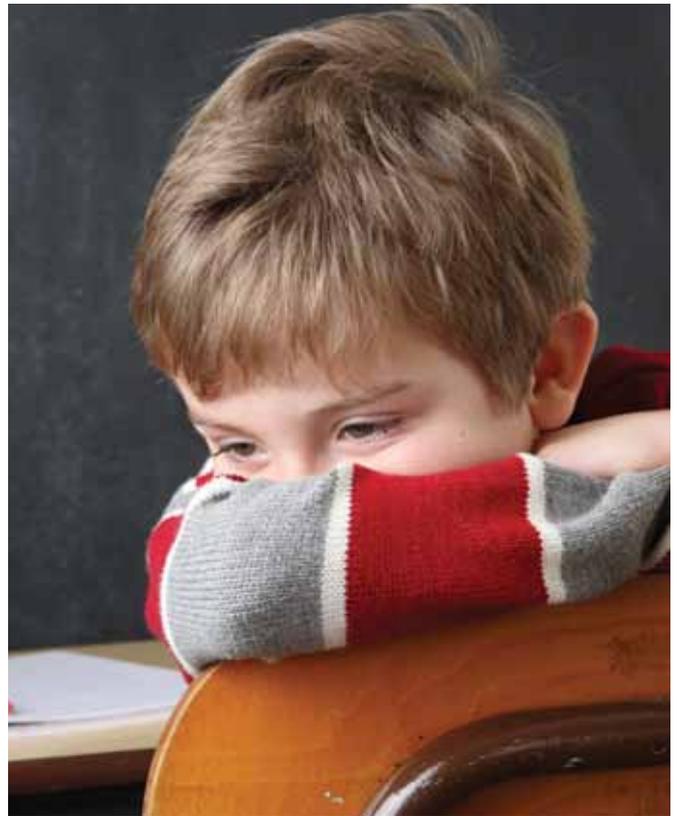
Classification	What was done to them Some examples and experiences	What it did to them The child's interpretations and possible beliefs formed
<b>Emotional abuse</b>	Berated, insulted, compared unfavourably to others, ignored.	I am wrong, bad, worthless. I'm not wanted. They want me dead. I should not be alive.
<b>Physical abuse</b>	Beaten, thrashed, burned, used as ashtray, hit with chair/stick/hand/belt, locked in cupboard.	The world is a dangerous place. I am bad and powerless.
<b>Sexual abuse</b>	Violated, raped, forced to watch or participate in sexual acts.	Destroyed innocence. I can't trust anyone.
<b>Neglect</b>	Unfed for days, nappies not changed, no toys, no interaction with adults, left alone for hours, unwashed, no play.	No self concept. I don't matter, life is hopeless. I am helpless and/or rage filled. Do I even exist?
<b>Chaotic environment</b>	Lots of different carers, locations, broken promises, frequent moves, squalor.	No safe or secure base. I am terrified.
<b>Trauma</b>	A combination of events and experiences that felt life threatening or overwhelming to the child.	I am going to die. I could disappear.

### External v internal cleansing

Subsequently my children were fostered, in various places, then placed with me as their new (adoptive) mother. Within a short time they started looking like all the other kids in the neighbourhood. Externally. On the outside they looked the same, but inside ... ahhh .... that cleanse takes more than a few baths, bowls of nourishing food, regular sleep, a sensible routine and conventional boundaries. Now compare and contrast these with the beliefs formed by the cherished infant with empathic, nurturing parents.

Inside, the weeks, months or years of maltreatment left them scared and angry.

It's that internal damage, the legacy of trauma, which makes adopted and many fostered children behave in apparently erratic and nonsensical ways. The typical beliefs they might unconsciously form about themselves and the world follow below.




#### Child's perspective with cold, toxic parenting

<b>View of self</b>	<b>View of the world</b>
● I'm not safe	● It's a terrifying hostile world
● I'm not cared for	● People hurt you
● I'm scared	● Dangerous place
● I'm unlovable	● No one could ever love me
● I'm ignored	● I am not important
● I'm not valued	● There is no place for me
● I'm alone	● The world is dangerous
● I'm bad	● The world is not OK

Sadly the maltreated child has a misshapen wall because his developmental needs were not met. Instead of calming, reassuring eye contact he had darkness. Instead of emotional warmth he had an arctic breeze, instead of protection he knew constant fear and danger. His wall looks like the one below and crumbles easily.

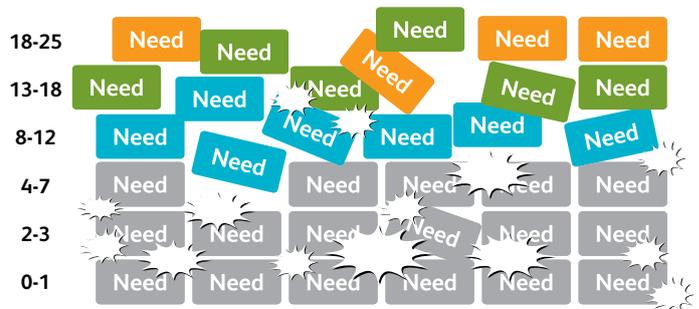
Now compared and contrasted these with the beliefs formed by the cherished infant with empathic, nurturing parents.

### Unmet early needs creates insecure 'Wall' thus destabilising the future



#### Child's perspective with warm, empathic parenting

<b>View of self</b>	<b>View of the world</b>
● I'm safe	● It's a safe place
● I'm loved	● People love me
● I'm cared for	● People care for me
● I'm valued	● I am important to them
● I'm special	● There is a place for me here
● I'm OK	● The world is OK



See Adoption UK's website [www.adoptionuk.org](http://www.adoptionuk.org) for 'The Wall' demonstration

### Developmental needs

The nurtured child is also reaching his developmental milestones. His needs are met well and frequently. His cries elicit a friendly face, soft tones and an appropriate action, whether it's a clean nappy, food, burping, playing, stimulation or calming. The carers of this child are attuned to his needs and get pleasure and satisfaction from meeting them. Fortunately most children receive this level of care. Phew. If we were to metaphorically stack up all the relevant needs as bricks in a wall, this child would have a robust, solid well constructed wall which could cope with a push, shove or rainstorm. These fulfilled needs have been cemented together with love, affection, empathy and safety, giving the child a solid sense of self which will sustain him throughout childhood and beyond.

This metaphoric wall is on the inside. Externally he looks like all the other kids on the block. How would, or could, anyone know the inside is so damaged? Only by viewing his behaviour through the trauma filter and piecing together the jigsaw of his past. (FYI: The jigsaw always has missing pieces, which complicates things still further). As I said, it's not easy!

So traumatised children have a double whammy. They missed bits of 'normal' child development and they experienced trauma. That's why they need therapeutic reparenting to:

- undo the damage
- fill in the gaps

That's why they sometimes act age appropriately and sometimes display behaviour years below their actual age ... and sadly sometimes they have learned adult behaviours which are deeply inappropriate. That's why they might use rocking, masturbation or pull out their own hair as a self-soothing technique.

## Sensory triggers

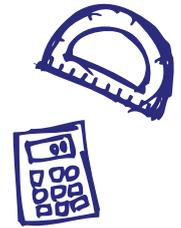
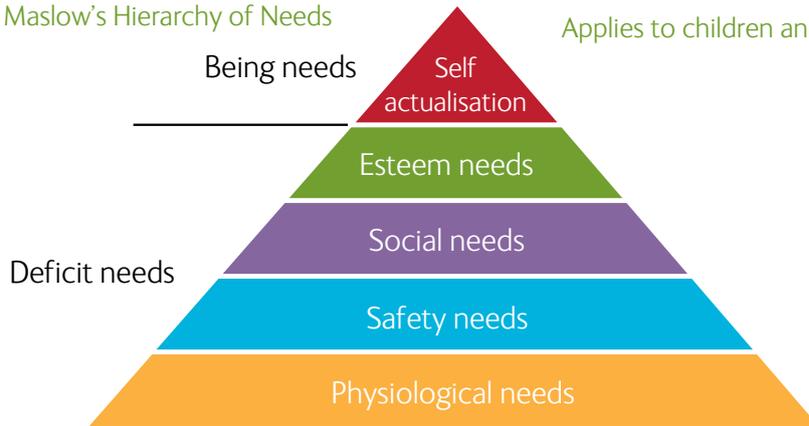
The sensory triggers associated with a bad or traumatic memory are outside our conscious control. The smell of urine (school toilets on a bad day), hunger pangs (delayed lunch) or a crashing door could all (unconsciously) remind that child of his neglectful cot experience. It might spin him into fear, terror, apathy or dissociation. The resultant behaviour might be running away (flight), physical or verbal aggression (fight), tuning out or immobilisation (freeze). The child does not consciously know what's happening. His base (reptilian) brain has kicked in; it's survival time, no wordy, logical explanations (prefrontal cortex, thinking brain stuff) will get through.

My request is that you keep exploring and integrating new material, listen to informed sources (adopters, books, practitioners, good websites) to build your own knowledge base, toolkit and keep your mind open. Watch out for bigots and rigid 'oldschool' thinkers. Behavioural flexibility is the key to success. Things are often not what they seem. On planet trauma the air, gravity and growth cycle is different to planet earth.

I hope you enjoy your future steps into the world of trauma-triggered behaviour. It is a fascinating journey that will deepen your learning, compassion and may ignite a passion which opens door to new lands. Once you 'get trauma' i.e. really understand and appreciate the lasting damage trauma does to a child;

### Maslow's Hierarchy of Needs

Applies to children and adults



$$1 + 1 = 11$$

If you remember Maslow it helps (Abraham Maslow was an American psychologist who was best known for creating Maslow's hierarchy of needs). A child who is hungry or scared can't learn maths. Traumatized children can spend much of their day in the lowest part of the hierarchy. A child who has been reminded of hunger or fear is also at the bottom of this triangle.

The field of understanding child trauma is quite new. Brain scanning has opened new avenues of understanding. The online tutorials freely available at Dr Bruce Perry's Child Trauma Academy website are a great resource for understanding how the brain is impacted by trauma.

your classroom management, strategic thinking and teaching is transformed because you think, process and operate in a fresh way, which benefits all your pupils and you. It's a win/win. Along the route you will meet other pioneers, share success stories and know that the trajectory of a traumatized child was realigned thanks to your contribution to the team. Yes, this task requires a substantial focused team with shared objectives, values and comprehension including parents, relatives, teachers, therapists, health professionals, decision makers and social workers.

It takes a village to raise a child, a town to raise a challenging child and an entire city to raise a traumatized child.. ■ Copyright © Helen Oakwater

## About the Author



**Helen Oakwater** is an experienced adoptive parent, coach, trainer, speaker and author. She was an Adoption UK trustee for six years and former member of the Government Adoption Task Force.

Her mission is to help people understand the legacy of infant neglect and maltreatment and to facilitate the release of deeply held trauma. She is a popular conference speaker, delivering her unique material at training events and increasingly to the media. The Trauma Triggered Behaviour workshops running throughout the UK have received outstanding feedback

Having written many popular articles, her first book *Bubble Wrapped Children: How social networking is transforming the face of 21st century adoption* released in January 2012 generated much interest and plaudits in the adoption world and beyond. Written in her characteristic conversational

style, she maps out the connections between trauma, child and brain development, empathy, thinking skills, grief, adolescence, contact, trust, truth telling and parenting styles. By intertwining theory, practice, metaphors, anecdotes, models, neuroscience,

diagrams and case studies, the reader is transported into the multiple perspectives of birth parents, maltreated children, adopters and professionals.

[www.bubblewrappedchildren.co.uk](http://www.bubblewrappedchildren.co.uk)  
[www.helenoakwater.co.uk](http://www.helenoakwater.co.uk)

