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Complex trauma of abandoned children and adoption as a healing process

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Abstract

Abandonment is an intensive traumatic event for children. Very often prior to abandonment, the children were exposed to different stress factors. In order to understand what happens with a child’s development following the abandonment we have to be aware of: the child’s current conditions, background, and the ideals regarding the future. This analysis is focused on the developmental history of 40 Romanian children adopted at young age (0-4) by Romanian families. The adopted children are between 11-16 years old and the evaluation is done with complex instruments within the attachment theory framework. The conclusions highlight the connections between the three factors mentioned above.

Keywords: Abandonment, complex trauma, adoption, attachment, life history, resilience

Introduction

In 1980, DSM III\textsuperscript{†}, introduced to professionals in the field of mental health the post-traumatic stress disorder (PTSD) categorized as an anxiety disorder following the exposure to a single and unexpected event that represents a threat to survival. DSM IV-TR (2000) specifies the symptoms of PTSD as being intrusion of traumatic memories, avoidance of memories of the traumatic event, emotional numbing and hyper arousal. Afterwards, much of the research in PTSD highlighted the impact of repeated or chronic traumatic stressors, having as a consequence the “complex trauma”. Complex trauma is based on cumulative stress factors, which damage the capacity of individuals to cope with everyday life situations and especially with severe events. Complex trauma in children may compromise or alter a child’s psychobiological and socio-emotional development especially when it occurs in critical developmental periods (van der Kolk, 2011). The exposure of children to stressful situations and lack of protection of responsible adults can lead to the development of different behavioural troubles in the areas of: affection and self regulation, attention and behaviour regulations, and socio-emotional functioning (Lee Mannes, Nordanger, Braarud, 2011) structuring a complex trauma.

Being dependent on parents, the abandonment is the most traumatic event in the child’s life. The abandonment induces a great crisis, a fracture into the child’s life. This fracture can jeopardize the child’s development. Additionally, prior to abandonment the child could be exposed to stressful situations, which can increase the child’s
vulnerability. Such a personal history of the abandoned child can damage the coping abilities of the child with the most traumatic event: the abandonment. What is happening to the child after the abandonment is crucial for the child’s life. Despite the adversities and expected damaged brought by abandonment, the child’s resiliency will play an important role in drawing the differences among abandoned children. This resilience is a composed factor ‘that empowers some children to do well in life, even though they have experienced what seem like insurmountable difficulties.’ (Killian, 2004, p.33). The resilience of a child is based on personal characteristics, and interactional and environmental factors (Rutter, 2007). The dimensions of the environment fostering the healthy development of the child are: stability, continuity and positive feelings, mainly love (Perry, 2001, 2002). For the abandoned child the adoption seems to be the most advantageous solution even “carrying some risks (albeit small ones)” (Rutter, 2007, p. 208). A child capable of developing a secure attachment within the adoptive family is a child who over came the adversities and complex trauma consequences faced in the beginning of life. This is a resilient child, able to use opportunities in order to build up a healthy development and to dream about a good future for himself and for his own family and children.

In these papers we intend to follow the development of 40 adopted children in Romania. The children were abandoned by their biological families and spent various periods of time in children’s protective system in Romania. The research investigates the development of children when they are adolescents. The focus is on the important links between past events, current situations and the ideals for the future of adolescent. The ideals regarding the future of adolescents are drivers for development and healthy functioning. Adolescence brings an increased opportunity for a prior traumatized child to modify the established pathways of neuropsychological connections in the brain, to heal and launch himself/herself in building-up a different future despite the adversities met before in his/her personal history (Erikson 1997; Prior, Glaser, 2006; Glaser, 2007).

Research’s context

The exploration of the connections between past and- current situations and future projects of 40 adopted children aged 11-16 years is done based on the research developed within FISAN project. The children were adopted by Romanian families during 1997-2000, at young ages (1-48 months). The assessment of children and families is done with a complex set of instruments. Children answered the Child Behavior Checklist (CBCL) (Achenbach, Rescorla, 2009) and School Success Profile (SSP) (Bowen, Rose, Bowen, 2005) self-reports, and the semi-structured interview, Friends and Family Interview (FFI) (Steele&Steele, 2009). The parents were asked to participate at the Parent Development Interview (PDI) (Steele, Henderson and Hillman, 2000) and to answer CBCL questionnaires for parents. A modified version of Disturbance Attachment Interview (DAI) (Smyke, Zeanah, 1999) was used for parents in order to compare the current and past behaviour of the adopted child mainly in relation to family members and strangers. These papers are focused on the results of selected items from FFI, PDI, SSP and DAI applications. The statistical analysis of the data is just at its first stage. The instruments are either structured within attachment theory or simply congruent with this. Secure attachment is a core component of a child’s resilience and healthy development. The design of selected items used here is aimed to highlight the child’s developmental history, starting with what we know about the first moments of his/her life and continuing within the adoptive family. The complex evaluations, done by two researchers working in parallel with the child and the adoptive parents, also have a developmental component by creating a moment of reflection for the child and parent. These special moments may give them the chance for a mental organization and coherence of the attachment situation within the adoptive family (Steele, 2005).

Footnote

1 ‘Factori ce influenteaza succesul adoptiei nationale’ (FISAN) is a research project funded by CNCSIS, a structure which belongs to the Ministry of Education in Romania.
Demographic description of sample within FISAN project

Most adoptive parents are two parent families (67.5%, n=27), but 32.5% (n=13) are single parent families, including one adoptive father. In the study, mostly mothers (57.5%, n=23) participated; otherwise, both parents participated (40%, n=16). In one adoptive family, the mother died and the adopted child was living with the father who participated in the interview (2.5%, n=1). At the time of study, the age of the mothers ranged from 39 to 65 (mean=47.9, σ=8.5) and the age of father ranged from 39 to 65 (mean=49.96, σ=7.8). At the time of adoption, the age of the mothers ranged from 21 to 56 (mean=37.0, σ=8.9) and the age of father ranged from 25 to 54 (mean=38.2, σ=7.6). The highest level of education achieved by the mother was as follows: 10% grammar/secondary school (n=4), 59% high school diploma (n=23), and 31% college education or above (n=12). The highest level of education achieved by the father was as follows: 18% grammar/secondary school (n=5), 39% high school diploma (n=11), and 43% college education or above (n=12). Family income ranged from working class (14%) to middle class (48%) to high SES (38%) according to Romanian standards. Most (72.5%, n=29) were of the Romanian Orthodox faith.

Regarding the adopted children, 37.5% of the participants in the study were male (n=15) and 62.5% were female (n=25). At the time of the study, the age of the adoptees ranged from 11 to 16 years (mean=13.1, σ=1.7). Median and mode age at the time of the study was 12 years. The age of the adoptee at the time of adoption ranged from 1 to 48 months (mean=22.6, σ=16.9) and the median age was 16 months. Before adoption, 47.5% of children had been in a hospital (n=19), 32.5% had been in an orphanage (n=13) and the remainder had been in foster care (20%, n=8). The majority (85%, n=34) reports the child's health as good to excellent and 15% of the child’s health was reported as fair (n=6). Most (60%, n=24) adoptees have siblings, either biological children or foster children. The foster children in the adoptive family were counted as siblings.

Results and comments on the results

The 40 children were adopted at young age, as can be seen above within the demographic description. Half of them (50%; n=20) developed secure attachment within the adoptive family. This means that they overcame the initial trauma generated by the abandonment of their biological parents as well as the possible complex trauma developed within the environment where the child was placed within the protection system. Sixteen (16) children were adopted between the ages of 1-12 months and 7 of them (18%) developed secure attachment. Seven children were adopted at the ages of 12-24 months, and compared with 40 adopted children, only 13% (n=5) at this age developed secure attachment. Among the 8 children adopted at 3 years old, 4 of them were found with a secure attachment (10%). The least incidence of secure attachment (9%; n=4 children) was found among the 9 children adopted at the age of 36-48 months. These findings are in line with previous research in the field (Chisholm, 1998; Rutter, 2007) showing that the longer the time spent by child within child’s protection system, the fewer are the opportunities for healthy development for the adopted child. Among 19 children adopted from hospital, 8 adopted children (42%) developed secure attachment; 6 children (75%) out of 8 children adopted from foster families developed secure attachment toward the adoptive parents. Among 13 children adopted from institutions for abandoned children, 5 children (38%) were found with secure attachment. The results above value the foster care as being the best service for abandoned children before the child’s adoption. Through adoption the child receives a permanent family, which means stability, continuity, and most of all a loving environment (Perry, 2001, 2002). Children who spent the beginning of their lives in institutions, have the most difficult healing process and children adopted from hospitals are apparently doing better. In fact most of the children adopted from the hospital environment were adopted at a young age and this condition compensates for the bad care in the hospital. At this stage of the research, the results suggest that hospital and institutional environments through their limited stimulations and lack of adults available for children, lead the child to develop a complex trauma. Coming into adoption from these environments the child will have fewer chances for rehabilitation and healthy development. The results on DAI, statistically analyzed show the empathy of the adopted child in the family as being the most relevant behaviour (14.9%; n=21 children) for securely attached children, at the beginning of their lives in the adoptive family. The following relevant behaviour at the beginning of a child’s life in the family is the child’s behaviour to ask for help from the parents when in a stressful situation (11.3%; n=16). Within the current situation of the children, the school plays an important role. Most of the children obtained high grades in school and the quality of
attachment seems to be correlated with the results in school. Significant correlations appear between the positive expectation of teachers regarding the child’s future and the secure attachment of the child (Pearson Chi-Square=10,067; p<.007). The child’s own great plans and ideals for the future are positively correlated with the secure attachment as well (Pearson Chi-Square=6,472; p=0.39).

Discussions
The data here are far from being statistically relevant. Based on the data we only have an orientation of the opinion regarding national adoptions. When the results are on the same line as the existing research in the field we can better formulate our opinions. In our research more cases and assessments are required to come to evidence-based conclusions.

Conclusions
The adoption process is an important and challenging social situation, which brings to the adopted child a new affiliation, new social network, new experiences and educational standards. This comes after the trauma of losing his/her biological affiliation and social and emotional support. The time spent by the abandoned child within child’s protection services impacts the child’s development very often bringing conditions that generate complex trauma. Each moment the complex individual factors face external and internal environmental aspects, which lead to proactive and retroactive global reactions (Strouße, et all, 2005). Half of adopted children succeed in overcoming the initial and/or complex trauma and to have a healthy development within the adoptive family. The results are better when the adoptions take place immediately after the abandonment. In such cases the children have less time spent in child’s protection services and complex traumatic conditions are probably less consistent. The 20 children currently securely attached are good in school and are using all the opportunities they have for healthy development. They have good friendships and their life plans and ideals are realistic and hopeful. The results of our research should continue and enlarge the sample. The results are important resources for planning the training for adoptive families and for professionals in the field of national adoptions in Romania.

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