

Why Love Isn't Enough: Part Four – Physical Abuse/Domestic Violence

This is another in a series of posts on related challenging topics. If you are just joining us, you may want to view the Introduction, Part One, Part Two, Part Three, Part Five, Part Six, Part Seven, Part Eight. You may want to print this post or others in the series. Study them, returning to them over time. Review the resources that are embedded within the articles. Keep them handy! They will make valuable references post-adoption. As you educate yourself, ask, “What does this information mean for me as the parent?” “What will this mean for the children I already parent?” “What does this mean for the child I am adopting?”

Physical abuse and domestic violence are also traumas affecting both domestic and intercountry adoptees. Here are some examples,

George came into foster care at age 4½ and was placed with a family who subsequently adopted him. In therapy, at age 8, he clearly described an incident in which his birthfather became angry with him and hit him over the head with a wine bottle. He recalled the bottle shattering upon impact.

Diane and Donald were removed from their birth family at ages 6 and 1 due to a physical altercation between their birthmother and her paramour. This incident involved the paramour stabbing the mother. As a result, she was hospitalized. Diane stated, “I tried to get between them but he pushed me away.”

Dustin and Kristen entered their pre-adoptive family at ages 5 and 4. Shortly upon their arrival into this family, Dustin became angry with a neighbor child and immediately located a plastic bag. He then attempted to place the bag over the child’s head. Fortunately, an adult intervened. When asked why he had done it, Dustin was quite clear that his birthfather often “beat me with a belt” and “tied bags over my head” when he was angry. It was certainly a long time before Dustin was able to play without adult supervision.

Mark, a 4-year-old, arrived into his adoptive family after a four-year stay in a Ukrainian orphanage. Early in his placement he presented an array of behavioral difficulties. Attempts to consequence Mark were often met with his running to cower in a corner or a closet. Frequently, he would cover his face and shout, “No, please don’t hurt me!” Bewildered by this behavior, the family entered mental health services. Over time, Mark described that some members of the orphanage staff would hit the children with sticks for behavioral infractions. He assumed the adoptive family would do the same.

As our examples make clear, children who were physically abused or who witnessed domestic violence in their birth or foster home or a foreign institution may move into the adoptive home and hit, shove, push, kick and so on—much to the shock of adoptive parents, brothers and sisters! This is not usually a behavior familiar to typically-developing kids, Moms and Dads! Traumatized adoptees will repeat the patterns of behavior they learned in a dysfunctional birth home or orphanage until they learn a new way to act. Aggression can be a behavior resistant to change in a short period of time.

Infants and toddlers who have experienced neglect may become aggressive as they mature. This latter group wasn’t shown love in infancy. So, their moral development will lag behind. They may not be able to show affection, empathy and remorse until parents have the right tools and

therapy to help teach these skills. Children who resided with substance-abusing birth parents are at greater risk for abuse ([Child Welfare Information Gateway, 2009](#).) *This information is presented because many children will arrive in the family with a [complex trauma](#). That is, you won't just be adopting a child who "only" had prenatal cocaine exposure, or "only" pre-placement neglect. Likely, your new son or daughter will have experienced various traumas. Thus, your healing efforts will be compounded and long-term.*

The child who has experienced violence presents with distorted assumptions, like those that follow, about the appropriate use of violence and aggression. A component of healing the violent child is a cognitive therapy designed to correct these faulty perceptions.

- She may think that aggression is a means to solve problems. In homes replete with domestic violence and physical abuse, it is the strongest member of the family who gets what he wants (Perry, 1997).
- He may wonder, "What is happening to my birthmom now?" Many children are preoccupied with the status of their birthmother, who lived as a victim of domestic violence. They question her safety. They question whether or not she is alive or dead. They feel guilty that they are not present to protect her. Frequently, children will comment, "I am older now and I could help take better care of her."
- She may think, "I was not behaving and this is why I was abused." or "I made my birthmom mad and this is why she hit me." As with sexual abuse, children who have experienced physical abuse believe that they were the cause of the abuse.

A child who has been a victim of unpredictable sexual or physical abuse learns that if this abuse is going to happen, it is far preferable to control when it happens. As a result, children who have been physically assaulted will frequently engage in provocative, aggressive behavior in an attempt to elicit a predictable response from their environment (Perry, 1997). This means that the child is soliciting anger—from you! He believes it is easier to provoke a "beating" than to wait for one to occur. [This is why anger management is an essential requirement for parents in adoption-built families.](#)

Prospective adoptive parents are encouraged to evaluate how they manage anger *before* boarding the plane or having a visit with the prospective son or daughter. Post-adoption you will need many tools and outlets to maintain a peaceful presence within the midst of the chaos an aggressive son or daughter can bring to the family.

Key Point: In each of our topics in this series—neglect, sexual abuse, prenatal drug/alcohol exposure, etc.—we are including the types of negative behaviors that can result from each trauma. Overall, when you combine all the behavioral issues from each of the eight posts, you will see that you need to expect such behaviors as lying, stealing, pee and poop issues, poor hygiene, destruction of household items, profanity, food issues (i.e., hoarding, gorging, overeating, eating slowly, eating candy and sweets chronically, etc.), being overly affectionate with strangers, talking loudly, persistent chatter, chronic nonsense questions, mumbling, having no boundaries and on and on. These behaviors will provoke anger in each family member—especially since these behaviors will take time—a long time—to change or eliminate!

Key Point: Adoptive parents need to expect behavioral difficulties. These unwelcome behaviors will occur with a frequency and intensity well beyond that of a "normal" child. Adoptive parents need to understand that changing these negative behaviors may be a difficult process.

Behavioral change will occur gradually over a long period of time. There will be no birth without labor pains. There are likely few adoptions that will occur without behavioral pains!

Returning to the main topic of this post—aggression—requires a safety plan just as we pointed out with sexual abuse. The issues to put into the plan answer questions like these:

- During a temper tantrum or a violent outburst, where should the other children go?—To their rooms? To a neighbor's home?
- How will the other children know when it is safe to reconnect with their parents?

Key Point. These issues are raised as adoptive parents-to-be need to consider the impact of negative behaviors on the children already in the home. Families whose composition includes birth and/or previously adopted children who are developing typically are in essence opening their homes to children who have experienced some of the worst atrocities that exist in our world. Adoption may mean that the adoptee's new brothers and sisters will be directly exposed to children who have had very disparate life experiences as well as to children who exhibit difficult behaviors. Therefore, parents must acquire information (not just about a particular child, but about behavior difficulties of any adopted child) in advance of placement in order to develop their capacity to handle the adopted child's needs, and parents must ensure that their resident children have the information and tools needed to cope with the changes adoption could bring to the family.

If you are a family whose composition already includes birth and/or previously adopted children, you are encouraged to read *Brothers and Sisters in Adoption*. This book offers suggestions as to how to prepare your typical kids for the arrival of a new sibling, as well as post-adoption solutions to cries of "He gets away with more than I do", and the grief that will flow because the family is "not the same as it was."

Prospective adoptive parents are also encouraged to review the "Readings and Resources" (right) and previous posts, *Parenting and Healing the Aggressive Adopted Child*, *Nurture and the Sexually Abused or Aggressive Adoptee*, and *Sibling Rivalry in Adoptive Families – Part One, Part Two and Part Three*.