Lives Mapped Out
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Reform? Reform? Reform?

Aren’t things bad enough already?

Duke of Wellington
Lives Mapped Out
What do the ‘demon mothers’ have in common?

• Early and/or prolonged exposure to violence and abuse
• Early loss
• Neglect / self neglect
• Negative experiences / perceptions of helping agencies
End results....

Mal-adapted lives
Complex Post Traumatic Stress Disorder
Compromised parenting
Poor outcomes for generation after generation.
As evidenced by...

- Numbers of children straight from care to custody (in 2014 61% of girls in youth offending institutions had previously been looked after children)

- Numbers of children who become parents when they are looked after children or new care leavers (highest rates of teenage pregnancy than in any other group)

- Number of children from the same families who become subjects of child protection proceedings or serious case reviews.
Presenting as…

Some of the ways unaddressed trauma and abuse manifests itself….
Appeasement is the mammalian defence most relevant to the survival challenge presented by traumatic entrapment and appears to be the foundation of complex PTSD. i.e. Why women stay / allow harm to themselves and others

“It is those threatened over long periods of time who suffer the long-standing severe personality disorganization”. Kolb 1989
Briere (1988), studying outpatients at a crisis intervention service, reports that survivors of childhood abuse display significantly more insomnia, sexual dysfunction, dissociation, anger, suicidality, self-mutilation, drug addiction, and alcoholism than other patients.
Survivors of childhood abuse develop even more complex deformations of identity (than concentration camp survivors). A malignant sense of the self as contaminated, guilty, and evil is widely observed.
In the most extreme cases, survivors of childhood abuse may find themselves involved in abuse of others, either in the role of passive by−stander or, more rarely, as a perpetrator. Burgess et al (1984), for example, report that children who had been exploited in a sex ring for more than one year were likely to adopt the belief system of the perpetrator and to become exploitative toward others.
Misapplication of the concept of personality disorder may be the most stigmatizing diagnostic mistake, but it is by no means the only one. In general, the diagnostic concepts of the existing psychiatric canon, including simple PTSD, are not designed for survivors of prolonged, repeated trauma, and do not fit them well.
What can we do?

• Increase our knowledge and understanding of the impact of abuse / trauma on how women and children may present e.g. aggressive, compliant, detached.

• Increase our knowledge and understanding of the impact of early trauma and abuse on the ability to parent and crucially what we can do to support women and girls as mothers.

• Increase our knowledge and understanding of how long term abuse affects child development (adolescents, risk taking, vulnerability, repeat victimisation)

• Recognising what may be happening in parenting/ abusive relationships e.g. tipping point between being a victim and becoming a perpetrator. Risk not recognised to self and others.

• Challenging prejudice and misunderstanding e.g. why won’t she leave? How can she let this happen?

• To work safely and effectively with women and children we must acknowledge and address the impact of childhood trauma and abuse.

• Build our evidence base for what works.
Let’s just do it.
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