Adoption in the UK Since the 1990s: A Report on Systemic Failures, Psychological Realities, and the Evolution of Support

Introduction: Reframing the Narrative of Adoption

The experience of adoption is often framed as a singular, positive event—the creation of a new family. However, for many, the reality is far more complex. The journey is not an event but a lifelong process, with profound and enduring implications for every person involved.[1] When an adoption becomes fraught with difficulty, leading to family breakdown or severe mental health challenges, the narrative can quickly shift to one of personal failure, directed at the child, the parents, or both. This report seeks to deconstruct that narrative of blame.

Your family's story, and the "professional fury" expressed by your therapist, is not an isolated incident. It is a reflection of a specific period in the history of UK adoption where systemic pressures, policy goals, and a nascent understanding of childhood trauma collided. Many families were placed in untenable positions, asked to manage the profound consequences of a child's history without adequate knowledge, preparation, or state-funded support.

This report will situate your family's experience within this broader context. It will explore the shifting landscape of adoption policy from the 1990s to the present day, identifying the critical gaps between policy ambition and practical reality. It will detail the common "failure points" in adoption practice, not as individual mistakes, but as documented, systemic weaknesses in communication and assessment. Finally, it will delve into the psychological and neurobiological impact of early life trauma, explaining how a child's history shapes their development and can lead to complex diagnoses like Borderline Personality Disorder (BPD). By understanding the system, the goal is to destigmatize the personal story and provide a new, more compassionate framework for understanding the past.

The Shifting Landscape of UK Adoption: From the 1990s to Today

The adoption system a family would have encountered in the 1990s or early 2000s is profoundly different from the one that exists today. This evolution was driven by changing social attitudes, new legislation, and a slowly dawning recognition of the immense challenges involved in parenting children with a history of trauma.

The Pre-2002 Environment: A System in Transition

The period leading up to the new millennium was one of significant transition for adoption in the UK. The legislative framework was built upon the **Adoption Act 1976** and the landmark **Children Act 1989**.[2] The 1989 Act was pivotal, establishing the principle that the child's welfare was paramount and emphasizing partnership with birth parents to keep families together where possible.[4]

This focus on family preservation, combined with societal shifts like the wider availability of birth control and the destigmatization of unmarried motherhood, led to a dramatic change in the nature of adoption.[6] The number of healthy infants voluntarily relinquished for adoption fell sharply. Consequently, adoption practice shifted its focus from providing babies for infertile couples to finding permanent homes for children in the care system.[5] These children were often older and, crucially, the majority had been removed from their birth families due to abuse or neglect, entering the adoption process with a history of significant trauma.[6]

During the 1990s and early 2000s, a major political concern was the problem of "drift in care"—a phenomenon where vulnerable children languished in the care system for years, moved between multiple temporary placements without a permanent family.[12] In response, the government identified adoption as the primary solution to provide these children with permanence. This led to a policy drive to increase adoption numbers, complete with targets and funding initiatives aimed at speeding up the process.[13]

This created a dangerous disconnect between policy and practice. On one hand, policy was aggressively pushing for more adoptions of children with complex trauma histories to solve the systemic problem of "drift." On the other, the professional understanding of trauma's deep, neurobiological impact was still in its infancy. The

landmark Adverse Childhood Experiences (ACEs) study was only conducted in the late 1990s, and its findings took years to filter into frontline social work practice.[17] The primary focus of the system was on the logistics of placement, not on the lifelong therapeutic needs of the child and their new family.[19] Families were recruited to solve a policy failure but were often left unprepared and unsupported to deal with the profound, and poorly understood, needs of the children they welcomed into their homes. The system was, in effect, outsourcing the consequences of trauma to individual families.

A Watershed Moment: The Adoption and Children Act 2002

The **Adoption and Children Act 2002**, which came into full force in December 2005, was described as the "most radical overhaul of adoption legislation for almost 30 years".[20] It replaced the 1976 Act and was the culmination of reviews that began in the 1990s.[13] Its key provisions fundamentally reshaped the legal landscape:

- **Child's Welfare is Paramount:** The Act aligned adoption law with the Children Act 1989, making the child's welfare the paramount consideration in all decisions, not just the "first" consideration, and extending this principle throughout the child's life.[13]
- **Widening the Pool of Adopters:** In a controversial but significant move, the Act formally allowed unmarried and same-sex couples to adopt jointly for the first time.[2]
- **A Right to *Assessment* for Support:** This was a critical development. The Act placed a new duty on local authorities to make arrangements for the provision of adoption support services. Crucially, it gave adoptive families and their children a new statutory **right to request an assessment** of their support needs at any time post-adoption.[13] This was the first time the concept of post-adoption support was so formally enshrined in primary legislation.
- **Information and Contact:** The Act established a more robust framework for managing access to information and facilitating contact between adopted people and their birth relatives, building on earlier changes.[2]

The Modern Era: The Push Towards Funded Therapeutic Support

Following the 2002 Act, further legislative tweaks continued, such as the **Children and Families Act 2014**, which expanded access to intermediary services and introduced measures like "Fostering for Adoption" to reduce the number of moves for a child.[2]

However, the most significant change in the last decade has been the creation of the **Adoption and Special Guardianship Support Fund (ASGSF)** by the Department for Education.[26] This fund was established to address a critical gap in the system. While the 2002 Act had created a legal right to an

assessment for support, for over a decade there was no corresponding mechanism to *fund* the specialist support that was often identified as necessary. This created a "hollow right" for families, who were left with a diagnosis of need but no state-funded remedy, often facing long waits for generic services or being told no appropriate support was available.

The ASGSF was designed to fill this void. It provides dedicated government funding to local authorities specifically to pay for essential therapeutic services for eligible children.[26] Eligibility extends to children adopted from care in the UK up to the age of 21 (or 25 if they have an Education, Health and Care plan).[29] The process involves the family requesting a needs assessment from their local authority, which, if it identifies a need for therapy, applies to the fund on the family's behalf.[27] The fund can cover services such as therapeutic parenting programmes, play and art therapy, and specialist assessments.[28] The existence of this fund marks the single greatest difference between the support landscape of the 1990s/2000s and that of today.

Table 1: Key UK Adoption Legislation and Policy Shifts (1989-Present)		
Year/Act	**Key Provisions & Policy Focus**	**Impact on Adopters & Children**
Children Act 1989	Child's welfare as a key principle. Emphasis on partnership with parents and keeping families together. Established the Adoption	Put adoption under scrutiny. Began the shift towards more "open" adoption arrangements with some form of contact.[5]

	Contact Register.[2]	
Mid-1990s Policy	Intense political focus on tackling "drift in care." Government targets set to increase the number of adoptions from the care system.[12]	A rise in the number of older, more traumatized children being placed for adoption with families who were often underprepared for their complex needs.[5]
Adoption and Children Act 2002	Child's welfare is paramount. Created a statutory right to an *assessment* for post-adoption support. Allowed unmarried and same-sex couples to adopt.[21]	Formally recognized the need for lifelong support, but without dedicated funding, this often became a "hollow right." Widened the pool of potential adopters.[13]
Children and Families Act 2014	Introduced "Fostering for Adoption" to reduce moves for children. Expanded the scope of intermediary services for contact.[2]	Aimed to improve stability and early permanence for children. Broadened rights for descendants to seek information.[2]
Adoption Support Fund (c. 2015)	Established a dedicated government fund (the ASGSF) to pay for therapeutic services for eligible adoptive and special guardianship families.[26]	Marked a systemic shift from a "right to ask" to a "right to access" funded support. Made specialist therapies a realistic option for thousands of families for the first time.[11]

The "Failure Points": Systemic Weaknesses in Adoption Practice

The term "adoption breakdown" is often disliked by the families who experience it, as it implies a total severing of a relationship that often continues in some form.[31] However, understanding why placements disrupt is crucial to destigmatizing the experience. Research reveals that these events are rarely caused by a single factor but are instead the culmination of systemic weaknesses, particularly around communication and preparation.

Adoption Disruption and Breakdown: The Statistics

A distinction is often made between a "disruption," where a placement ends before the final adoption order is granted, and a "breakdown," which occurs post-order. UK-wide data is not consistently collected, but most sources estimate that between 3% and 9% of adoptions end in disruption or breakdown.[31] While this may seem like a small percentage, it represents hundreds of children and families experiencing an agonizing process each year.[31]

A major study from the University of Bristol, which analysed over 37,000 adoptions in England over a 12-year period, found a post-order breakdown rate of 3.2%.[34] Research consistently identifies two key risk factors that dramatically increase this likelihood:

- **Age at Placement:** The risk of breakdown rises significantly if a child is placed for adoption after the age of four.[32] Teenagers are ten times more likely to experience a breakdown compared to children under four.[34]
- **Child's History:** Children who have witnessed domestic violence or who have been sexually abused prior to adoption are at much higher risk of their placement breaking down.[34]

Gaps in Knowledge and Communication: The Anatomy of a Disruption

A landmark 2024 report, "Pre-Adoption Order Disruptions in England," provided a forensic analysis of 77 disruption cases. It concluded that the primary cause was not malice or incompetence, but a systemic **failure of communication and critical gaps in knowledge** between the three key groups of adults: the adopters, the professionals (social workers), and the foster carers.[33] These failures manifest in four distinct ways:

1. "Not Said": Information That Was Not Shared
This occurs when adopters have profound concerns but do not voice them. This is not necessarily deceit; it is often driven by a fear of being seen as a failure, a sense of shame at not bonding with the child, or a terror of jeopardizing what they feel is their "last chance" to be parents. They may feel they cannot "rock the boat." In these cases, professionals are often shocked when a disruption occurs, describing it as coming "out of the blue" because the family had hidden the true extent of their struggle.33
2. "Not Known": Information That Was Unforeseen or Unavailable

This refers to critical information that was simply not available or understood before the placement. This includes:

- **Poor Assessment of the Child:** The report found significant issues with the quality of information about children's needs. Due to factors like staff turnover, outdated reports, or a lack of professional curiosity into the meaning behind a child's behaviour in foster care, adopters were often left unprepared for the true severity of the child's trauma-related needs.[33]
- **Unexpected Adopter Reaction:** Sometimes, despite a positive assessment, the reality of the placement triggers an unforeseen mental health crisis in an adopter, such as severe anxiety or post-adoption depression, making it impossible for them to continue.[33]

3. "Not Heard": Information That Was Shared But Not Understood
This is perhaps the most frustrating failure point. It describes situations where warnings were given but not truly absorbed by the receiving party.

- **Professional Optimism:** Social workers, sometimes influenced by confirmation bias, can be overly optimistic about an adopter's capacity to cope. They might see a couple with previous childcare experience and assume they can manage a highly traumatized child, failing to fully explore underlying vulnerabilities.[33]
- **Preparation vs. Reality:** This is a critical disconnect. Adopters may be told in professional jargon that a child may show "regression" or has "attachment difficulties." However, they are not adequately prepared for the lived, daily reality of what that means: extreme behaviours, violence, aggression, and constant dysregulation. They heard the words but could not comprehend the reality until they were living it.[33]

4. "Not Challenged": Problems That Were Identified But Not Addressed
This involves a failure to confront difficult issues head-on. This could be a clash in parenting styles between the foster carer and the adopter that is never mediated, or an adopter who is unwilling to listen to advice from professionals, believing they "know best." These red flags are seen but not acted upon until it is too late.33
These communication failures are not simply interpersonal errors; they are symptoms of a system that, for a long time, lacked a shared, trauma-informed language. This created a vicious cycle: an adopter, feeling ashamed of their struggle, cannot be honest; the professional, lacking a deep understanding of the trauma driving the child's behaviour, offers mismatched support; the adopter feels more isolated and misunderstood; the situation escalates to a crisis; and the breakdown is misattributed to the family's personal "failure." The true cause—a systemic failure to adequately prepare, inform, and support—is obscured, reinforcing the stigma that families like yours have endured.

Table 2: Common "Failure Points" in Adoption Placements		
Theme	**Description**	**Example from a Family's Potential Experience**
Not Said	Adopters conceal the severity of their struggles due to fear, shame, or not wanting to be seen as failing.[33]	Your mother may have felt she couldn't tell the social worker just how difficult things were, fearing she would be judged a failure or that her child would be removed.
Not Known	The full extent of the child's trauma and needs was not properly assessed or communicated to the adopters before placement.[33]	The agency may not have fully understood or disclosed the severity of your sibling's early trauma, leaving your parents unprepared for the behaviours that followed.
Not Heard	Professionals were overly optimistic or adopters did not fully grasp the reality behind the professional terminology used to describe trauma.[33]	Your parents might have been told your sibling had "attachment issues," but no one prepared them for the daily reality of parenting a child in a constant state of fear and dysregulation.
Not Challenged	Red flags, such as clashes in parenting styles between foster carers and adopters, were identified but not addressed or mediated by professionals.[33]	The move from a potentially highly structured foster home to your family's environment could have been deeply destabilizing for your sibling, a factor that wasn't properly managed during the transition.

The Invisible Suitcase: Understanding the Impact of Early Life Trauma and Attachment

To understand the challenges that can arise in adoption, it is essential to look beyond behaviour and understand its roots. Children adopted from care do not arrive as blank slates; they carry an "invisible suitcase" filled with their past experiences. This is not just a metaphor for emotional baggage; it refers to tangible, physiological changes in the brain and nervous system caused by early life trauma.[35]

The Neurobiology of Trauma: A Brain Primed for Survival

Early life adversity—including neglect, physical or emotional abuse, prenatal stress from a mother's substance use, or the chaos of multiple placements—physically alters the architecture of a child's developing brain.[36]

- **The Amygdala:** This is the brain's fear and threat-detection centre. In a traumatized child, it can become overdeveloped and hyper-reactive. The brain remains in a constant state of high alert, or hypervigilance, scanning for danger. This is why a child might react with a "fight, flight, or freeze" response to a seemingly minor trigger, like a raised voice or an unexpected change in routine.[35]
- **The Prefrontal Cortex:** This area is responsible for executive functions like emotional regulation, impulse control, problem-solving, and understanding cause and effect. Trauma can disrupt its development, leaving it underdeveloped. This directly contributes to the behaviours parents find most difficult: emotional outbursts, poor impulse control, and an inability to manage frustration.[35]
- **The Hippocampus:** This region is crucial for processing and storing memories and for regulating stress. Disruption here can affect a child's ability to learn from experience and to calm their own stress response.[35]

Underpinning these experiences is the concept of the **"primal wound"**.[38] This theory posits that the initial separation from the birth mother, even for a newborn, is a profound trauma. The infant loses the familiar smells, sounds, and rhythms of the person they were physically connected to for nine months. This imprints a fundamental sense of abandonment and loss at a pre-verbal, cellular level, creating a foundational vulnerability upon which all subsequent traumas are layered.[35]

The Foundations of Attachment: Why Relationships are Hard

A secure attachment bond, formed in infancy with a responsive and reliable caregiver, is the bedrock of healthy human development. It teaches a child that they are safe, loved, and that others can be trusted to meet their needs.[39] For many children who are later adopted, this fundamental process is broken.

When a primary caregiver is a source of fear, pain, or neglect, the child experiences **attachment trauma**.[40] They learn that the very people who are supposed to protect them are dangerous or unavailable. This can lead to the development of an attachment disorder. Research suggests that as many as 80% of children from high-risk backgrounds (involving abuse, neglect, or parental substance misuse) develop severe attachment disorders.[40] The two primary types are:

- **Reactive Attachment Disorder (RAD):** This is characterized by emotionally withdrawn and inhibited behaviour. The child avoids seeking or responding to comfort when distressed because they have learned that caregivers are not a source of safety or solace.[39]
- **Disinhibited Social Engagement Disorder (DSED):** This manifests as a lack of appropriate boundaries with strangers. The child may be overly friendly and familiar with unknown adults, a survival strategy learned from having to engage with a revolving door of caregivers in the care system.[39]

These underlying attachment difficulties can result in a range of confusing and challenging behaviours, including avoiding physical touch, poor eye contact, indiscriminate affection with strangers, poor peer relationships, aggression, and a constant need to be in control.[39] Behaviours like lying, stealing, and hoarding food are not signs of a "bad child" but are often survival strategies learned in an environment of deprivation and neglect.[41]

When Trauma Matures: The Complex Link Between Adoption and Borderline Personality Disorder (BPD)

As a child with a history of trauma and attachment disruption grows into an adolescent and adult, their struggles can coalesce into a more defined pattern of difficulty that may lead to a diagnosis of Borderline Personality Disorder (BPD).

Understanding this link is crucial for destigmatizing both the diagnosis and the individual.

Borderline Personality Disorder (BPD) Explained

BPD is a serious mental health condition characterized by pervasive instability in moods, interpersonal relationships, self-image, and behaviour.[43] The core features, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), include:

- Frantic efforts to avoid real or imagined **abandonment**.
- A pattern of unstable and intense interpersonal relationships, often alternating between extremes of idealization ("You're perfect") and devaluation ("You're worthless").
- A markedly and persistently unstable self-image or sense of self (**identity disturbance**).
- **Impulsivity** in at least two areas that are potentially self-damaging (e.g., spending, substance abuse, reckless behaviour).
- Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.
- **Affective instability** due to a marked reactivity of mood (e.g., intense episodes of anxiety or irritability that last a few hours).
- Chronic feelings of **emptiness**.
- Inappropriate, intense **anger** or difficulty controlling anger.
- Transient, stress-related paranoid ideation or severe dissociative symptoms.

Connecting the Dots: From Adoption Trauma to BPD

The link between adoption and a heightened risk for BPD is increasingly recognized by researchers and clinicians.[45] The connection is not causal in a simple sense, but is rooted in a powerful convergence of risk factors.

The most critical link is the concept of **abandonment**. The absolute core fear in BPD is the fear of being abandoned.[43] The primal wound of adoption is the experience of being abandoned.[38] For a child, being relinquished for adoption can be processed as the ultimate rejection, creating a deep and lasting vulnerability. This has led some in

the adoption community to describe BPD as

"RAD all grown up".[47] The child with Reactive Attachment Disorder, who learns that relationships are unsafe and that abandonment is inevitable, can mature into an adult with BPD who desperately tries to prevent that abandonment from happening again, often through intense, unstable, and self-sabotaging behaviours.

Modern understanding of BPD is based on a **biosocial model**. This model suggests that BPD develops from an interaction between a biological or genetic vulnerability (e.g., a highly sensitive temperament; heritability is estimated at around 40%) and a chronically **invalidating environment** in childhood.[48] The experience of adoption can encompass both elements: a potential genetic predisposition to mental health issues from birth parents [46] and the profound environmental invalidation of the primal wound, neglect, abuse, or multiple placement moves.

This helps explain the paradox of how a child can develop BPD even within a loving and secure adoptive home.[47] The external reality of the home does not erase the child's internal reality. A child whose brain has been primed for threat by early trauma may experience normal parental limit-setting or discipline as a profound rejection or a terrifying sign of impending abandonment.[47] The loving home cannot, by itself, heal the pre-existing neurological and psychological wounds.

Deconstructing the Diagnosis: Trauma vs. BPD

It is vital to note that there is a significant and controversial overlap between the symptoms of BPD and those of Complex Post-Traumatic Stress Disorder (C-PTSD), a condition resulting from chronic, relational trauma. Many in the adoption community feel that adoptees are frequently misdiagnosed with BPD, a personality disorder, when their symptoms are a direct and understandable reaction to the trauma of separation and their pre-adoption history.[50]

While the symptoms may appear similar on the surface (e.g., unstable relationships, identity issues, emotional dysregulation), some clinicians and adoptees draw distinctions in their underlying drivers [50]:

- **Core Fear:** The core issue for the adoptee is often described as a **fear of connection and intimacy**, because in their experience, connection has always led to loss. The core issue in classic BPD is described as a **fear of separation**

and engulfment.
- **Nature of Trauma:** For the adoptee, the trauma is rooted in a real, physical **experience of separation** from the mother.

Understanding this debate is powerfully destigmatizing. It reframes the BPD diagnosis not as an inherent, immutable flaw in a person's character, but as a severe, yet predictable, set of survival strategies developed in response to overwhelming early life adversity. It shifts the focus from "what is wrong with you?" to "what happened to you?".

Table 3: Symptom Overlap: Adoption Trauma vs. Borderline Personality Disorder (BPD)		
Symptom	**Manifestation in Adoption/Separation Trauma**	**Manifestation in "Classic" BPD**
Core Fear	Fear of connection/intimacy/entrapment, as connection has previously led to loss.[50]	Fear of abandonment and engulfment; a struggle with separation and individuation from the mother figure.[50]
Relationships	Difficulty forming a secure bond with the adoptive mother at the start of the relationship due to past trauma.[50]	A failure to navigate the "rapprochement" stage of development, where a toddler learns to separate from their mother.[50]
Identity	Low self-esteem rooted in the experience of being relinquished ("my mother disappeared, so I must be unworthy").[50]	Low self-esteem rooted in the experience of having a needy mother who could not tolerate the child's separation.[50]
Defences	Symptoms (e.g., avoidance, splitting) are seen as defences developed to protect against the pain of connection and further loss.[50]	Symptoms are seen as part of the core pathology of the disorder itself.[50]

Ego Structure	Often a strong, prematurely developed ego, built as a survival mechanism to cope with early independence and loss.[50]	Often a weaker ego structure, as the individual is afraid to fully separate and form an independent self.[50]

The Evolution of Support: From "Good Luck" to the Adoption Support Fund

The chasm between the support families needed and what was available is one of the most significant systemic failings of the past. The journey from a near-total absence of formal support to a state-funded therapeutic model illustrates why a family adopting in the 1990s would have felt so profoundly alone.

The Support Vacuum: The 1990s and Early 2000s

Prior to the 2002 Act, there was no statutory requirement for local authorities to provide post-adoption support. The system was almost entirely focused on the "event" of adoption—assessing adopters and placing children—rather than viewing it as a "lifelong process" requiring ongoing help.[1]

What support did exist was a patchy and inconsistent patchwork, often provided by pioneering voluntary adoption agencies like PAC-UK (founded as Post-Adoption Centre in 1986) and The Children's Society, rather than as a standard offering from the state.[24] For many families, the support they received amounted to little more than being handed their child and wished "good luck." Much of what was officially termed "support" in this era revolved around access to birth records or intermediary services to facilitate "letterbox contact," which was itself a relatively new and experimental practice in the 1990s.[24] Routine, state-provided therapeutic support to deal with the fallout of trauma was simply not part of the system that families like yours entered.

The "Hollow Right": The Post-2002, Pre-ASF Gap

As discussed, the **Adoption and Children Act 2002** was a landmark piece of legislation because it created, for the first time, a statutory right for adoptive families to have their support needs assessed.[22] This was a monumental step forward in acknowledging that support was necessary. However, the legislation contained a critical flaw: it created the right to an assessment but did not create a dedicated budget to pay for the services that assessment might recommend.[13]

This created the "hollow right." A family could go to their local authority, have their child assessed, and be told that they required specialist, trauma-informed therapy. But they would then often be told that the service was not funded by the authority, or they would be placed on a years-long waiting list for generic Child and Adolescent Mental Health Services (CAMHS), which frequently lacked the specialist expertise in adoption and attachment trauma. For families in crisis, this was a source of immense frustration and a profound sense of being failed twice—first by the lack of initial preparation and second by the system's inability to deliver on the support it now legally acknowledged they needed.

A Systemic Shift: The Arrival of the Adoption Support Fund (ASF)

The creation of the **Adoption Support Fund** in England around 2015 (now the ASGSF) was the government's direct response to this systemic failure. Its establishment represents a fundamental shift in state policy: an acknowledgment that children adopted from care have therapeutic needs stemming from their history, and that the state has a responsibility to help fund the services to meet those needs.[26]

While the fund is not a panacea—reports like the Adoption Barometer show that a high percentage of families (around 70-75%) still report a "continual struggle" to get the support they need, and funding caps can be a limitation—its existence marks a sea change from the landscape of the 1990s and 2000s.[26] For the first time, it has made accessing specialist, adoption-competent therapy a realistic possibility for thousands of families across the country.

Conclusion: Acknowledging the Past, Supporting the Future

The story of your family's adoption journey is not a story of individual failure. It is the story of a family caught at a pivotal and difficult crossroads in the history of UK social policy. Your parents adopted a child during an era of intense systemic transition, where a political drive to solve the problem of "drift in care" ran far ahead of the professional, psychological, and practical understanding of childhood trauma.

Families were asked to parent some of society's most vulnerable children, children carrying the invisible but heavy suitcase of abuse, neglect, and profound loss. Yet these families were not given the specialist tools, the trauma-informed knowledge, or the funded therapeutic support necessary to undertake such a demanding task. The system was built to facilitate a placement, not to support a lifelong journey of healing.

The subsequent challenges—the child's "difficult" behaviour, the immense strain on the parental relationship, and the eventual emergence of a serious mental health diagnosis like BPD—can all be understood as predictable, tragic outcomes of this collision between a deeply traumatized child and an under-prepared and under-resourced system. The anger your therapist feels on your behalf is a legitimate response to these documented, historical, systemic failings.

The system has learned from the painful experiences of families like yours, albeit slowly and imperfectly. The legal right to support assessment, the existence of the Adoption Support Fund, and the now-mainstream language of trauma-informed practice are all part of the legacy of those past struggles. This knowledge cannot change the past, but it can reframe it. It offers a new lens through which to view your family's history—one that replaces blame with understanding and compassion, and provides a foundation for a different kind of conversation with your mother.

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