



Violent children and structural violence: Re-signaling ‘RAD Kids’ to inform the social work professions



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ABSTRACT

This article critically examines representations of children diagnosed with Reactive Attachment Disorder, or “RAD Kids”, and their construction as dangerous subjects. Based on ethnographic research within attachment therapy clinics, and among adoptive families, social workers, and medical professionals in the U.S. and Russia, the author suggests that notions of danger associated with “RAD Kids” actually reflect a social anxiety about the contexts of structural violence in which we are attempting to build families and raise children at the turn of the 21st century. The author culturally and historically contextualizes the signaling of “RAD Kids” as violent within literature on moral panics over children and youth. She explores how these representations function as an attempt to “resignal” public anxieties about the difficulties associated with building families through adoption, and especially, the adoption of formerly institutionalized children. The article provides a model for thinking about complex relationships between children, pathology, and power to inform the social work professions, and particularly practice with children diagnosed with RAD.

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What you have to understand is that there is no other way to get through to [RAD Kids]. You've got to sort of tame them to free them. It's like a wild horse. It's the only way to give them a chance at life. It sounds harsh, it sounds cruel, but you'll see, you'll see what I mean when you spend some time with them.— [Attachment Therapist in Evergreen, CO, 1999]

1. Introduction

Children diagnosed with Reactive Attachment Disorder, or, ‘RAD Kids’, are children that are medically and publicly characterized by their inability or unwillingness to form reciprocal emotional relationships with a parental figure (American Psychiatric Association, 2000; Reber, 1996). Most often children diagnosed with RAD have been adopted from orphanages abroad or from United States foster care systems (Hall & Geher, 2003). Children diagnosed with RAD have also been the subject of countless medical texts and sensational ‘expose’-style primetime specials. Particularly in the 1990s and early 2000s, in tandem with unprecedented adoption rates of formerly institutionalized children from institutions abroad, ‘RAD Kids’ emerged as icons of “families gone wrong” — children diagnosed with, or suspected of having, RAD were commonly referred to in popular media and certain pediatric

psychology circles as “kids without conscience” (Magid & McKelvey, 1989), “the wild child” (Lederer, 2007), or “kids who kill” (Thomas, n.d.; Thomas, Thomas, & Thomas, 2002). RAD Kids have also been referred to as “last resort kids,” who, without controversial, rigorous, and expensive medical treatment, are destined to become serial killers (Thomas, 2005, p. 3).

But are children diagnosed with RAD as dangerous as is publicized? And to what extent does the “danger” that is thought to lie within these children actually reflect certain anxieties about the precarious world in which we are attempting to build families and raise children in the United States? Based on two years of ethnographic research in the late 1990s and early 2000s with 129 adoptive families at risk of dissolution (legal annulment) in an attachment disorder clinic in Evergreen, Colorado, I argue that the popular representation of children diagnosed with RAD as “kids who kill” is an example of a fundamental attribution error. That is, the narratives reflect a tendency to over-value dispositional or pathological explanations for the observed behaviors of children diagnosed with RAD while under-valuing structural explanations (see Miller, 2008; Ragg, 2006; Transit, 2004). This attribution error, a common characteristic of moral panics (Krinisky, 2008), functions to socially “signal” (Stein, 1985) children diagnosed with RAD in ways that distract and/or deflect attention away from the violence associated with the *systems* through which formerly institutionalized children are circulated.

In this paper, I first contextualize within sociological literature on moral panics some sensational popular representations of children diagnosed with RAD. I then describe one of the controversial treatments that hundreds of children diagnosed with RAD underwent in

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the 1990s at one clinic in Evergreen, Colorado — the Attachment Center at Evergreen (ACE)¹. After this, I turn to some ethnographic data to contextualize the preoccupation with ‘RAD Kids’ as dangerous within the recent, larger cultural turn towards the adoption of formerly institutionalized children to build families in the United States, and specifically how these narratives serve to underwrite a particular type of affective economy associated with adoption, as well as the institutions and actors that literally and figuratively profit from it. Such a reframing helps child welfare workers and child practitioners to think about how popular discourse on children, violence, and risk influence their own roles in large-scale turns toward “punitive or disciplinary reactions to the social dangers that young people are thought to pose” (Krinsky, 2008, p. 1). It also demonstrates how anthropological theory and ethnographic practice might aid in the contestation of American public discourse about ‘RAD Kids’ and children like them — children who are, in fact, “at risk” of being written over or written off by the adults charged with caring for them.

2. Moral panics and popular representations of ‘RAD Kids’

Scholars across many disciplines have investigated the concept of “moral panic.” In 1971, criminologist Jock Young coined the phrase to describe the processes by which “deviance amplification” (Wilkins, 1964), or the intensification of socially unacceptable behaviors via social labeling, occurs. In particular, Young documented how the unwarranted fears and condemnation of British news media and police over illegal drug use in England led to both more arrests of drug users at the same time that it forged a stronger and shared identity for drug users who increasingly felt marginalized by and from the mainstream. In 1974, Stanley Cohen more seminally clarified the concept of moral panic as a collective institutional emotional response to something or someone (the folk devil) who appears to threaten social stability. Building on the foundational work of Young and Cohen, several sociologists — among them Stuart Hall et al. (1978) and Erich Goode and Nachman Ben-Yehuda (1994) have focused on the ways that institutions interlock to promote moral panics, as well as to highlight the hidden themes of gender, race, class, sexuality, and power that drive the intensification of these efforts.

Moral panics involving children take many different forms (Krinsky, 2008). There are moral panics in which children are understood to be “at-risk” (such as panics over child sexual abuse, child pornography rings, and internet predators); those in which children themselves are vilified and feared (such as panics over high school shooters, youth gangs, and street children); and even panics where the lines between child as victim and child as perpetrator are intentionally made blurry, such as those resulting in over-diagnosis of Attention Deficit and Hyperactivity Disorder (Miller, 2008; Ragg, 2006). In her illuminating article, “Making trouble: Representations of social work, youth, and pathology,” Janet Finn (2009) has noted the schizophrenic, yet sociologically predictable quality of narratives and images of “at risk” children in the 19th and 20th centuries. Child welfare complexes — “child savers”, educators, counselors and physical and mental healthcare professionals — alternately posed children as vulnerable and dangerous; however, whom the child welfare complex deemed “vulnerable” and whom they deemed “dangerous” was always determined along racial and class lines.

What is the specific role of biomedicine in moral panics over children and youth then? Finn also describes the growth of late 20th century child and adolescent pathology expertise, “a proliferation of new psychiatric diagnostic categories by which to label [children and youth] troubles,” (p. 56), and the push to criminalize Black-youth difference while employing corrective-based therapies for white-youth difference that occurred in the

United States in the 1980s. She then outlines the popular hysteria generated by the national media to support these industries:

... the 1990s bull market in treatment for troubled teens was fed and sustained by the fevered pitch of popular media and professional discourse of youthful menace. Near hysteria surrounded the various depictions of youth as violent thugs, druggies, superpredators, and suicide risks, who are constructed as basically to blame for a ‘national moral melt down’ (Males, 1999; Zimring, 1998) (p. 57).

Here, Finn asserts a clear, symbiotic relationship between the viral nature of moral panics about children and the virility of emerging mental health fields, as well as an expanding juvenile justice complex in the United States at the turn of 21st century. Discourses of children as both inherent victims and potential predators in need of immediate, serious, and prolonged interventions positioned pediatric mental healthcare industries as the indispensable gate keepers and producers of moral character, and juvenile justice systems as its protector. As Miller (2008) adds, via advertisements that projected onto children “the foibles of adulthood and the mythologies of the makeover,” (p. 157), pharmaceutical companies also convinced parents to become mental health consumers.

Like “violent thugs, druggies, superpredators, and suicide risks”, in the 1990s, ‘RAD Kids’ were also thought to pose a moral threat to the general public. Between 1996 and 1999, domestic adoption rates in the US increased from approximately 28,000 to 36,000 per year (Adoption and Foster Care Analysis and Reporting System [AFCARS], 1999). International adoption rates almost quadrupled — jumping from just over 5000 to almost 20,000 per year (Tarmann, 2003). In addition, in this remarkably short period of time, thousands of children began to be diagnosed with Reactive Attachment Disorder (RAD) in the United States. In addition, a range of attachment therapies — some evidence-based and some not (Chaffin et al., 2006) — had emerged to transform and correct the bodies and brains of ‘RAD Kids’, and in turn, to transform and fix adoptive families. Popular media and “expert” authors quickly began to characterize ‘RAD Kids’ as violent, dangerous, at-risk, and risky. They were also commonly described in a plethora of evocative and provocative ways — as “con artists”, as “backstabbers”, and as “trust bandits”, all with the potential for becoming “dance-away lovers” and “psychotic killers.” However, unlike the hooligans, addicts, and unstable strangers that comprised “other people’s children” (Tilton, 2010) and thus posed an external threat to the imaginary of the American family, ‘RAD Kids’ posed an internal threat, because *unsuspecting adoptive parents had already let them into their homes*. Thus, in these descriptions, we see that RAD Kids were being identified as perpetrators, while other actors (and it is important to note — not other children, but *adoptive parents*) were identified as victims. In the 1990s, children were positioned as violent actors, preoccupied with controlling their external environment, running rampant over the home, and possibly even removing or replacing parents as matriarchs and patriarchs rather than attach. They also argued that the children were so damaged, the only way to help them was to enter them into radical forms of attachment therapy that disciplined or trained children to love and attach through “corrective”, consequence-based, ‘tough love’, or boot-camp style therapies.

3. Extreme treatments for ‘RAD Kids’ in the 1990s and 2000s

The popular representation of ‘RAD Kids’ as radical emotional deviants, control freaks, and home-wreckers was somewhat tempered by the language used in a range of evidence-based attachment therapies. Therapists in the U.S. have typically used three types of interventions to address child attachment dysregulation (behaviors resulting from a break in attachment in infancy and/or early childhood): social learning (behavioral) modalities, family therapy or family-systems therapy, and attachment therapy. Of these three modalities, attachment therapies, of which there many forms, most clearly utilize attachment theory as a

¹ In the early 2000s, the Attachment Center at Evergreen changed its name to the Institute for Attachment and Child Development.

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