



How does investigation, removal, and placement cause **trauma for children?**

Introduction

Investigation, removal, and placement are sometimes necessary to protect children from abuse and neglect. The trauma experienced by children who come to the attention of a child protection agency is often complex and may have occurred over a long period of time. Brain science tells us that prolonged stress early in life can have lifelong consequences for the child's physical and mental health.¹ Protecting children from these effects must be a critical factor in an agency's decision about whether to remove a child or support the family in keeping him or her safely at home.

The processes of investigation, removal, and placement are routine interventions and functions of any child protection agency. We must also recognize, however, that they are not typically viewed or experienced as positive or protective by children and families, but rather as adverse childhood experiences (ACEs).² The field increasingly recognizes that investigation, removal, and placement often are traumatic events, in and of themselves, for all involved. Consideration of the very real effects of these actions must therefore be balanced with the child's risk of harm at home when making decisions about how best to engage with a child and family. As a field, we must understand that child protective interventions have the potential to do more harm than good if they are not handled in ways that are developmentally appropriate, sensitive, and trauma-informed.



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How might children respond to investigation, removal, and placement?

There are many elements of the child protection intervention process that can be traumatic for children. The degree to which an individual child experiences each of these elements as traumatic depends on a number of factors, including the child's age and resilience.³

- **Surprise and shock.** Intervention is particularly traumatic when it happens suddenly or unexpectedly, and with a high level of conflict. Children may be confused about cause and effect, not understanding why they have been removed from the home. (e.g., “We were just eating dinner and then I was taken away.”) The degree of trauma to the child will depend to some degree on the level of hostility in the interactions between the parent and the professional, and how much distress vs. calm the parent exhibits.
- **Negative views of police and social workers.** Children may have been told to fear the police and/or the child protection agency, or they may have heard horror stories about foster care that exacerbate their own fears.
- **Betrayal and loss of trust.** Children may feel betrayed by the person who reported the family. They may feel surrounded by people they cannot trust.
- **Loss of control, helplessness.** Children experiencing removal face many unknowns. They may not know where they are going, what will happen to them, what is happening to their parents and siblings, and how long they will be away from home. Any feeling that they are unable to speak up on their own behalf and ask questions may compound their disorientation. Other traumatic elements of the situation may make it difficult for children to absorb or retain information provided to them.
- **Worry about parents and siblings.** Older children may feel responsible for taking care of other family members. They may feel guilty that the disruption

to the family is their fault, or that they have failed to protect parents or siblings.

- **Repeated interviewing about traumatic events.** Having to tell the story of “what happened” multiple times to different professionals (school staff, caseworker, police) may exacerbate trauma and/or reinforce feelings of guilt or betrayal.
- **Loss of the familiar.** Children who are removed from their home face losses on multiple levels: family (including extended family members, pets, belongings, routines), neighborhood and school (familiar places, friends, teachers, extracurricular activities), and culture (language, race/ethnicity, religion).

All of these elements may create or reinforce a belief that the world is unpredictable and unsafe.

What is the impact of attachment disruption for very young children?

For very young children (infants, toddlers, and preschoolers), **separation from primary caregivers is particularly detrimental.** Very young children are completely dependent on their “preferred adults” (the development of preference occurs around 7 to 9 months of age).⁴ When in distress, young children experience a strong instinct to get close to a familiar person. In the absence of that person, their distress can become overwhelming.⁵

Even if a parent is abusive or neglectful, disruptions in these relationships affect children physiologically in ways that can impact their resilience to stress, sleep patterns, and even the ability to fight off illness.⁶ The negative effects on brain function also can delay or regress development.

Whereas older children are able to maintain attachments to their biological parents, even during periods of absence or infrequent contact, a few hours of visiting each week is not enough time for infants and young children to remain securely attached to their parents. Instead, during periods of separation from their parents, they will quickly form attachments to new

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caregivers. If those caregivers are not emotionally available — for example, if they see their role as primarily to keep the child physically safe without attending to their need for healthy attachment — the child will have more difficulty adapting and may experience long-term developmental consequences.⁷

For many young children in the child protection system, this disruption is not limited to the times of removal and placement, but can occur many times during their time in out-of-home care if there are multiple unplanned or planned moves between placements. Even reunification with the biological parent may be experienced as an attachment disruption if the child has formed a bond with the foster parent.

What are the implications for child welfare leadership?

The traumatic effects of investigation, removal, and placement must be considered in determining the best course of action for an individual child and family. They also raise systems-level questions, such as how much funding should be allocated to in-home preventive services, when and how family members should be engaged in placement, and how changes in recruitment and training might increase the effectiveness of foster parenting.

For more on how a child protection agency can become more trauma-sensitive in investigation, removal, and placement, see: [How can investigation, removal and placement processes be more trauma-informed?](#)

- 1 Center on the Developing Child at Harvard University. (2016). *Applying the science of child development in child welfare systems*. Retrieved from http://www.ddcf.org/globalassets/child-well-being/16-1013-center-on-developing-child_childwelfaresystems.pdf
- 2 Bruskas, D., & Tessin, D.H. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *The Permanente Journal*, 17(3): e131–e141.
- 3 To learn more, see [How do children of different ages experience trauma?](#) on [Question from the field](#).
- 4 Zeanah, C., Shaffer, C., & Dozier, M. (2011). Foster care for young children: Why it must be developmentally informed. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(12), 1199-1201.
- 5 National Child Traumatic Stress Network. (2009). What a traumatic situation is like for children of different ages. In *Child Welfare Trauma Training Toolkit*, 2nd Ed. Retrieved from <https://learn.nctsn.org/enrol/index.php?id=25> (requires login)
- 6 Troutman, B. (2011). The effects of foster care placement on young children's mental health: Risks and opportunities. Retrieved from <http://www.ocfcpacourts.us/assets/files/list-751/file-921.pdf>
- 7 Zeanah, C., Shaffer, C., & Dozier, M. (2011). Foster care for young children: Why it must be developmentally informed. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(12), 1199-1201.

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