

The Effects of Changes in Caregiver on Children

The literature on separation of children from their parents comes from studies of war, foster care, military deployment, parental incarceration, immigrant detention, adoption, and divorce. While each of these has some unique effects, the fact of separation is the dominant effect and is generalizable across the conditions. **Strikingly, the trauma caused by family separation threatens children's and parents' mental health as much as beating and torture** (Miller, et al., 2018).

A range of adverse outcomes of child-parent separation. The adverse effects of changes in caregiver on children are very great and this has been known for a very long time (Freud & Burlingham, 1943; Bowlby, 1951, 1973). Physical separation between a parent and child, particularly when unexpected by the child, risks internalizing symptoms (depression, anxiety), externalizing behaviors (withdrawal, aggression), and social and cognitive difficulties (Makariev & Shaver, 2010). Separation from parents was significantly related to depression/anxiety symptoms, posttraumatic stress disorder (PTSD) symptoms, and psychological quality of life – even after accounting for prior level of trauma exposure (Miller, et al., 2018; Rojas-Flores, 2017). Separation from parents is linked to later bi-polar disorder and schizophrenia (Paksarian, et al. 2015). Separation, particularly separation from fathers, is related to later violent offending (Mok, yet al., 2018).

The most common short-term effects to children's psychological well-being following a parent's arrest included eating (e.g., loss of appetite) and sleeping changes (e.g., nightmares), followed by crying and feeling afraid as well as (but less often) anxiety, withdrawal, anger–aggression, and clinginess (Chaudry et al., 2010). The less frequent effects persisted longer when they occurred. Additional short- and long-term effects included developmental difficulties, for example, speech problems. A review of studies of parental incarceration found profound negative effects including from paternal incarceration on child health and well-being with the evidence on maternal incarceration (but there is much less research) (Wildman, et al., 2018).

Foster care. Children in foster care are 3-5 times more likely to have mental health problems (e.g. ADHD, depression) than children who have never been in care (Turney & Wildeman, 2016) and were exposed to many other adverse childhood experiences as well (Turney & Wildeman, 2017). Even when the separation is for a protective foster placement, children often understand it as being kidnapped away from their parents (Carr-Hopkins, et al., 2017). Children in residential care had higher rates of child sexual abuse in care than children in foster care who in turn had higher rates than children in home (parental) care (Euser, et al., 2013). A third to almost half of older foster children became homeless when transiting out of foster care; this was associated with previous running away, placement instability, being male, having a history of physical abuse, engaging in more delinquent behaviours, and having symptoms of a mental health disorder (Dworsky, et al., 2013). The effects of separation are greater when children also

lose their homes and must live in a new place with unfamiliar people (McLeigh, 2010).

Divorce and separation of children from their parents. Separation caused by divorce is associated with declines in reading scores, mathematics scores, positive approach to learning, interpersonal skills, and self-control and increases in internalizing problems and externalizing problems (Amato & Anthony, 2014). Others found increases in psychosomatic symptoms, with symptoms increasing with reduced contact with each parent; joint physical custody produced the fewest psychosomatic symptoms, but still more than in intact families (Bergström, et al., 2015). A review of 40 studies found that, when children spent at least 35% of their time with each parent, children had better emotional, behavioural, physical, and psychological well-being, as well as better relationships both parents; these benefits remained even when there were high levels of conflict between their parents (Nielsen, 2014).

Military deployment and child separation from parents. Military deployments affected children psychosocial well-being and school functioning (Londino, et al., 2017). Psychological health visits increased by 11%, behavioral disorders increased 19% and stress disorders by 18%; rates were higher in older children and children of married and male military parents (Gorman, 2010). Such youth report more delinquency and trauma symptoms than other youth; however, this seemed more related to violence and victimization, both within and outside of the home than to deployment itself (Turner, et al., 2017).

Age at placement. When the first placement occurs before 6-9 months of age, the effects tends to be transient, as long as the infant is reunified by 8-9 months or age or is permanently placed with the new caregiver (again, by 8-9 months of age – so that child and parent do not experience the anxiety of uncertainty). After 9-12 months of age, there will be distress, with the amount of immediate distress and long-term effects of the change increasing with child age. After approximately 3-5 years of age, some persistent loss of security in new relationships is to be expected. Early separation had greater negative effects than separation in mid-childhood (Mok, et al., 2018). Brain development was affected by both early and on-going stress; early childhood stress was associated with faster maturation of the prefrontal cortex and amygdala during adolescence. Current adolescent stress was associated with slower maturation of the hippocampus, parahippocampus, prefrontal cortex, and anterior cingulate (Tyborowska, et al., 2018).

Number of changes. The negative effects of separation increase as the number of separations increases (Londino, 2017; Mok, et al, 2018); this is true even when the next placement is ‘better’, e.g., in adoption. Children can manage to believe that the current placement is permanent through one or two changes. With additional changes, it becomes increasingly difficult for children to form a committed relationship with the new caregiver because their prior experience prepares them to expect disruption. This means that each successive placement is more likely to fail than were previous placements and that the changes are likely to be accompanied by an initial ‘honeymoon’, followed by

outbursts of uncontrolled anger, fear, or desire for comfort. The last of these is sometimes displayed as inappropriate sexualized behaviour.

The effect of changes in caregiver on caregivers. The effects of change of caregiver on adults are very great.

Parents who lose access to a child to whom they have become attached experience distress and grief. Moreover, even if the children are returned to their care, they will always know that they could be taken away; this creates an insecurity not experienced by parents who have never lost access to a child.

Adults who are given a child to care for temporarily almost always form an attachment to the child. This usually takes a few weeks, but it forms quite quickly, especially to infants and young children. Regardless of their legal status, attached adults will seek to protect, comfort, and maintain access to a child to whom they have become attached. They suffer distress if the child is moved to the care of other adults.

Adults who have suffered previous losses of an attachment figure or child to whom they were attached generally are 'primed' to expect loss. This probably affects current relationships by keeping the caregivers more distant, in the sense of not committing emotionally to the child in their care.

There is little empirical research on attachment and changes of carer. For infants removed to foster care, a change towards a more secure attachment appears dependent on their foster mother having a secure attachment with regard to her own childhood attachments (Dozier et al 2001). There is limited evidence for a similar pattern with school years adopted children (Hodges et al 2003).

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