

Children with Traumatic Separation: Information for Professionals

Introduction

The relationship with a parent or primary caregiver is critical to a child's sense of self, safety, and trust. However, many children experience the loss of a caregiver, either permanently due to death, or for varying amounts of time due to other circumstances. Children may develop posttraumatic responses when separated from their caregiver. The following provides information and suggestions for helping children who experience traumatic separation from a caregiver.

Children and Traumatic Stress

Chronic separation from a caregiver can be extremely overwhelming to a child. Depending on the circumstances and their significance, the child can experience these separations as traumatic. They may be sudden, unexpected, and prolonged, and can be accompanied by additional cumulative stressful events. Situations in which a potentially traumatic separation from the caregiver can occur include:

- Parental incarceration
- Immigration
- Parental deportation
- Parental military deployment
- Termination of parental rights

While this fact sheet addresses traumatic separation between children and caregivers, the information also applies to other traumatic separations such as with siblings or close relatives.

Challenges for Children with Traumatic Separation

Children who develop posttraumatic responses to separation from a caregiver present clinically similar to children who have childhood traumatic grief, a condition that occurs when the circumstances related to the death impinge on the grieving process. However, different challenges are present for children whose caregivers are still alive than for those whose caregivers have died. For example, children with



traumatic separation have valid reasons to hope for a reunion with the caregiver even if that reunion could not happen for many years or at all. Hoping for reunification with the caregiver can complicate the child's ability or desire to adjust to current everyday life and to develop healthy coping strategies.

For some children, the most traumatic aspect of the separation is exposure to frightening events, such as witnessing a parent being handcuffed prior to incarceration; witnessing a caregiver's beating or rape during immigration; or not knowing whether the caregiver is currently safe (as in cases of deportation or deployment).



Often children are separated from their parents and/or siblings when professionals remove them from the home to protect them from an abusive or neglectful parent or from witnessing domestic violence. Children too young to fully understand the danger may perceive the separation from the caregiver as the traumatic experience. Other children may minimize traumatic experiences (e.g., child abuse, domestic violence) that led to the separation; they may identify the separation itself rather than the abuse or violence, as the worst or traumatic aspect of their experience.

Professionals must recognize, assess, and address in treatment both the circumstances under which the separation occurred (e.g., witnessing an arrest) and the underlying cause of the separation (e.g., abuse of the child), regardless of which the child identifies as “worst” or most traumatic.

Oscar, a thirteen year-old boy from Central America, lives with relatives who previously migrated to the United States. His mother had paid an acquaintance to transport him on the long, dangerous journey to these relatives because she feared the prevalence of gangs recruiting teens into drug use, the violence and looting in their town, and the lack of educational opportunities. He experienced harrowing events on the way, including seeing women assaulted and a lack of food and shelter. Once across the border, Oscar was taken into custody and detained for a time. Still fears for his own safety has lost contact with his family, and worries about their safety back home.

Separation from a Parent: Posttraumatic Responses

Following a very frightening event, children may develop posttraumatic responses that can include the following:

- Intrusive thoughts
- Nightmares
- Disturbing images of the separation reenacted in play or depicted in art
- Avoiding reminders of what happened, such as people, places, situations, or things associated with the traumatic event
- Negative beliefs about oneself, others, or the event
- Negative changes in mood (e.g., sadness, anger, fear, guilt, shame)

- Changes in behavior (e.g., increased anger, aggressiveness, oppositional behaviors, irritability, sleep problems, withdrawal)
- Self-destructive thoughts, plans, or actions
- Difficulty with thinking, attention, or concentration problems
- Physical symptoms (e.g., stomach aches, headaches)

If a child who has experienced a separation from a caregiver reacts in these ways, the child may be having a traumatic response that can overwhelm his or her ability to cope and can interfere with the child's self-perception, ability to be with friends, or performance in school.

(For more information go to <http://www.nctsn.org/trauma-types/traumatic-grief>).

In addition to having posttraumatic symptoms related to the separation from the parent, the child may face other challenges:

- **Viewing the absent parent as “all good”:** Placing the absent caregiver in a positive light or as viewing that caregiver as “perfect” may contribute to seeing the current caregiver as “not as good” or to constantly comparing the original and current caregivers. The child may feel the need to choose between caregivers or may feel “split loyalty”—that caring about or loving one caregiver will imply a betrayal of the other. The child may demonstrate devotion to the absent caregiver (so as not to disappoint him or her) by defying the current caregiver (especially when believing the absent person will return). When this occurs, the child may develop significant externalizing behavior problems (e.g., oppositional behavior), have multiple placement disruptions, and may lose the ability to trust—often seen in youth with complex trauma. This sometime rigid view of the “perfect” absent caregiver also can be the source of anger toward the people or system the child feels is responsible for keeping them apart.



Jasmine is 12 years old. Her mother has been in prison since she was 5, and her aunt became her full time kinship caregiver when she was 8. She visits her mother every other month. Her aunt does everything she can to make her happy. Jasmine is polite, not overly affectionate, and is usually well behaved. However, when her aunt sets limits or restricts her use of screen time, Jasmine gets angry and yells, “You’re not my mother. You can’t tell me what to do. She’s the only one I’ll listen to!”

- **Minimizing or denying previous traumatic experiences that led to the separation:** Children removed from the caregiver's care due to caregiver abuse or neglect may minimize or deny these traumatic experiences. They may identify the separation itself as the worst or only traumatic aspect of their experience, rather than events that led to their placement in foster or kinship care. Rather than acknowledging the caregiver's role in the separation, they may blame a system, other people, or even themselves. These children may have inaccurate information, and very young children may be confused or not understand fully the safety reasons for the removal. Clinicians should be aware of the child's previous trauma history and address the

separation clinically in the context of other traumatic events, in addition to understanding the child's thoughts and feelings about the separation.

■ **Overly negative beliefs about the absent caregiver:**

Children may mistakenly believe that a caregiver's deportation or his or her medical, psychiatric, or substance abuse problem was the caregiver's intentional choice to abandon him or her, rather than an illness or a result of circumstances beyond the caregiver's control. This belief can lead to the child blaming the caregiver, holding on to negative feelings (e.g., sadness, anxiety, anger) and engaging in problematic behaviors (e.g., aggressive or oppositional behavior, self-injury, substance use, running away) in an attempt to cope with those feelings and regain some sense of control of the experience.

- **Negative self-beliefs:** Many children believe that something they did or did not do caused the caregiver to leave. Inaccurate self-blame leads many children to feel bad about themselves or to participate in negative behaviors in order to receive the punishment they may feel they deserve.

- **Emotional distance:** Some children avoid caring about anyone or anything, possibly to keep from being hurt again. In some cases, the child may wish that the absent caregiver never return or act as if the absent caregiver has died. This type of self-protection prevents the child from living in the present, receiving needed support, and experiencing positive relationships. It may lead to shutting down feelings and avoiding people, relationships, and situations that lead to upsetting emotions.

Mohamed was so excited when his father arrived from Senegal. He finally felt secure and happy that his whole family was together. One day he came home from school and found his mother crying—so upset she could barely talk. His aunt was there too. They said that his father had to return to their country because he didn't have the right papers. Mohamed was angry and thought that if his father really loved him he would have found a way to stay. In the days ahead, Mohamed began getting into fights at school and acting defiantly toward his teacher and mother.

For three years, Elizabeth's father had beaten her with his belt and burned her with cigarettes. She was usually able to hide the marks, but after a particularly volatile night, her 4th grade school teacher noticed bruises on her arm. Following an investigation, her father was imprisoned for the abuse, and she went to live with her grandmother. Elizabeth was quiet and withdrawn, and one day she said to her grandmother, "It's my fault daddy is in jail." She blamed herself, thinking her father must have hit her because she was bad.

Helping Children with Traumatic Separation

Here are tips for working with children experiencing traumatic separation:

- **Guide caregivers on how to talk to children:** Caregivers struggling with how to talk to children affected by traumatic separation can begin by asking the child what he or she believe happened with respect to the separation, and explore what he or she believes will happen in the future. Caregivers help children when they provide honest, age-appropriate information about the separation, to the extent that they know what occurred. As the situation evolves, caregivers can update children as appropriate. At times, the truth includes saying, "I don't know the answer to that, but when I do I will tell you." Encourage caregivers to listen to the child's questions and correct any misinformation or confusion.

- **Address related traumatic experiences:** When children have experienced traumatic separation due to suspected endangerment (e.g., removal from a situation of abuse or neglect; domestic violence; fleeing a warzone), clinicians need to address not only the separation from the caregiver, but also the traumatic experiences leading to the separation (e.g., the child abuse or neglect; domestic violence; war experiences). Children often need specific guidance during therapy to recognize and process these experiences.
- **Help child gain mastery over trauma related symptoms:** Although mental health treatment involves helping the child adjust to the separation, it is crucial also to address the child's related trauma reactions. Help the child gain mastery over his or her trauma-related symptoms through teaching trauma-focused interventions—coping strategies and identifying trauma reminders that may lead to trauma responses—and, ultimately, re-gaining a sense of control.
- **Suggest ways for the child to maintain connections:** It may help the child to have memorabilia (e.g., pictures, objects from a previous home, a scrapbook) to preserve positive memories of and stay connected to the absent caregiver. Help the current caregiver with his/her feelings about having such reminders available. When visitation is appropriate and allowed, work with the caregiver to determine the best time, place, and way for the child to meet with the person and be available for follow-up.
- **Coordinate outside resources and referrals:** Due to transitions in living situations, ongoing and longstanding supports may have changed. Review available support systems and people; identify adults at school and at home to whom the child can turn when needing comfort. If the child needs to build and strengthen relationships with peers, consider referring the caregiver for additional help to identify activities or sources of potential friendships. Keep in mind any specific needs that the caregiver indicates.
- **Monitor the Impact on you:** Take time to consider how working with cases of traumatic separation is affecting you, as a clinician. These can be challenging cases. These children need support, patience, and understanding—and so do you.
- Help is available for children with traumatic loss. For more information on helping children with traumatic loss go to www.NCTSN.org

