The Child’s Reaction to Separation

Separation from persons to whom we are closely attached is always experienced as a loss. The loss of one’s parents is generally the most significant loss a child can experience. Children who have lost their parents almost always experience a crisis.

When a child is removed from his parents, his/her attachment systems are challenged in a way that may affect their relationships throughout their life span. Children who have suffered traumatic separations from their parents may also display low self-esteem and a general distrust of others.

Attachment can be defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a biological or an unrelated caregiver. Attachment disorders, which lead to the most problematic outcomes for children, include those in which children have disrupted attachments to the caregivers, display overly vigilant or overly compliant behaviors, show indiscriminate connection to every adult, or do not demonstrate attachment behaviors to any adult. Maltreated children are often exposed to inconsistent and inadequate parenting and, as a result, may experience difficulty in forming healthy attachments. Some studies suggest that upwards of three-quarters of maltreated children have disordered attachments, but that the proportion may diminish with age.

The bond between brothers and sisters is unique—it is the longest lasting relationship most people have, longer than the parent/child or husband/wife relationship. While the bonds may wax and wane, a person’s lifetime quest for personal identity is undeniably interwoven with his or her siblings. This bond exists in children raised in well-adjusted families, but it is even stronger for brothers and sisters from dysfunctional families. They learn very early to depend on and cooperate with each other to cope with their common problems.

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1 Harden, B. How Do I Help Children Adjust to Out-Of-Home Care H. Dubowitz & D. DePanfilis(Eds.), Handbook for child protection practice (pp 420 -424)


Separating siblings in foster care or through adoption adds to their emotional burden. They have already had to cope with the separation and loss of their parents. If they are then separated from their siblings, they must experience the grieving process all over again. For many children, this separation will be even more traumatic because, if they have experienced abuse and/or neglect at the hand of their parents, they will often have stronger ties to each other than to their mother or father.

Emotional responses to crisis and loss are usually predictable. Clinicians have identified a series of stages that are commonly associated with loss. These stages are referred to by theorists as the grief or mourning process. The stages may be predictable but the behavioral responses may vary significantly.

The stages are:

- **Shock/denial**
  - Description of Stage
    - Indifference
    - Disconnected from the event (stunned, shell-shocked)
    - Denial
    - Little emotional expression
  - Behavioral Expressions
    - The child often seems indifferent in affect and behavior.
    - The child may appear to make a good adjustment; “Honeymoon period;”
    - The child may be unusually quiet, compliant, and eager to please.
    - The child may deny the loss, and make statements such as “I am not staying here. Mommy will get me soon.”

- **Anger/protest**
  - Description of Stage
    - The loss can no longer be denied.
    - Anger may be non-directional or directed at a person or object thought to be responsible for the loss.
    - Guilt and blaming others is common.
  - Behavioral Expressions
    - The child may be oppositional and hypersensitive.
    - The child may display tantrum behaviors and refuse to participate in social activities.
    - The child may be aggressive and exhibit rough behavior with other children.
    - The child may display sleeping or eating disturbances and may not talk.

- **Bargaining**
  - Description of Stage
    - The child may try to “bargain” with whoever is thought to have the power to change the situation.

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The child may believe that a certain way of thinking or behaving will serve to prevent the finality of the loss.

- Behavioral Expressions
  - The child may be eager to please and will make promises to be good.
  - The child may try to undo what she feels she has done to precipitate the placement.
  - The child may believe that behaving or thinking in a certain way will bring about reconciliation. The behaviors may even become ritualized.
  - The child may try to negotiate agreements with the FCM or the resource parent/staff at facility.

- Depression/Sadness
  - Description of Stage
    - Expressions of despair and futility
    - Listlessness
    - Episodes of fear and panic
    - Withdrawal
    - Generalized lack of interest in people, surroundings or activities
  - Behavioral Expressions
    - The child appears to have lost hope.
    - The child may be “touchy” or out of sorts, may cry with little provocation.
    - The child may be listless, without energy.
    - The child may exhibit regressive behaviors such as thumb sucking, toilet accidents, baby talk.

- Resolution/Acceptance
  - Description of Stage
    - The child begins to respond to the people around him/her in a more “normal” manner.
    - The child begins to invest emotional energy in the present or in planning the future rather than continually dwelling in the past.
    - The child begins to reorganize life and finds feelings of hope.
  - Behavioral Expressions
    - The child begins to develop stronger attachments in the home and tries to establish a place for him/herself in the family structure.
    - The child may begin to identify as part of the new family.
    - The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood.
    - Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

The trauma that accompanies the placement of a child can be diminished by appropriate selection of the caregiver, involvement of the child and parent(s) in the entire placement process, pre-placement meetings between caregivers, proper planning for and regular visitation, and establishing supports for the family and child prior to and during the placement.