## What Is The Potential Trauma to Children during Initial Out-of-Home Placement?

- 1. Abrupt and overwhelming change; loss of all things familiar
  - Places, pets, friends, possessions, routines, etc
    - Kids often arrive at foster homes with only the clothes on their backs.
    - They are immersed into a different family system, with different rules, roles, routines, dynamics, smells, tastes, etc.
    - They miss and worry about their pets.
    - They're homesick and have tummy aches.
  - Changing schools and/or missing school
    - If they change schools they may never again see friends they had at their previous school.
    - They lose the sports and extra curricular activities they may have participated in at their previous school.
    - School may have been the one place they felt safe.
  - Loss of culture; different language
    - They may be placed with a family that is racially or ethnically different.
    - Occasionally they do not speak the language of the foster family, or the caseworker and are thus effectively isolated.

In the process of initial placement, kids are removed from familiar surroundings and lose everything they are used to and comfortable with. Change of this magnitude has a detrimental effect on brain and neurological function. Their systems are flooded with cortisol, a hormone, that, when elevated for a brief time, facilitates the fight or flight response by reducing pain and inflammation. However, if elevated for an extended time, it destroys neurons and neurological connections and has other negative physiological effects. This is one reason why children, especially very young children, may regress in their development and behaviors (e.g. toilet training, talking, etc.) when initially placed.

Product of "Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement Project" (2008-09) conducted by Portland State University, Center for Improvement of Child and Family Services, funded through the Children's Justice Act Task Force at the Oregon Department of Human Services. For more information contact Angela Rodgers at <u>rodgersa@pdx.edu</u>, or 503-725-8022

- 2. Attachment disruption; loss of caregiver
  - Separation, grief loss
    - Separation from caregiver
    - Separation from siblings
  - Multiple moves in the first few days or couple of weeks trauma is repeated and intensified with each move.

Separation from family, especially caregivers, and the resulting attachment disruption, intensifies the detrimental physiological effects of abrupt and overwhelming change described above. This is particularly devastating for infants, toddlers and preschoolers. Some kids already have insecure attachment. They may be very clingy, with the caseworker, then the foster parent when they first come into the placement. Changes in placement are particularly devastating, even a move from shelter care to foster care.

Example: A 2 year old was removed and cried all night long. She was moved the next day to a relative. Then a few days later, the relative decided they couldn't keep her so she was moved again. She became attached to the worker when in the DHS office waiting for a placement to be found and became upset when she had to leaver her. Then she became attached to the SSA who transported her to the new placement and cried when she had to leave her.

- 3. Older kids worry about parents and siblings
  - In a domestic violence situation a child may be worried about the abused parent.
  - > Distress at seeing their parents interrogated and arrested are they alright?
  - > Siblings are often separated and placed in different homes.
  - > They may not have visits for 3-4 weeks after placement.
- 4. Confused and conflicted a loyalty bind. Is this their new family?
  - Children coming out of a dangerous situation may expect that they are going into another dangerous situation.
  - > There may be no one trustworthy (in child's eyes) around to talk to.
  - > Feeling betrayed by the person they "told."

Product of "Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement Project" (2008-09) conducted by Portland State University, Center for Improvement of Child and Family Services, funded through the Children's Justice Act Task Force at the Oregon Department of Human Services. For more information contact Angela Rodgers at <u>rodgersa@pdx.edu</u>, or 503-725-8022