The relationship with a loving parent or primary caregiver is critical to a child’s sense of self, safety, trust and ability to thrive.

Separations from parents or primary caregivers is one of the most potent traumatic stressors a child can experience, especially under frightening, sudden, chaotic, or prolonged circumstances. Such separations may increase children’s risk for developing depression, anxiety, separation-related posttraumatic stress disorder symptoms (“traumatic separation”), or other trauma reactions.

For young children, separation from their primary attachment figure affects their emotional and physical wellbeing in several ways, including:

- Inability to trust, soothe themselves, or develop foundations for meaningful relationships due to the disruption in the single most important relationship they have.
- Terror on the face of their attachment figure triggers a fear response in children that may affect them cognitively, emotionally, and physiologically for the rest of their lives.

This risk is greater for children who experienced previous traumas in their home countries, such as domestic or gang violence, due to the cumulative impact of such stressors on child development.

Children who experience traumatic separation may have a variety of trauma symptoms including:

- **Intrusion:** nightmares, scary images, or thoughts about the separation or past traumas
- **Avoidance:** trying not to remember or talk about people, places, things, or situations associated with the separation or past traumas
- **Negative trauma-related beliefs:** blaming oneself or others for the separation; believing the world is extremely dangerous; loss of trust
- **Negative trauma-related emotions:** extreme anger, sadness, guilt, fear, shame, etc.
- **Negative behaviors:** aggression, withdrawal, irritability, oppositional behavior
- **Hyperarousal:** trouble sleeping, not listening, trouble paying attention, stomachaches, headaches, increased vigilance to danger

Children with traumatic separation often do not understand why the separation occurred and may blame themselves for the separation. Providing honest, age-appropriate information to the child about the reason for the separation is critical.
After a long period of traumatic separation, a child who had initially been inconsolable may eventually become more withdrawn and quiet. This change could be misinterpreted as an indication that the child has adjusted to the separation. Instead, the change may occur because the child’s stress hormone levels are depressed and their emotions are dulled.

During refugee and immigration processes, children may also experience concern about the parent’s safety. Facilitating direct parent-child communication can help to diminish the child’s sense of danger.

The negative impact of traumatic separation from parents is potentially long lasting and may continue even after children are reunited with their parents. Without early recognition and effective intervention, children may have serious medical and mental health problems throughout their lives.

Such long-term consequences may include: struggling with behavioral issues; dropping out of school; turning to damaging coping strategies, leading to issues with drugs and alcohol; or being diagnosed with chronic illnesses, such as diabetes or heart disease.

The presence of a supportive parent is a protective factor that helps children regulate negative emotional states and promotes connections in the brain that protect children from developing PTSD and depression and help children recover from traumatic stress. Younger children are particularly vulnerable due to their attachment needs, dependence on caregivers, and less developed cognitive and coping abilities.

Children can recover from traumatic separation and other traumatic experiences with developmentally, culturally, and linguistically appropriate trauma services for these children and their families, including evidence-based, trauma-focused treatment.

**SOURCE**


**National Child Traumatic Stress Network**

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN’s collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children’s lives by changing the course of their care.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.