Nielsen’s departure won’t heal the traumas of child separations

By Susan Marshall Mason and Dunia Dadi | April 10, 2019

On Sunday April 7, Homeland Security Secretary Kirstjen Nielsen resigned. Nielsen oversaw the implementation of controversial U.S. child separation policies at the U.S.-Mexican border. She stepped down when the Trump Administration asked her to violate a court order against the practice to resume such family separations. Nielsen’s departure will not deter the Trump Administration, nor can it heal the traumas accrued from years of forced family separation policies and politics.

The practice of family separation is not limited to U.S.-Mexican border policy. It is also integral to our country’s child protective services policies—its primary system of response to child abuse and neglect.

Abuse and neglect are urgent public health issues due to their high prevalence and persistent impacts on health across people’s lives—and potentially across generations. Yet, the policies intended to address abuse and neglect—e.g., separating children from parents deemed unfit—are often themselves a cause of significant trauma for both parents and children. That is, while removing children is sometimes necessary for their physical safety, removals themselves come with significant negative impacts on health and mortality. When
we treat trauma with trauma, it is not the fault of individual child protection workers, who are tasked with assessing dozens of child abuse reports with limited resources and under intense scrutiny. It is, rather, a feature of the system as it was designed—a system that reflects cultural values, including numerous traditional, gendered assumptions about families and children. The U.S. has a remarkably limited policy, public health, and medical response to childhood adversity.

One potential reason is that the existing policy apparatus appears to be deeply dependent on traditional, highly gendered assumptions about families and women as mothers—as well as about deviance from a white middle-class standard of motherhood.

Among the assumptions that have driven particular policy priorities and foreclosed others, four seem particularly salient.

First, much childhood adversity occurs in the “private sphere.” Home is the traditional domain of women and children, and has long been viewed as outside of the purview of policy intervention—particularly for white and middle-class families. Consider that our contemporary aversion to harsh physical punishment for children is a largely modern phenomenon—our federal child welfare system was not established until 1935, and it was not until 1974 that the federal government provided minimum standards for states regarding defining child abuse and neglect. For most of U.S. history, parents (fathers in particular) were granted wide latitude to discipline their children. So our child protection system was designed as a largely reactive system to secure children’s physical safety in the face of gross parental cruelty; further, in keeping with the “private sphere” idea, the child welfare system was equipped with little ability to work toward rehabilitation of or support for the parents it engages with.

Even today, few resources are allocated toward primary prevention of maltreatment at the population level; parenting is still deemed a private endeavor.

Notably, the privacy of families of color and poor families is less sacrosanct, as these families are often seen as deviant and in need of correction. In Minnesota, for example, Native children are removed at 15 times the rate of white children—a disturbing echo of the forced removal of thousands of Native American children boarding schools in the 19th century, under the guise of “necessary” cultural assimilation into whiteness. This historical trauma is still seen in the near-eradication of many native languages, and its emotional weight is heavy in tribal communities.

A second assumption wired into our child protection policy is that children can and should be viewed as individuals, whose interests are separate from their families’ and communities.’ In reality, strong primary attachments are essential for child well-being, and disrupting these attachments causes considerable harm.

Yet our society’s valorization of individualism disregards the interdependence so essential for us as a species.

A third thread is a strong cultural narrative around women as “natural caregivers.” Women are not only expected to be primarily responsible for children, but to excel in this role regardless of circumstances; women are expected to be perfect parents even when isolated from the types of supports known to make good parenting possible. These expectations lead to perverse scenarios in which women are held responsible for situations over which they have little control: women who are victims of domestic violence may be
charged with neglect for “allowing” their children to witness their partner’s violence, as can women who, lacking childcare options, are forced to leave children unattended so that they can work.

Finally, our weak policy may reflect the ways that trauma and power intersect.

Traumatic experiences disproportionately fall on the marginalized. Psychiatrist Judith Herman argues that, because trauma is the domain of the oppressed, victims of trauma have been silenced and sidelined. Without sustained political movements, these power dynamics allow the status quo to go unchallenged. The phenomenon may similarly explain the general legislative disregard afforded to child welfare—at least until a high-profile case erupts in the news.

Recent research suggests that as many as 1 in 3 children will be involved with child protection before the age of 18, and the numbers are higher for children of color. Few of these cases will result in a child’s out-of-home placement, but these statistics emphasize the extent and reach of a system that both responds to and introduces trauma, particularly within marginalized communities. There is now evidence that these impacts may pass across generations.

Traumatic experiences have been found to change genetic expression by turning on or off certain genes, and these “epigenetic modifications” may be passed down, as documented among the children of Holocaust survivors.

To begin to remedy this situation, we argue first that we must advance public and political appreciation of the interdependence of children with their families and communities—not only those families separated at the border, but also those families separated within our borders. We need to shift our focus from “protecting” children toward equitably protecting and investing in families—especially marginalized families. Reactive policies are not enough, nor are policies limited to extreme physical harm; improving the entire population’s capacity to care for children can be likened to public health strategies that aim not only to help individuals after a heart attack but also work to lower the whole population’s risk for a heart attack. We need a cultural shift toward viewing all children as our children, future generations worthy of our collective investment and care.

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