

# Harms of Removal Across Stages of Child Development

## Young Teens (12-14 years old)

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*The information provided below is intended to assist Washington State courts in identifying potential harms youth may experience due to involuntary separation from their family of origin through the child welfare court system. This purpose is in alignment with current shelter care statute which acknowledges that removal from a parent is a traumatic event that can cause lasting harm (i.e., “harm of removal”) and requires courts to weigh that against the imminent physical harm of the alleged abuse/neglect.<sup>i</sup>*

*Courts should use this material as general background to inform understanding of the potential developmental impacts of family separation. It is essential, however, that this information be applied only in the context of each youth’s unique circumstances and not as a substitute for fact-specific analysis. This guidance should not be used to assess an individual youth’s developmental functioning, make assumptions about parental capacity or the safety of the youth in a parent’s care, or justify delays in reunification or continued out-of-home placement absent case-specific evidence supporting such decisions.*

## Developmental Milestones<sup>ii</sup>

During early adolescence, youth ages 12–14 experience rapid physical, emotional, and social changes that can make this period feel both exciting and confusing. Peer relationships become even more central, with belonging, acceptance, and social identity playing major roles in day-to-day life. This is also when puberty typically accelerates, often bringing heightened sensitivity, mood fluctuations, and emerging questions about identity. As young people push for greater independence, they benefit from consistent boundaries paired with opportunities to make decisions, explore interests, and develop personal values. The shift into middle school introduces more complex academic demands and social environments, offering meaningful opportunities for growth but also increased exposure to stress, comparison, and social pressures. Supportive adults who provide guidance, structure, and emotional safety help early adolescents navigate these transitions with confidence.



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<sup>i</sup> [RCW 13.34.065\(5\)\(a\)\(ii\)\(B\)\(III\)](#)

<sup>ii</sup> Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping). Developmental milestones are things most children (75% or more) can do by a certain age. [National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention](#)

# Harms of Removal

## Physical Development

Between the ages of 12 and 14, young adolescents undergo some of the most rapid and visible physical changes of their lives as puberty progresses. Growth spurts accelerate, often resulting in significant increases in height and noticeable shifts in body shape. Hormonal changes lead to the development of secondary sex characteristics, such as deeper voices and facial hair in boys and continued breast development and for some girls, the onset of menstruation. Muscle mass increases, coordination improves, and adolescents gain greater physical strength, though uneven growth can sometimes make them feel awkward or self-conscious. Skin changes, including acne, are common as oil glands become more active. This stage marks a dramatic transition toward physical maturity, setting the foundation for the later phases of adolescence. Specific harms of removal to physical development that young teens may experience include, but are not limited to, the following:

**Toxic Stress:** Chronic exposure to stress hormones during any period of development has an impact on brain structures involved in cognition and mental health.<sup>1</sup> When a youth is separated from their parents under chaotic circumstances, a flood of stress hormones enters the body.<sup>2</sup> These hormones are important for navigating stress in the short-term, but in high doses over time, these chemicals increase the risk of lasting, destructive complications like heart disease, diabetes, and even some forms of cancer. This constant state of high stress is called "toxic stress" and can have profound and lasting effects throughout the human lifespan.

It should be noted that youth involved with dependency courts may have already experienced some kind of maltreatment that prompted their entry into the child welfare system. Growing up in a home where there is abuse or neglect can also result in toxic stress. Unfortunately, the court system often recognizes the effects of abuse and neglect while underestimating the serious, cumulative impact of the toxic stress caused by parental loss and continued family separation. Courts have historically been asked to only focus on the maltreatment experienced by the youth, which has made it easy to wrongly assume a youth's distress will be eliminated when they are removed from the home.<sup>3</sup> The dependency system as a whole has the responsibility to support developmentally appropriate, trauma-informed practices that maintain and strengthen the relationships in a youth's life which help buffer against the negative impacts of toxic stress (e.g., consistent, frequent family time, placement stability, kinship placement), regardless of the causes of that stress.

A recent example of the impact of this harm on the development of children in out-of-home care comes from a federal lawsuit that spanned almost a decade against the Department. The Department was found to have wrongfully removed a boy (J.L.) with autism from his immigrant parents' home. The lawsuit prominently stated that all the health care providers who worked with the child, before and after removal, noted the child's developmental skills "substantially regressed" after removal and that the child suffered "substantial emotional dysregulation".<sup>4</sup>

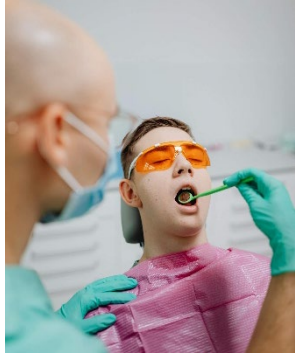
Below are some potential harmful effects of toxic stress on the developing brain and nervous system for court systems to consider:

- The structure of the **developing brain can be weakened by life adversity**, increasing the risk of lifelong physical and behavioral health problems such as obesity, heart disease, COPD, diabetes, depression, anxiety, suicidal thoughts, and behavioral challenges.<sup>5,6</sup> These impacts can be seen more acutely in early childhood but can also be observed during young adolescence.
- Toxic stress can affect the youth's **learning and memory**, which can lead to behaviors perceived as negative and difficulty controlling emotions.<sup>7</sup>
- Toxic stress can result in increased **sensitivity and reactivity** to surroundings. If not addressed, the youth may show more psychological stress, leading to more disruptions in their placements and additional problems.<sup>8</sup>

**Reproductive Health:** Between the ages of 12 and 14, adolescents typically move deeper into puberty, experiencing more noticeable and rapid physical and emotional changes. A youth's experience of puberty can be disrupted by removal from their home by the child welfare system. Youth with histories of maltreatment, especially sexual abuse<sup>9,10,11</sup> and Child Protective Services (CPS) involvement<sup>12</sup> have higher rates of teen pregnancy and parenthood. The upheaval of placement changes can interrupt access to consistent, developmentally appropriate sexual health education, leaving early adolescents confused or unprepared for the changes they are experiencing. The loss of familiar relationships and trusted adults may make young people less comfortable asking questions about puberty, boundaries, and sexual health. When young people do not receive reliable, trauma-informed reproductive health information, they face increased risks such as early or unintended pregnancy, sexually transmitted infections, and reliance on peers or the internet for guidance.<sup>13,14</sup>

Additionally, frequent placement changes or lack of caregiver awareness can result in inadequate access to essential items like menstruation products, further compounding feelings of embarrassment, shame, or neglect. When caregivers are uncomfortable discussing reproductive health with youth placed in their home, youth may face additional barriers, reinforcing feelings of embarrassment, shame, or neglect. When youth going through puberty are removed from their homes, simply providing information is not enough, but rather youth benefit most from supportive, stigma-reducing relationships, access to practical resources<sup>15</sup>, and factual sexual education from trusted supports.

**Medical & Dental Care:** Removal by the child welfare system can disrupt a 12- to 14-year-old's access to consistent medical and dental care. Transitions between foster



placements or temporary care settings may lead to gaps in healthcare due to lost medical records, changes in insurance coverage, or delays in establishing care with new providers. Data from the past 30 years demonstrating the high prevalence of health problems has led the American Academy of Pediatrics (AAP) to classify youth in foster care as a population of children with special healthcare needs.

Lack of access to accurate and timely health information can be a major barrier to adequate healthcare. When youth are removed from their parents' care, this barrier can be compounded if parents are not supported in attending medical appointments or informed about their youth's healthcare needs. Without this support, important medical history may be lost, continuity of care disrupted, and opportunities for early intervention missed—further widening existing health disparities.

Additionally, inconsistent living situations may result in missed appointments, irregular preventive care and vaccinations, and delayed treatment for existing conditions, potentially leading to long-term health issues. **Professionals should also remain aware that some physical health issues may worsen during times of distress for youth.** For example, youth with asthma may experience more frequent flare-ups during times of transition or when there is increased stress and unpredictability.<sup>16</sup>

**Mental Health Diagnoses:** Removal by the child welfare system can significantly increase the likelihood of youth being diagnosed with a mental health condition. In some cases, this may be related to the maltreatment that occurred prior to removal, but it can also be triggered or made worse by multiple placements and the feelings of loss.<sup>17</sup> The trauma of separation, combined with uncertainty about their future, can lead to heightened stress, anxiety, and emotional distress. These experiences can contribute to conditions such as anxiety disorders, depression, post-traumatic stress disorder (PTSD) and drug dependence.<sup>18,19</sup>

Frequent transitions between caregivers, schools, and therapists can result in inconsistent assessments and incomplete medical histories, increasing the risk of misdiagnosis. Misdiagnosis sets youth up for unnecessary treatments that could potentially harm them and/or keep them from the treatment they really need. Without appropriate support and intervention, these early challenges can have long-term impacts on well-being, especially for youth with special needs.

**Substance Use:** While it is a developmental marker for adolescents to experiment with substances, for 12- to 14-year-old in foster care who have experienced the trauma of removal, substance use can become a heightened risk as they struggle to cope with overwhelming emotions and instability. Adolescents in foster care began **using substances at significantly earlier ages than their non-foster-care peers** and have higher odds of engaging in substance use overall.<sup>20</sup> When a young person feels disconnected from caregivers, moves through multiple placements, or lacks consistent emotional support, substances may appear to offer temporary relief from sadness,

anxiety, or anger. In congregate care or unstable environments, exposure to older youth or peers who use substances can further normalize risky behavior.<sup>21</sup> Trauma can also impair judgment and increase impulsivity, making early adolescents more likely to seek escape through alcohol, cannabis, or other substances without understanding the long-term consequences.<sup>22</sup> Early substance use can interfere with brain development, school success, and healthy coping skills, compounding the challenges these youth already face.<sup>23,24</sup>

**Running Away/Missing from Care:** Early adolescence is a time when young people seek autonomy but still rely heavily on consistent emotional support, something that can feel disrupted in foster care, especially in congregate settings. Feelings of fear, grief, shame, or longing for family can lead youth to run in an attempt to regain control or reconnect with what feels familiar. Once away from a placement, young adolescents often **lack the resources, judgment, or survival skills** needed to protect themselves, making them easy targets for individuals who exploit their vulnerability. Youth who run from foster care are at **heightened risk of homelessness, exploitation, and human trafficking** because they may cycle in and out of unstable environments without reliable places to stay.<sup>25,26</sup> Running away can also interrupt school, medical care, and mental health treatment, further compounding the distress they already carry.

**Sexual Exploitation and Trafficking:** The trauma and instability that often follow removal can significantly increase a 12–14-year-old’s vulnerability to sexual exploitation and trafficking.<sup>27</sup> Disrupted attachments, placement instability, and feelings of rejection or low self-worth may make youth more susceptible to grooming by individuals who offer attention, gifts, or a sense of connection that feels missing. Frequent moves or running away from placements can put youth in situations where they are more easily targeted by traffickers who specifically look for young people experiencing instability or emotional distress.<sup>28,29</sup> Gaps in supervision, inconsistent relationships, and limited access to trusted adults who can talk openly about healthy relationships and boundaries further increase risk. When trauma is unaddressed, youth may also struggle to recognize unsafe situations or may tolerate harm which puts them at even further risk of exploitation.

**Maltreatment in Foster Care:** Foster care is intended to provide a safe and caring environment for youth who have been removed from their homes due to abuse or neglect. However, it is important to acknowledge that maltreatment can and does still occur within the foster care system. Such harm is especially damaging because it affects youth who are already vulnerable and in need of protection. One frequently cited study of foster youth in Oregon and Washington State using data from 1988 to 1998—based on self-reports from individuals who had experienced foster care—found that nearly one third recalled experiencing maltreatment by a foster parent or another adult in a foster home.<sup>30</sup> At the same time, each state is required to track and report substantiated cases of maltreatment for youth in foster care. Washington’s official rate of substantiated maltreatment in foster care in 2023 was reported at 0.08%.<sup>31</sup> Abuse in foster care, whether captured in self-report or official data, can have compound, long-term effects, undermining a youth’s behavior, emotional well-being, and ability to form healthy relationships.

## Emotional Development

Between the ages of 12 and 14, early adolescents experience rapid emotional growth as they navigate stronger, more complex feelings shaped by puberty and expanding social worlds. They become more self-aware and introspective<sup>32,33</sup>, often questioning who they are and how they fit in with peers, family, and broader social groups. Emotions may feel more intense or unpredictable, and while many youth are increasingly capable of understanding and naming their feelings, they still rely on supportive adults to help them regulate during moments of stress, conflict, or insecurity. Peer approval and belonging become central, and sensitivity to social dynamics, such as fitting in, being excluded, or navigating friendship conflicts, can greatly influence their mood and confidence. At the same time, early adolescents deepen their capacity for empathy and perspective-taking, developing a more nuanced understanding that others' experiences and emotions may differ from their own. This period lays important groundwork for identity formation as youth explore emerging values, interests, and social roles. Specific harms to emotional development that young adults may experience as a result of removal include, but are not limited to, the following:

**Loss of Perceived Safety:** Youth rely on familiar people, environments, and routines to help them regulate their emotions. Sudden changes in environment and routine can make youth feel unsafe, even if they are actually safe. Young adolescents may rely on their main source of comfort (i.e., their parents) to feel safe, even in situations of abuse and neglect. When youth don't feel safe, their ability to use executive functions of their brains, like learning, self-control, and abstract thinking, can be greatly affected. Professionals should always keep in mind that, for the youth, the maltreating parents are the only parents they have, and that any separation, particularly if long and abrupt, may evoke strong and painful emotional reactions.<sup>34</sup>

If a youth needs to be removed, providing safe opportunities for frequent, meaningful family time visitation in the least-restrictive, most family-like setting possible is a way that court systems can help support the emotional regulation of young teens, along with encouraging and supporting consistent contact with other non-caregiving adults in the youth's life. However, even the highest quality family time possible does NOT completely mitigate the harms of removal.<sup>35,36</sup> The trauma of family separation is still likely to impact the ability of youth to feel safe when visiting parents and the anticipation of another separation (i.e., end of the visit) may cause significant distress.

**Ambiguous Loss:** In the context of child welfare, **ambiguous loss** refers to the unique and unresolved grief youth experience when separated from their families due to removal, out-of-home placement, and/or adoption. Unlike a loss through death, ambiguous loss is characterized by **ambiguity**, which refers to a lack of clarity, closure, or certainty. Youth may be physically separated from parents or siblings but remain emotionally connected, unsure of when or if they will see them again.

Dr. Monique Mitchell's work has illuminated how this type of loss is pervasive in foster care.<sup>37</sup> Dr. Mitchell's work applies the theory of ambiguous loss to the lived experiences of children and youth in foster care, specifically youth ages 8 and older. She outlines the major types of ambiguity that youth removed by child welfare experience (i.e., where they lack clarity):

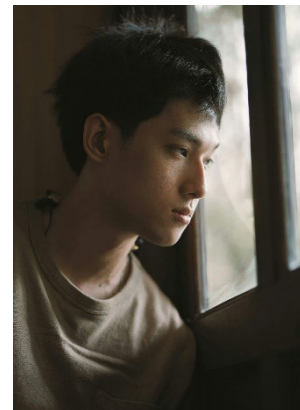
- **Placement reason ambiguity:** reason for being placed in foster care.
- **Structural ambiguity:** meaning of “foster care”.
- **Placement context ambiguity:** context of the foster home.
- **Temporal ambiguity:** duration of the foster care placement.
- **Relationship ambiguity:** people with whom they will be placed.
- **Role ambiguity:** one’s role within familial contexts.

Ambiguity can be especially harmful for youth because it **disrupts their sense of safety, stability, and identity which are foundational elements of healthy development**. When they face ambiguous situations—such as not knowing why they were removed from their home, when they will see a parent again, or whether a placement is permanent—they are left in a constant state of uncertainty. This can lead to **chronic stress, anxiety, and difficulty trusting others**.<sup>38</sup> Ambiguity also complicates how youth form attachments and make meaning of their experiences, especially when they are expected to “move on” without fully understanding or processing what they’ve lost.

The [C.A.R.E. Checklist](#), created by Dr. Mitchell, provides a trauma- and grief-informed tool to help adults recognize and respond to the emotional needs of youth experiencing ambiguous loss.<sup>39</sup> The checklist encourages adults to:

- **Connect** with the youth using relational, compassionate language,
- **Acknowledge** the youth 's losses, even when they are not related to death,
- **Reframe** behaviors as possible expressions of grief, and
- **Empower** the youth by including them in conversations and decisions about their own story.

**Grief & Loss:** Ambiguous loss can result in profound feelings of grief and loss for youth separated from their families. These ongoing, unresolved losses—because they don’t involve death—often go unacknowledged by adults and systems, leaving youth to carry what Dr. Mitchell terms **non-death grief**, which can become “frozen” or compounded over time. At this age, youth understand the concept of loss but may struggle to process its permanence, sometimes believing they can reunite with their family if they behave in a certain way. Feelings of shame, sadness, confusion, anger, guilt, and fear are common, as they may blame themselves for the separation or worry about their family’s well-being. Left unaddressed, this grief can impact identity development, emotional regulation, and a youth’s sense of safety and belonging. Grief can also manifest in behavioral changes such as withdrawal, aggression, difficulty concentrating, or regression (e.g., bedwetting or clinginess).<sup>40</sup>



Non-death grief often does not receive the same degree of acknowledgement as a physical death; however, these experiences of loss and grief are incredibly impactful. When grief is left unattended because of a failure of the system to recognize and respond to the loss, it is referred to as **disenfranchised grief**.<sup>41</sup> As youth mourn not only the loss of family connections but also intangible losses, such as their imagined future or unrealized dreams, they may also experience **non-finite grief**. This type of grief is characterized by ongoing impacts of the loss and is often associated with the transition to and out of foster care, as well as the ongoing challenges of navigating the child welfare system.<sup>42</sup>

Youth may also experience **cumulative grief**, as repeated losses—such as multiple placement changes, disrupted relationships, and ongoing separation from family—compound over time, intensifying their feelings of sadness and instability. Cumulative grief in foster care is a complex and multifaceted experience that often involves multiple losses and trauma. Youth in foster care may experience grief due to the loss of immediate family members, the separation from their biological families, and the challenges of navigating the foster care system. Youth often grieve the loss of personal belongings and “normal” teen items when they experience removal or placement changes. This can result in them having to pack their lives into bags or boxes and can result in their possessions being cataloged at each new home—eroding their sense of privacy and individuality. The cumulative nature of grief can lead to a range of emotional, psychological, and relational challenges.<sup>43</sup>

**Unresolved grief** refers to the experience of loss that has not been fully processed or integrated, often leaving persistent emotional pain, confusion, or difficulty moving forward. Unresolved grief can significantly impact emotional and behavioral development, particularly in youth who have experienced loss without adequate support. Youth who experience multiple placements over extended periods can develop patterns of adjustment that resemble institutionalization, with each move reinforcing a sense of disconnection and loss of autonomy. Research indicates that such unresolved grief is associated with various psychological challenges, including depression, anxiety, and difficulties in forming secure attachments as youth may struggle to trust caregivers and form healthy relationships due to past losses.<sup>44</sup> These emotional and behavioral challenges underscore the importance of addressing unresolved grief in therapeutic settings to promote healthier developmental outcomes.

**Suicidality:** Foster youth experience disproportionately high rates of suicidal ideation and suicide attempts compared to their non-foster peers. Research consistently shows that adolescents in foster care are nearly three times more likely to report suicidal thoughts and four times more likely to attempt suicide than those not in care.<sup>45,46</sup> This heightened vulnerability is linked to early exposure to trauma, including abuse, neglect, and family disruption. Additionally, frequent placement changes and instability in caregiving environments can exacerbate feelings of isolation and hopelessness, further increasing suicide risk.<sup>47</sup> Mental health challenges among foster youth are compounded by systemic barriers such as inconsistent access to behavioral health services, fragmented care coordination, and limited opportunities for building long-term supportive relationships.<sup>48</sup>

## Social Development

Between the ages of 12 and 14, adolescents undergo substantial social development as peer relationships become central to their daily lives and emerging identity. Friendships during this stage tend to be more emotionally intimate, often serving as key sources of support, affirmation, and belonging. Early adolescents become increasingly skilled in understanding complex social cues, navigating conflict, and managing shifting group dynamics, yet they may also experience heightened sensitivity to exclusion, comparison, and social status. Peer influence strengthens, sometimes shaping behavior, interests, and self-perception in powerful ways. As youth explore questions of identity, including values, social roles, and emerging autonomy, they often gravitate toward peer groups that mirror or reinforce their developing sense of self. These social experiences help adolescents refine their abilities to collaborate, empathize, and negotiate relationships, building the foundation for healthy interpersonal connections in later adolescence and adulthood. Specific harms to social development that young teens may experience as a result of removal include, but are not limited to, the following:

**Disruption of Foundational Relationships:** Foundational relationships are the primary, stable, and enduring connections formed early in life—most often with parents, caregivers, or other consistent adults—that provide the base for a youth’s sense of safety, trust, identity, and belonging. These relationships serve as the groundwork upon which later social, emotional, and cognitive development is built. Young teens often seek comfort from their family when they are upset, scared, or anxious. Instability and frequent transitions between caregivers can also disrupt the development of key social skills like sharing, cooperation, and conflict resolution. Foundational relationships are critical for a youth’s future development, health, and well-being.<sup>49</sup>

Sudden, unexpected changes in the caregiving environment can confuse youth’s understanding of social norms, and they may struggle to navigate new social environments. These disruptions can have long-term effects on their ability to form and maintain healthy relationships in the future, potentially leading to behavioral issues or social difficulties as they grow older. The sudden absence of these foundational relationships can significantly impact youth’s social development and learning in the following ways:

- **Parents:** The parent-child relationship plays a crucial role in youth development, shaping socio-emotional growth, identity, sense of self, and opportunities for social interaction.<sup>50</sup>
- **Siblings:** Removal from home due to abuse or neglect not only separates youth from their parents but can also disrupt or end their relationships with their siblings, potentially resulting in long-term, irreparable damage to the sibling relationship. Siblings play an important role in helping youth understand others’ emotions, thoughts, intentions, and beliefs.
- **Secondary Relational Connections:** These are strong emotional bonds that youth form with caregivers beyond their primary relationships. This includes extended family, teachers, school staff, neighbors, pets, medical or dental

providers, and other trusted adults. These secondary connections are vital for nurturing a youth's sense of security and emotional stability in social interactions.

**Peer Relationships:** Peer relationships for youth ages 12–14 become deeply significant as early adolescents seek belonging, affirmation, and stability during a period of rapid emotional and physical change. Friendships grow more intimate and complex, often marked by shared confidences, mutual support, and a desire for acceptance within a peer group. Early adolescents are increasingly exploring identity, values, and social roles, and peers play a major role in shaping how they see themselves. Removal and placement into out-of-home care can profoundly disrupt these important



connections. Frequent placement changes compound this disruption<sup>51,52</sup>, forcing youth to repeatedly rebuild social connections just as friendships are becoming more intimate and emotionally significant. Bureaucratic requirements associated with foster care like adults needing fingerprinting or proof of insurance, can limit “normal” teen interactions with peers. Stigma associated with being in foster care may further limit their social opportunities or cause them to hide parts of their identity, increasing shame and self-consciousness.<sup>53</sup> Removal can

also interrupt participation in sports, clubs, and online or community groups that serve as important sources of belonging and self-expression.

**Peer Pressure & Risk-Taking Behavior:** For youth ages 12–14, separation from their family and familiar surroundings can intensify feelings of loneliness, insecurity, and a deep longing to fit in—emotions that are especially powerful during early adolescence, when peer acceptance becomes central to a young person’s sense of self. This vulnerability can make them more willing to adopt peer behaviors or attitudes, even when those choices conflict with their values or pose risks. Frequent placement changes and uncertainty about the future can disrupt the development of stable identity and decision-making skills, leaving them more susceptible to peers who offer attention or a sense of belonging. Without steady, supportive adults to help them interpret social situations, set boundaries, and understand the difference between healthy and unsafe relationships, early adolescents may struggle to recognize when they are being pressured or manipulated.

**Early Dating Behavior:** At this age, romantic interest, flirting, and early dating behaviors begin to emerge as developmentally typical aspects of social exploration. However, when youth in care express normal curiosity or affection, these behaviors are sometimes misinterpreted as signs of past trauma or sexualized behavior, leading to unfair judgment, restrictive rules, or shame. Such misinterpretations—along with any actual experiences of abuse or exposure to harmful dynamics before removal—can undermine adolescents’ understanding of healthy relationships. For early teens in out-of-home care, consistent, trauma-informed support is essential to help them form and maintain safe, trusting peer connections during this critical stage of development.

**Juvenile Justice Involvement:** Youth in foster care face significantly higher risk of involvement with the juvenile justice system due to the combined effects of trauma, placement instability, disrupted schooling, and system responses that often criminalize

behaviors linked to unmet emotional needs. Studies consistently show that **youth in foster care are overrepresented in juvenile justice settings**. For example, research from a national sample found that youth with a history of foster care were nearly three times more likely to be involved in the juvenile justice system than their peers.<sup>54</sup> This pattern is echoed in more recent research demonstrating that foster youth with multiple placements or histories of running away are at the highest risk of arrest or detention.<sup>55,56</sup> Together, these findings illustrate how the child welfare system's instability, coupled with trauma and lack of consistent adult support, can increase the probability that youth in foster care come into contact with the juvenile justice system.

**Cultural & Community Fragmentation:** Cultural heritage plays a crucial role in binding communities together and shaping a youth's sense of identity and belonging, which are key to their social development. **When youth are taken away from their homes, they often leave behind their cultural roots**, entering new environments with unfamiliar values and traditions. This disruption can harm community unity by limiting youth's chances for meaningful social interactions, involvement, and education within their own cultural community. Being disenfranchised from one's culture during this critical age range can also increase vulnerability to substance use<sup>57</sup>, as youth may turn to coping mechanisms to manage feelings of isolation and loss. Marginalized youth are at higher risk for trafficking and becoming missing or exploited<sup>58</sup>, and the absence of cultural representation in their surroundings can lead to internalized erasure of identity, promoting assimilation into the dominant culture.<sup>59</sup> These layered impacts illustrate how marginalized youth can experience unique harms of family separation.

## Cognitive Development

Between the ages of 12 and 14, adolescents experience rapid cognitive growth as they move more fully into abstract, analytical, and critical thinking. They become increasingly able to consider hypothetical situations, understand gray areas, and reflect on complex concepts such as justice, morality, and identity. Their ability to see multiple perspectives deepens, though they may still struggle to separate emotions from reasoning during moments of stress. Improvements in executive functioning, such as planning, impulse control, organization, and sustained attention, support greater independence, though these skills are still developing and may be inconsistent. Early adolescents also become more metacognitive, evaluating their own thought processes, questioning assumptions, and experimenting with new problem-solving strategies. These cognitive advances help them navigate more demanding academic expectations and the expanding social worlds that define early adolescence. The specific harms of removal to the cognitive development of children in young adolescence may include, but are not limited to, the following:

**Educational Stability:** Youth ages 12–14 are typically enrolled in middle school, a period marked by major academic transitions and increasing expectations for independence. Removal by the child welfare system can disrupt their educational stability due to the disruption and trauma associated with the process, including:

- School Changes:** Despite existing structures and systems, youth in out-of-home care often experience a change in schools— whether it is when they first enter care, when they move from one living arrangement to another, or when they return home.<sup>60,61</sup> This disruption can interfere with learning, relationships with teachers and peers, and familiarity with the environment and curriculum standards. For some youth, school may be the only constant they have in their day-to-day lives. **Research shows that every time a youth changes schools they lose 4 to 6 months of academic progress.**<sup>62</sup> This helps explain why youth in foster care are much more likely to experience academic challenges and fall behind in school.
- Emotional and Behavioral Challenges:** The trauma and disruption of removal can lead to behavioral issues, **making it difficult for the youth to focus, regulate emotions, and engage in learning.**<sup>63</sup> Teachers may misinterpret these behaviors as defiance rather than signs of distress.
- Exclusionary Discipline:** Youth who are removed and placed into foster care are more likely to have experienced adverse childhood experiences (ACEs) as compared to their peers.<sup>64</sup> Higher ACE scores are associated with **greater use of exclusionary discipline by schools, such as expulsion or suspension.**<sup>65</sup> Research has shown that students who are in foster care are disproportionately impacted by exclusionary school discipline policies (e.g., suspension; expulsion).<sup>66,67</sup>
- Inconsistent Access to Special Education Services:** Many youth in foster care have special education needs. In fact, studies have found that students in foster care are 2.5 to 3.5 times more likely to receive special education services.<sup>68,69</sup> If the youth has an **Individualized Education Program (IEP) or other special education needs**, moving between schools can delay or interrupt services, leaving the youth without necessary academic and emotional support. Court systems should remain aware that specialized staff roles exist within individual school districts and the Department that are designed to help mitigate this particular type of harm.
- Disruptions in Peer Relationships and Social Development:** Changing schools and homes can **disrupt friendships and social development**, leading to feelings of isolation, low self-esteem, and difficulty forming new relationships. During adolescence, peer groups play a critical role in identity formation and social learning; much of an adolescent’s growth occurs within these groups. When these connections are severed, it can hinder emotional regulation, social skills, and a sense of belonging, creating long-term implications for healthy development.



**Understanding of “Foster Care”:** Youth ages 12–14 develop a more sophisticated ability to understand the concept of foster care, but their interpretation is still shaped by emotion, identity development, and the upheaval they are experiencing. Many early adolescents recognize that foster care is intended to keep them safe, and they may better grasp the legal or behavioral concerns that led to removal than younger children. However, this understanding does not lessen the emotional impact. They may feel anger, embarrassment, or betrayal, and may struggle with conflicting loyalties toward caregivers, peers, and placement providers. Early adolescents are also in the midst of forming their own identity, and being placed in care can create confusion about who they are and where they belong. They often still hope deeply for reunification, yet may not fully comprehend the complexities of the legal process or the barriers their caregivers face. Clear, honest communication from adults—paired with supportive relationships and opportunities to ask questions—is essential to help them make sense of their situation and reduce feelings of blame or shame.

**Gender Identity:** During early adolescence (ages 12–14), young people deepen their understanding of gender as part of the broader identity development that intensifies during this stage. Many youth find that their gender identity aligns with their assigned sex at birth, while others begin to recognize that their internal sense of gender differs from societal or familial expectations. This period often brings increased awareness of gender roles, stereotypes, and social pressures, making it a particularly sensitive time for gender-diverse youth. Removal and placement into foster care can complicate this process, especially if youth are placed in environments that enforce rigid gender norms or lack affirming adult support. Changing homes or schools can expose them to inconsistent or even hostile messages about gender, heightening confusion, shame, or emotional distress.

**Racial Identity Formation:** During early adolescence (ages 12–14), racial identity development becomes even more complex and personally meaningful as young people begin to think more critically about who they are and how they are perceived by others. At this stage, adolescents are more aware of societal messages about race, the dynamics of inclusion and exclusion, and the ways racial bias and stereotypes can affect their daily lives. When youth are placed with caregivers of a different racial or ethnic background, the disruption can create confusion about their cultural roots, sense of belonging, and how to interpret racial experiences. Early adolescents are highly influenced by the norms, values, and behaviors modeled in their home environment; repeated placement changes or living in homes that do not reflect their racial identity can lead to diminished connection to cultural traditions, language, or community. For youth who spend extended periods in care, this can contribute to internalized racism, identity fragmentation, and long-term challenges in self-esteem and cultural pride.

- **Genetic mirroring** is a newly recognized concept that refers to the experience of seeing one’s own physical and personality traits reflected in those around them, typically their biological family. When youth are placed in foster families of different cultural or ethnic backgrounds, **the lack of genetic mirroring can complicate their understanding and acceptance of their own racial identity.** Youth look to their family members to understand who they are and provide a

sense of continuity and stability. Seeing similar traits and behaviors helps young teens develop a sense of identity and feel a sense of belonging.

- **Hair Care Routines:** When a young teen enters out-of-home care, their hair care routines can be disrupted if caregivers are unfamiliar with the specific needs of their hair type. This can become especially important to youth as they enter



middle school and peer relationships become more important. Proper care of textured or curly hair often involves specialized products and techniques. If these needs are not met, it can lead to physical issues like dryness, breakage, or discomfort. Beyond physical effects, hair care is often tied to cultural identity and self-esteem.<sup>70</sup> **For a youth of color, neglecting or mishandling their hair can impact their sense of belonging and pride in their heritage,** contributing to confusion or insecurity about their self-identity as they grow.

## Language Development

Between the ages of 12 and 14, adolescents experience substantial advancement in language skills as they become more capable of nuanced and sophisticated communication. Their vocabularies expand rapidly, and they use increasingly complex sentences to express abstract ideas, emotions, and opinions. Early adolescents grow more adept at understanding and employing figurative language, including irony, satire, and symbolism, and they can engage in deeper conversations that involve debate, persuasion, and critical thinking. Reading comprehension also becomes more advanced, enabling them to analyze themes, interpret subtext, evaluate arguments, and understand multiple layers of meaning in texts. Their writing becomes more structured and expressive, with stronger organization, clearer voice, and more purposeful use of evidence. During this stage, youth also become more skilled at shifting their communication style based on context, whether speaking with peers, adults, or teachers, reflecting growing social and academic language competence. The specific harms of removal to the language development of young teens may include, but are not limited to, the following:

**Acquisition of Native Language:** When a youth is placed in an out-of-home setting with caregivers who speak a different language, it may limit their opportunities to continue developing proficiency in their native language. Inconsistent interactions and limited opportunities for rich native language experiences, such as reading, storytelling, and everyday conversation, can impede a youth's linguistic growth. When these youth return home to their families of origin, they may not sound the same (i.e., accent, vernacular, discussion norms, etc.), which can lead to social isolation and a lack of belonging in one's own community.

It is important for professionals within the child dependency system to acknowledge the historical context of the impacts that family separation policies have had on inter-generational Native language acquisition. One of the starkest examples of these policies is the U.S. government's purposeful separation of families to forcibly acculturate

Native American children and youth in state- or church-run boarding schools, which ultimately led to the disappearance of many Native American language groups and to radical changes in the groups that survived.

**Asking Questions:** Youth ages 12–14 are also affected by uncertainty surrounding their placement, but their questions about returning home often come with greater emotional complexity and a growing awareness of the circumstances around their removal. Early adolescents are developmentally primed to seek autonomy, identity, and stability, and the disruption of foster care can heighten feelings of fear, anger, guilt, or confusion. They may repeatedly ask when they will reunite with their families or seek more detailed explanations about the case, not only for reassurance but also to make sense of how the situation fits into their emerging identity.

When child dependency courts discourage parents from discussing the open case, it can inadvertently cut off a critical source of comfort: clear, compassionate communication from the adults they trust most. Meanwhile, youth may receive inconsistent or conflicting narratives from caregivers, peers, or professionals, and these messages—accurate or not—can profoundly influence their self-esteem, sense of belonging, and views of their family and community. Rather than limiting access to information, trauma-informed practice emphasizes giving early adolescents simple, honest, consistent, and developmentally appropriate explanations.

*This guide was created through the cross-system work of the [Family Well-Being Community Collaborative's \(FWCC\) Harm of Removal Workgroup](#). The information in this guide should not be interpreted as representing the official views or positions of any individual agency or person involved in the workgroup.*

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