

A MOTHER'S TRAUMA EXPERIENCE IN THE FACE OF CHILD REMOVAL

by

Candace Berry

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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School of Behavioral Sciences

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## Abstract

The crisis of the involuntary removal of a child from their parent can be traumatic for both child and parent. A child's biological mother who is undergoing the process of removal experiences a traumatic event as she feels a range of emotions. Those emotions cause depression, loss, and emotional shock that can dissociate the mother from her goal and priority of reunification with her child. Research has been limited concerning parent's perceptions and experiences of removal with most studies being conducted emphasizing trauma for the child. The purpose of this phenomenological qualitative study is to understand the impact of trauma levels with mothers whose children have been or are currently removed from their care by social services and to explore their needs for sources of support to benefit them during this time. This study will be rooted in psychological trauma theory as developed by Pierre Janet and how trauma affects the mother during the removal process. Data collection will follow the conceptual mapping task process, utilizing interviews with participants, and data analysis will be conducted under that same framework while grouping themes together in context. Multiple contextual factors also come into play hindering a parent from learning parenting responsibilities and regaining custody of the child. Partnerships with social services and child protective services can go a long way to ensure the parent recovers from the trauma of removal and develops a healthier relationship with support systems.

*Keywords: birth mother, removal, trauma, conceptual mapping, social services*

## **Dedication**

This research is dedicated to my family, especially my husband, Micheal Berry, for always believing in my accomplishments and the ability to complete this project. This study is also dedicated to the many mother's out in the world that need a voice. My own mother always inspired me to have my own voice.

My son, Christopher Berry, inspired me to use a quote he chose for his high school graduation which represents this study:

**“Cold silence has a tendency to atrophy any sense of compassion”** (Maynard James Keenan)

## **Acknowledgments**

I would like to acknowledge Christ first and foremost for giving me the strength and perseverance to complete this research. I want to acknowledge my chair, Dr. John King, for always believing that I could finish and giving me an abundance of encouragement with wisdom along the way. I would also like to thank my reader, Dr. Cynthia Doney, for having patience and acceptance. Thank you to my 8 participants for having the courage to speak up and share their stories in order to help others going through the same process.

In the words of my chair “How do you complete a dissertation? Like eating an elephant, one bite at a time!”

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## **List of Abbreviations**

Adverse Childhood Experiences (ACEs)

American Counseling Association (ACA)

American Psychological Association (APA)

Centers for Disease Control (CDC)

Child Protective Services (CPS)

Complex Posttraumatic Stress Disorder (CPTSD)

Conceptual Mapping Task (CMT)

Department of Health and Human Services (DHHS)

Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5)

Family Services Specialist (FSS)

Institutional Review Board (IRB)

Joint Legislative Audit and Review Commission (JLARC)

Local Department of Social Services (LDSS)

Posttraumatic Stress Disorder (PTSD)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Virginia Department of Social Services (VDSS)

## **Chapter One: Introduction**

### **Overview**

Throughout this chapter, I provide an introduction for a qualitative study and background information concerning the importance of hearing participant's voices in policy and practice. The removal process is not a forgiving experience for birth mothers whose social service system removed their children. Problems arise during the removal process traumatically affecting the mother and child. The intent is to give voice to birth mothers by offering them an outlet to share their experiences and feelings they endured during the removal process. The outcomes highlighted the mothers hope to influence systems and communities for change by telling their stories.

### **Background**

#### **History**

Child abuse and neglect continue as an ongoing problem. Historically, society viewed the father as the head of the family unit and children as property. Although children, often expected to carry the burdens of the family because parents and caregivers viewed them as a worker or scapegoated them as property, remained at the bottom of the hierarchy in a family (Crossen-Tower, 1999). These factors contributed to them experiencing abuse, neglect, and/or sexual exploitation. One of the first laws to protect children was the Elizabethan Poor Law, which provided for poor and impoverished families. In 1875, the Prevention of Cruelty to Children began the movement to protect children (Myers, 2008). Over the years, numerous research projects received funding to assist professionals with understanding child abuse and neglect (Crossen-Tower, 1999).

According to the 2015 Child Maltreatment Report by the Children's Bureau of the U.S. Department of Health and Human Services (DHHS) (2017), key findings included the national estimate of children who received a child protective services investigation response or alternative response increased 9 % from 2011 (3,081,000) to 2015 (3,358,000), with the number and rate of victims fluctuating during the past 5 years. Comparing the national estimate of victims from 2011 (658,000) to 2015 (683,000), there was an increase of 3.8 %; three-quarters (75.3%) cases of neglect, 17.2 % physically abused, and 8.4 % sexually abused. Nationally, an estimated 1,670 children died of abuse and neglect at a rate of 2.25 per 100,000 children (Administration on Children and Families, 2017).

### **Social Services and the Removal Process**

Social service departments across all states must abide by federal guidelines set by the DHHS. Each state has its division of child protection and policies, which varies between organizations. The theme of protective services within social services is protecting children. It undergirds the array of services provided to families and children by all social service departments. Child Protective Services (CPS), a division within the Virginia Department of Social Services (VDSS), has the legal authority to investigate and remove a child from a parent/guardian if they determine abuse or neglect occurred (Commonwealth of Virginia, 2019b). According to the Virginia Department of Social Services Local Board Member Handbook (2019), the mission of the VDSS is "People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities" and the vision is "A Commonwealth in which



individuals and families have access to adequate, affordable, high-quality human/social services that enable them to be the best they can” (p. 9).

The Handbook for Parents and Guardians in Child Dependency Cases (2014) used by the state of Virginia and distributed to families engaged in the removal process, defines an abused or neglected child as “a child whose caregiver creates, inflicts, allows or threatens physical or mental injury to the child other than by accident” (p. 2). The definition also includes sexual acts against the child, abandonment, substance abuse around the child, and/or a parent unable to care for a child due to mental health or physical health issues (Commonwealth of Virginia, 2014).

<b>Petition of Emergency Hearing</b>	<b>5 Business Days</b>	30 days	30 days	4 Months	5 Months
<b>Appointment of Attorney/ Preliminary Hearing</b>	Adjudicatory Hearing	Dispositional Hearing	Foster Care Review Hearing	Permanency Planning Hearing	

*Figure 1.1. The Court Process (Commonwealth of Virginia, 2014)*

The process of removal follows a timeline as seen in Figure 1.1, which entails several steps and the court process. The procedures of social services are consistent across all states, but process and policy can vary from state to state. When a complaint of abuse or neglect by a parent/guardian in Virginia is received by social services, a family services specialist (FSS) investigates the complaint and if founded petitions the Virginia Juvenile and Domestic Relations Court for an Emergency Removal Order. This order transfers custody of the child from the parent/guardian to the local Department of Social Services (LDSS). The parent must attend a series of court dates and meet certain requirements social service workers place on them to complete, for example, counseling, parenting

education, substance abuse treatment, and lifestyle improvements (housing, employment, transportation, etc.) (Commonwealth of Virginia, 2012).

During a preliminary hearing the court conducts within five days, determines if the child experienced abuse or neglect. The judge decides whether the child remains in social services custody until they hold the adjudicatory hearing (a final determination of abuse/neglect and if the child remains in DSS custody) in thirty days. The dispositional hearing occurs within sixty days of removal to determine if the child will reside in foster care, with a relative, or return to the parent/guardian. Social service workers along with the court, create a foster care plan, which requires parental compliance. Foster care review hearings continue to periodically review the progress of both the child and parent/guardian. The final or permanency planning hearing at approximately five months after the creation of a foster care plan concludes with a decision regarding whether the child returns home, remains in foster care, or made available for adoption (Commonwealth of Virginia, 2014). Approximately 40% of children return to their parent/guardian at the six-month hearing mark while the rest remain in foster care or relative placement (Bickett et al., 2014). Reunification with the parent is rare before the six-month hearing mark (Bickett et al., 2014).

The Commonwealth of Virginia (2014) identified parental rights as, “the right to an attorney or public defender; to admit or deny allegations; notification of all court hearings; an interpreter if needed; the right to talk to the attorney and/or social services worker at any time” (p. 12). Service providers along with parents/guardians conduct family partnership/assessment planning meetings to prevent foster care placement when children present as at-risk of removal or to reduce time in foster care for children

(Friedman, 2017). Involved parties hold the structured meetings whenever there is a change in the child's placement, or the child's well-being requires changing prior decisions.

### **Situation to Self**

There remains a dearth of information regarding women's issues in academic research, counseling interventions, and public policy, thereby neglecting their voices and stories. Women represent the majority of those who seek counseling (Kopala & Keitel, 2003). Those with children placed in foster care reported feeling particularly overlooked. As a woman in today's society, I feel women need to have a voice, and as a Christian, I believe it is important to share their stories of heartbreak to a world who often looks the other way.

I have worked with children and families for over 20 years in my local community. As a licensed professional counselor, I can attest to how social services affect families and the community, especially with mothers who lack support systems during a removal. I observed and interacted with social service workers and families affected by removal and the court process. I currently serve on the social services board in my local community to assist my area with the social services process and ensure children and families receive all services possible for assistance. During the time I spent teaching parenting skills with mothers who experienced social service workers removing their children, I heard countless stories of their anguish and grief when their children were no longer in their homes.

Many reports and reviews spotlight social service departments as broken systems requiring remediation. There is a need for more empathetic and compassionate responses

to those who experience trauma and other upheavals in life. Christian faith and theology emphasize the theme of helping and serving vulnerable populations. In conducting this study, I intend to contribute to building positive support systems for mothers immersed in seemingly endless child welfare services.

### **Problem Statement**

A recent Joint Legislative Audit and Review Commission (JLARC) conducted a review in Virginia, to determine the status of the foster care system and child welfare services. Several recommendations emerged from the review including requiring caseworkers to visit birth parents at least once every two months if reunification is possible. They also required them to hold structured meetings with birth parents and other services workers to make decisions based on the best care of the child (Improving Virginia's Foster Care System, 2019).

The problem is biological (birth) parents, especially birth mothers, who encounter their child's removal from their care, do not share their experiences of trauma during the process. Reunification discussions rarely include the voice and perspective of the parents (Stephens et al., 2016). Relevant statistics show increases in the removal of children at a younger age, due to parental substance abuse. Eighty-six percent of children go to reside with non-relatives, congregate care, or placements other than relatives. Virginia rated the lowest in the nation for reunifying birth parents with their children following removal from their homes (Improving Virginia's Foster Care System, 2019). Social services workers often exclude birth parents from the critical decision making process of placement for their child and participation in important meetings concerning their care (Improving Virginia's Foster Care System, 2019).

Removals conducted by social services have an emotional impact on families. Researchers documented how biological mothers endure traumatic grief encompassing multiple symptoms. Nixon et al. (2013) reported women described their grief and loss as, “every day it takes a piece of you away” (p. 181). A social worker who implements child protection policies with little regard for the negative consequences mothers experience, contribute to constraining the mother’s emotional well-being. The feelings and experiences of a mother’s trauma lack in-depth exploration (Nixon et al., 2013). Many mental health service providers place a low priority on the mothering role and do not emphasize helping mothers when restoration of custody remains unlikely (Honey et al., 2018). Kenny et al. (2015) reported a loss of child custody as a form of trauma as one mother described, “I felt for a long time like everything beautiful in me had been taken out” (p. 1160).

In conducting this research, I engaged birth mothers and encouraged them to tell their stories and experiences of removal. Their contributions can assist in uncovering their unheard feelings. Participants related their individual trauma and recount the adversities they faced while engaged with social services. I also asked them to share what support they felt they needed while going through the removal process.

### **Purpose Statement**

The purpose of this phenomenological study was to understand birth mothers’ experiences when social services removed their children. Trauma theory, developed by Pierre Janet, guided the research process, as it assisted in analyzing the trauma a birth mother experiences when social service workers remove their child based on allegations of abuse or neglect (Van der Kolk & Van der Hart, 1989). Using interviews to collect data,

the purpose was to (a) provide a safe space for birth mothers to explore their feelings concerning the removal of their child and separated from their child for a period of time, b) share what factors contributed to a delay in reunification with their child, and c) discuss missing supports and assistance, which could help during the reunification process.

### **Significance of the Study**

I aimed to fill the gaps in the research concerning a mother's experience of trauma when involved in the removal process. Participants engaged in the method of conceptual task mapping (CMT) to relate their story, using their words, emphasizing feelings they experienced during the removal process (Impellizzeri et al., 2017). Minimal inclusion of the parent's voice regarding the reunification process and perspectives exists. Parents reported feeling silenced and lacked opportunities to participate and share their concerns. Parents found their rights and benefits can be withheld if they do not have a productive relationship with their caseworker (Stephens et al., 2016).

Researchers documented parental involvement with social services increased their feeling supported, which contributed to reunification occurring at higher, timely rates. The inability of the child welfare system to successfully reunify more families revealed the need for more supportive guidelines for families and caseworkers. Some researchers found a bias against birth parents, which can interfere with families receiving the appropriate services. This results in perpetuating children lingering in the social services system (Talbot, 2007). The most helpful component for parents was for their caseworker to be an emotional source of support. They felt empowered when someone listened to them, normalized their feelings, and motivated them to make changes in their circumstances.

Those who reported their caseworkers listened to them, thought it was a powerful tool, as they felt their side of the story was heard (Fuller et al., 2015).

Bringing mothers' stories to light can inform professionals who do not know or understand the myriad of feelings a mother endures during the removal process. The participants benefited from feeling heard as they took the opportunity to share their perspectives to help other mothers going through the same process in the future. Social service departments can benefit from this study by gaining empathy for mothers and learning what support systems they may need to achieve reunification and successful family lives. Listening to the stories of birth mothers and understanding the implications of their trauma could significantly influence social policy and how social workers can better understand how to work with mothers in their communities.

### **Research Questions**

The exploration of the experiences of mother's affected by child removal guided the following research questions:

**RQ1.** What are the emotions and emotional experiences of mothers who have their children involuntarily removed through child protective services?

This question allows the mother to share her experiences and journey of feelings she experienced through the removal process. Structured qualitative data documents what participants relate concerning their life by reporting meanings and feelings they endured, thereby bringing humanness of research to the study (Hays & Singh, 2012).

**RQ2.** How do mothers describe trauma and its symptoms when their child is removed?

This question allows the mother to go deeper into their descriptions and experiences. Mothering comprises a central and salient identity for women, and during child removal, current trauma and past trauma history must be addressed (Carolan et al., 2010).

**RQ3.** What contributing factors associated with the trauma of removal impact the reunification process that mothers have with their children?

The mothers explore external and internal factors or barriers affecting reunification with their children. This will help them to paint a whole picture of their life and their development. Mothers face the factors of low income, poverty, gender, and ethnicity as well as complex trauma histories (Carolan et al., 2010).

**RQ4.** What support do mothers feel they need in order to increase their resilience and heighten the likelihood of long-term reunification?

This question leads to the exploration of missing elements of the mother's support systems and what they feel could assist them in reuniting with their child. Mothers need strong support systems during the removal and reunification process to decrease the likelihood of a child being removed a second time (Akin et al., 2017).

### **Definitions**

*Adverse Childhood Experiences (ACE)* – Adverse childhood experiences is a term that encompasses a range of events a child experiences, which leads to a trauma and stress response. These responses can persist into adulthood causing negative health outcomes and high-risk behaviors (ACEs Resource Packet: Adverse Childhood Experiences (ACEs) Basics, 2019).



*Adversities*- Psychological, emotional, and health-related stressors individuals experience, which produce negative outcomes in childhood and adult life (Bunting et al., 2017).

*Biological/Birth mother* – A term first made common by Buck in the 1950s and formalized by Spencer, a social worker in 1979. A woman who has given birth to a child, as opposed to an adoptive parent, also known as a biological parent (What do we mean when we say “birth mother”? 2019).

*Bracketing*- In qualitative research, bracketing or epoch occurs when the researcher puts aside their understanding of the phenomenon to apply a fresh perspective to the study (Creswell, 2007).

*Child Protective Services (CPS)* – Identifies, assesses, and provides services to children and families to protect children and preserve families to prevent further maltreatment (Child Protective Services (CPS) - Virginia Department of Social Services, 2017).

*Conceptual map* - A conceptual map is a tool used for illustrating, organizing, and representing concepts and themes. These concepts are typically enclosed in geographical shapes, and the relationships between them shown with lines linking them together (Novak, 1990).

*Family Services Specialist (FSS)*- Refers to local department workers who administer service programs such as child protective services (CPS), foster care, adoption, and adult services/adult protective services. Also referred to as a social worker, social services worker, or caseworker (Commonwealth of Virginia, 2012).

*Joint Legislative Audit and Review Commission (JLARC)* – Conducts program evaluations, analyzes policies, and oversees state agencies on the behalf of the Virginia

General Assembly. The Code of Virginia authorized their duties (Joint Legislative Audit and Review Commission, 2019).

*Local Department of Social Services (LDSS)*- Refers to local offices and services within each community of the state (Commonwealth of Virginia, 2019a).

*Member checking*- A strategy for increasing trustworthiness in a study, in which participants review the data or transcript for accuracy and receive encouragement to make corrections or expand on data (Hays & Singh, 2012).

*Phenomenology*- Seeks to understand the psychological phenomenon of an individual's lived experiences through their awareness (Smith, 2008).

*Reflection*- Linking previous experiences to current experiences to encourage complex learning and insight (Costa & Kallick, 2018).

*Reunification* – Refers to the act or service of returning children who have been placed in out-of-home care to their families of origin (Carnochan et al., 2013).

*Resiliency*- Factors minimizing the intensity of an individual's distress level. The opposite of being vulnerable (Van der Kolk et al., 1996).

*Theme*- Key issues that transcend or stand out among participant data (Creswell, 2007).

*Trauma* – A wound or an event that causes a wound (Schiraldi, 2016).

*Virginia Department of Social Services (VDSS)*- One of the largest Virginia Commonwealth organization that partners with other faith-based and non-profit organizations to promote the well-being of children and families across the state. It is also referred to as the state, state office, or state organization and includes the home office in Richmond, five regional offices, Division of Child Support Enforcement (DCSE) offices, and state licensing offices (Commonwealth of Virginia, 2019b).

## **Summary**

Historians have long struggled with the issue of protecting children. Policymakers established numerous laws and organizations to address the crisis of abused children. Social services, across states and countries, are the leading source for child removal and child protection. Families, especially the birth mother, face long court processes and emotional battles to reunite with their children removed from their care. Studying a birth mother's experience during the removal process can provide opportunities for community systems to hear their voices, which may lead to more positive collaborations between social services and families. As parents and social services learn to work together, reunification and an increase in support systems will rise to the forefront.

## **Chapter two: Literature review**

### **Overview**

In reviewing the literature, I explored how biological mothers affected by the child removal process, lack support from inadequate systems. The theoretical framework of trauma theory provided a lens to view how affected mothers experience multiple overwhelming emotions. These feelings can hinder the mother from moving forward as she faces adversities within herself and the community.

The experience of having a child removed by social services can result in devastation for mothers. Removals cause the mother's distress in the form of sadness, grief, and loss. The removal also causes the loss of the daily parenting role for the mother and leaves a void while the child is out of the home. Depression from grief and loss can hinder one's ability to make healthy decisions, hamper self-care, and create hopelessness (Mayes & Llewellyn, 2012). The lasting effects of trauma encapsulate a mother's life once removal occurs. Mothers often feel unsupported and no one is on their side. They disconnect from emotions and they lose their identity. Sadness increases over time and removal can result in long-lasting effects for mothers (Memarnia et al., 2015).

Researchers found mothers struggle with feeling supported by community systems and services, especially social services during the first few days following a removal (Gladstone et al., 2012). Engaging parents is a challenge following the removal of a child, as parents often resist and become defensive with social service workers. Successfully servicing the parents requires their full participation and for them to view community resources as supportive and positive (Arbeiter & Toros, 2017). However, most mothers see their relationship with social services quite differently as they experience the trauma of

removal and hostility from the social worker (Arbeiter & Toros, 2017). A study conducted in the United States explored 432 perceptions of caseworkers and found 43% held ambivalent feelings toward parents and 32% expressed negative feelings toward parents (Damman, 2014). Social workers used negative undertones to describe parents and some refused to work with parents if they perceived them as uncooperative or non-collaborative (Arbeiter & Toros, 2017).

### **Theoretical Framework**

I used trauma theory as the theoretical framework for this study. Pierre Janet's definition of trauma theory significantly influenced research in this area (Van der Kolk & Van der Hart, 1989). The theorist described different types of trauma individuals experience, which can result in lifelong effects. Researchers found a range of events throughout life, known as adverse childhood experiences (ACEs) as explaining how trauma at an early age can carry over into adulthood and cause dysfunction as well as health issues (Schilling et al., 2007). Overall, women face an increased risk for trauma symptoms such as depression, and researchers reported how women suffered from depression symptoms at higher rates and are at higher risk for posttraumatic stress disorder (PTSD) than men ("Post-traumatic stress disorder: It's not just a man's disease," 2015).

### **Trauma Theory**

Pierre Janet was a leading trauma theorist in the early 1900s and explored the effects of traumatic events on memory, thought processes, and cognitive reactions. In the 1980's, the theorist paired work on dissociation with PTSD, which currently influences trauma work (Van der Kolk et al., 1996). The theory focuses on trauma as a life event triggering emotion when the individual experiences an emotional shock. This phenomenon

prevents ill-prepared individuals from adapting to specific situations that occur in life as they experience a range of emotions surrounding the life event. This leads them to emotional exhaustion as they struggle to adapt and cope unsuccessfully (Heim & Buhler, 2006). Janet found individuals can experience dissociation from feelings or memories related to frightening experiences (trauma), which causes a narrowing of the conscious and memory functioning. Further studies demonstrated patients experiencing trauma had a decrease in coping with new stressors unless they learned how to cope with historical stressors. People become attached to their trauma and have difficulty moving forward with their lives (Van der Kolk & Van der Hart, 1989). After exposure to a traumatic event, people can become preoccupied with the trauma, and intrusive memories become a normal response. Their inability to integrate trauma experiences creates patterns of avoidance and hyperarousal. The persistence of these memories can affect biological and psychological dimensions as they become fixated on the trauma, leading to difficulties maintaining their mental health (Van der Kolk et al., 1996).

### **Definition of Trauma**

The word trauma comes from the Latin word for wound. The body, mind, spirit, and relationships with others become wounded during traumatic reoccurrences (Walsh, 2007). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2017) includes several diagnoses for trauma and defines those classifications as trauma and stress-related disorders. Exposed to a traumatic or stressful event, can lead to a person experiencing these disorders. Psychological distress follows from experiencing the event and can vary depending on the event and the person. Individuals experience certain symptoms such as dissociative symptoms, anhedonia, and dysphoria, along with

externalizing anger and aggression (Dominguez et al., 2004). Trauma and posttraumatic stress experiences includes many symptoms such as nightmares, unwanted thoughts of the traumatic event, and flashbacks (DSM-5, 2017). Some individuals use avoidant behaviors such as staying away from places that trigger traumatic memories or other reminders. Hyperarousal can occur as a trauma symptom, which includes sleep issues, concentration problems, irritability, increased startle response, and hypervigilance (Jeffreys, 2009). Multiple types of trauma can affect one's life in paramount ways, causing physical and psychological symptoms.

### **Types of Trauma**

Researchers categorized trauma as a small “t” trauma or a large “T” Trauma (Barbash, 2017). Large “T” Traumas are those found in the DSM-5. Small “t” traumas can be every day or less pronounced traumas a person may experience. A person's experience with trauma can affect them depending on predisposing factors such as past experiences, beliefs, perceptions, expectations, level of distress tolerance, values, and morals (Barbash, 2017).

Barbash (2017) described small “t” traumas as not life-threatening or body harming but can hurt the ego of a person. These traumas include divorce, infidelity, conflict with relationships, life changes such as planning a wedding, moving, starting a new job, legal and financial issues, along with large projects such as remodeling a home. Overlooking these types of traumas t and rationalizing them as common, can contribute to higher stress levels accumulating over time and causing distress in functioning.

Large “T” Traumas are extraordinary and significant events that leave the person feeling powerless and helpless. Barbash (2017) determined this type of trauma includes

natural disasters, terrorist attacks, assault, combat, and transportation accidents. The person reacts by avoiding places, reminders, and people associated with the trauma (Barbash, 2017). Avoidance can be in the form of shutting down feelings to avoid pain, which makes one numb to all memories and feelings both positive and negative. A “psychic numbing” or “emotional anesthesia” occurs as one tries to escape from painful memories, which results in difficulty laughing, crying, or loving (Schiraldi, 2016). Long term symptoms can hinder daily functioning (Barbash, 2017).

Physical and sexual abuse, classified as large trauma, point to a specific type of trauma. Researchers reported when a child suffers from abuse, neglect, and/or loss, they have a heightened risk of developing depression later in life (Heim et al., 2008). One in four females will experience sexual abuse in their lifetime and sexually abused females present as ten times more likely to develop PTSD than females without histories of abuse (Tossone et al., 2018). Females reporting sexual abuse after age twelve were more likely to develop PTSD and risk severe depression at higher rates than females abused before age twelve (Schoedl et al., 2010). Sexual abuse produces long term emotional and psychological consequences such as anxiety, depression, anger, hostility, poor body image, inappropriate social skills, and difficulty with close relationships. Other issues include difficulty trusting others, codependency, and the need to control others. They commonly suffer from low self-worth, guilt, shame, and compulsions (Franklin, 2011).

Reenactments describe a person who repeatedly experiences their trauma. This can take the form of risk-taking behaviors as the person tries to master their trauma, which is impossible. The survivor constantly stays in the cycle of feeling helpless and overwhelmed as they live in a constant state of trauma (Langberg, 2003). Reenactment of



victimization is common and a major cause of violence in society. Revictimization occurs when individuals continue to experience abuse. There is a conscious connection between childhood victimization and later drug use, prostitution, and suicide attempts. Individuals who suffered violence or abuse as a child reenacting and/or continuing their victimization (Van der Kolk et al., 1996). Women who continue their victimization can also inflict harm on others or their children (Crossen-Tower, 1999). Researchers documented a significant amount of studies demonstrating a link between those who suffered childhood sexual abuse and those who perpetrate sexual abuse later in life (Plummer & Cossins, 2018).

Systems established to assist individuals can induce additional trauma. Those involved in the child welfare system, foster placement, abrupt removal from the home, and multiple placements in short amounts of time exemplify system-induced traumatizing situations (Types of Trauma and Violence, 2016). Researchers found a child suffering from abuse, neglect, and loss at a heightened risk of developing depression later in life (Heim et al., 2008).

Walker (2014) defined complex trauma as enduring victimization, consistent, and ongoing throughout a person's lifespan. Complex Posttraumatic Stress Disorder (CPTSD), a more severe form of posttraumatic stress, manifests in emotional flashbacks, toxic shame, self-abandonment, negative inner criticism, and social anxiety (Walker, 2014). Complex trauma affects the person's ability to trust, self-regulate, self-process, create relationships, and boundaries with meaning, along with the ability to gauge safety for self and others. Women with a history of complex trauma have a higher risk of becoming involved with social services and being charged with neglect of their children (Carolan et al., 2010).

## **Adverse Childhood Experiences (ACEs)**

Adverse childhood experiences (ACEs) are both positive and negative experiences from childhood, that shape future victimization and perpetration into adulthood (Prevention, 2016). Common experiences include physical and sexual abuse, physical and emotional neglect, poverty, parental psychopathology, and conflict between parents (Chartier et al., 2010). Researchers link adverse experiences to risky health behaviors, chronic health conditions, low life potential, and early death. ACEs affect behaviors such as the increased risk for substance use, lost time from work, and poor educational outcomes (Prevention, 2016). The Centers for Disease Control (CDC) Kaiser Permanente Adverse Childhood Experiences (ACEs) Study was the largest inquiry conducted to connect childhood abuse and neglect to later-life health and well-being. The researchers discovered a correlation between the number of ACEs a person experienced in childhood and a higher risk for negative health and well-being outcomes later in life. The risks included depression, financial stress, substance abuse, low work performance, intimate partner violence, adolescent pregnancy, and unintended pregnancies (Prevention, 2016). Recent researchers reported a link between community-based experiences and ACEs, not just personal or family experiences. An individual experiencing poverty, violence in the community, and racism can also contribute to the risk for similar health issues (Adverse Childhood Experiences | Experiences in Childhood Shape Our Lives, 2019).

*Figure 2.1. Adverse Childhood Experiences/ Removed to comply with Copyright*

Ellis, W. (2017). *The Soil in which we're Rooted; the Branches on which we Grow | ACEsConnection*. ACEs Connection. <https://www.acesconnection.com/blog/the-soil-in-which-we-re-rooted-the-branches-on-which-we-grow>

An individual can use the ACEs questionnaire to determine an overall score to reveal whether an individual presents a risk for health and stress issues. There are ten types of traumas measured on the ACE questionnaire, which correspond with ten questions (see Appendix G) Five questions focus on the individual and pertain to physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five questions focus on other family members and pertain to a parent being an alcoholic, a mother being a victim of domestic violence, a family member in jail, a family member with a diagnosed mental illness, the disappearance of a parent through abandonment, death, or divorce. Each trauma question counts as one point. A score of four or more indicates a high risk for health issues and decreased resiliency. Questions pertain to situations prior to an individual's eighteenth birthday (Adverse Childhood Experiences | Experiences in Childhood Shape Our Lives, 2019).

Individual prevalence and risk increase for smoking, severe obesity, physical inactivity, depressed mood, and suicide attempts as the number of childhood exposures increases (Felitti et al., 1998). When considering the long-term health effects of childhood abuse, researchers should consider a broad range of adverse childhood experiences (Felitti et al., 1998). Rutter and Quinton (1997) first acknowledged how accumulating adversities created mental health risks on six dimensions, overcrowded home, a father with a low-level job, a mother with depression or neurosis, marital discord or broken home, child ever "in care" for a week or more, and father committing a proven offense (Turner & Lloyd, 1995). Emotional aftereffects relate to self-perceptions due to the abuse. Individuals often feel worthless and can develop anxiety, phobias, suicidal ideations, hopelessness, anger,

and grief along with many other multiple symptoms depending on experiences with life situations. Physical aftereffects such as migraines, muscle tension, digestion issues, eating disorders, and skin problems can develop. A person's view of God can become distorted or doubted, which can lead to spiritual aftereffects (Langberg, 2003).

*Figure 2.2.* ACEs experiences and health throughout the lifespan/ Removed to comply with Copyright.

*ACEs Resource Packet: Adverse Childhood Experiences (ACEs) Basics.* (2019). The Child & Adolescent Health Measurement Initiative.  
<https://doi.org/10.1016/j.chc.2015.12.001>

Trauma and stress can hinder brain development in a child if they reach excessive levels. Toxic stress response can occur when a child's exposure to severe, frequent, and prolonged trauma, affects learning, development, and long-term health outcomes. Neuroscientists documented how ongoing exposure to trauma disrupts brain development and functioning (*ACEs Resource Packet: Adverse Childhood Experiences (ACEs) Basics*, 2019).

### **Women and Trauma**

Women have different experiences with mental health issues than men. A history of emotional abuse and neglect for women correlate with increased anxiety, depression, posttraumatic stress, and physical symptoms as well as lifetime trauma exposure. Lifetime trauma is also a significant predictor of physical and psychological symptoms for women (Spertus et al., 2003). Childhood emotional abuse and neglect predict emotional and physical distress with lifetime exposure to trauma, which affects adult emotional and somatic functioning (Spertus et al., 2003).

### ***Depression***

The World Health Organization's Global Burden of Disease (GBD) Study estimated major depression is the leading cause of disease-related issues among women today (Kessler, 2003). Major depression was twice as common in women as in men (Young, 1998). The researchers found women in rural Appalachian areas more prone to depression due to domestic violence and poverty. These women, despite having a higher prevalence of depression, did not receive services due to loosely organized health systems, lacking in resources, and inconsistent quality (Snell-Rood et al., 2019). Heim et al. (2008) found girls more prone to sexual abuse and boys to physical abuse. Women developed depression at a higher rate as a result of childhood sexual abuse (Heim et al., 2008). Childhood trauma was a risk factor for developing depression in adulthood, especially when there was a current stressor for the adult. Numerous researchers conducted studies documenting significant associations between childhood adversity and adult depression. Childhood adversities are also linked to factors such as helplessness, low self-esteem, and interpersonal dependency that predicted adult depression (Kessler & Magee, 1994). Grief and loss affected rates of depression in areas of the mind, body, and emotions. Depression resulting from grief and loss can affect one's ability to make healthy decisions, hinder self-care, and create hopelessness (June & Black, 2011).

### ***Dissociation***

The American Psychiatric Association defines dissociation as a function of disruption of consciousness, memory, identity, or perception of the environment. Depression is associated with dissociation, and there was a higher prevalence of dissociative experiences with individuals diagnosed with a depressive disorder (Monlina-

Serrano et al., 2008). Women with past trauma in their lives showed an increase in dissociative experience as it related to care for their young children (Marysko et al., 2010). One of the effects of experiencing a traumatic incident is dissociation from the event and other areas of one's life. Dissociation as defined by the American Psychiatric Association is a "disruption of the usually integrated functions of consciousness, memory, identity or perception of the environment" (Monlina-Serrano et al., 2008). Researchers drew a correlation between trauma as a child and as an adult, which can lead to psychosis and the development of a mental disorder. Posttraumatic stress symptoms and dissociation can be mediating factors as a response to traumatic experiences (Choi, 2017). Women more frequently experienced traumatic experiences associated with dissociation symptoms, and a greater likelihood of developing psychosis from trauma than men (Perona-Garcelán et al., 2010). Women dissociated from a meaning, motive, or intent of a person or situation in which interpreting the real meaning differently became fragmented. The dissociation can become an unconscious reason to not move forward or to stay in a situation such as being frozen in time (Brown, 2012).

Disconnecting from emotions can prevent individuals from changing circumstances in their lives and improving their healthy living conditions (Marysko et al., 2010). Change or motivation to change can be a difficult process for an individual. Motivation may come from people with low levels of self-efficacy, outcome expectations, lower effort, and value beliefs. Behavior changes should begin with an analysis of the underlying reasons for a person not being motivated to change. Conscious consideration can drive behavior based on the pros and cons of an action, decision, or values of engaging in the behavior in relation to the cost of engaging in that behavior. Impulsivity

aligns with behavior processes, which unconsciously occur without thought (Hardcastle et al., 2015).

### **Separation and loss**

Ambiguous losses are psychological and physical losses unlike the traditional loss when someone dies. Often stressful and ongoing, an ambiguous loss places the person facing a loss in confusing situations (Betz & Thorngren, 2006). Nixon et al. (2013) explained ambiguous loss as occurring when someone attaches to a certain person and perceive the attachment as physically present but psychologically absent or vice versa.

Mothers involved in the child protection system have experienced difficult childhoods, which they bring to their own experience of child-rearing. Mothers' experiences include a range of interpersonal issues, such as physical and sexual violation, abandonment by their parents, and socio-economic hardships (Broadhurst & Mason, 2013).

### **Related Literature**

Researchers document a frequent correlation between mothers who have their children removed and those who experience trauma, dissociation, and loss. Broadhurst et al. (2015) emphasized how, "Birth mothers caught in recurrent care proceedings are not of national concern, with both practitioners and policymakers raising questions about why some mothers appear 'stuck' in a cycle of repeat pregnancy and repeat legal intervention. The impact of maternal exposure to recurrent litigation is deeply concerning and, also, recurrent proceedings impact greatly on the lives of siblings who may or may not be placed in substitute care" (p. 86).

### **Trauma Symptoms Related to Removal**

Mothers diagnosed with mental illnesses highly value their relationship with their children. However, they have a higher risk of involvement with child protection services and thereby having a child removed (Honey et al., 2018). Mothers face As they confront systemic interventions from child welfare service providers, they also face complex trauma histories that intersect with the effects of oppression. Trauma affects a mother's ability to understand and interpret relationships, which diminishes their comprehension of how to keep themselves and their children safe (Carolan et al., 2010).

### ***Depression and Removal***

Researchers reported elevated scores for risk of clinical depression when parents become involved with child protection services. However, alleviating this requires parents to establish confidence and trust in the worker (Gladstone et al., 2012). Kessler and Magee (1993) explored eight childhood adversities, which included early death of a mother, early death of a father, serious parental marital problems, parental divorce, family violence, serious family drinking problems, family mental illness, and absence of a close confiding relationship with any adult. Researchers documented an association between seven of eight of these adversities and major depression (Turner & Lloyd, 1995). Children who endured negative parenting practices such as criticisms, verbal humiliation, and a lack of warmth led to a vulnerability for depression. A family experiencing adverse childhood experiences potentially develop poor mental health and depression. Exacerbating symptomology changes a person's attitudes toward themselves and others, which contributes to additional functional problems (Salokangas et al., 2018).



### ***Dissociation and Removal***

Abusive and neglectful parents often suffer from unresolved loss and trauma during their developmental history. These parents demonstrated a heightened susceptibility to dissociation and expressions of frightening and unresolved emotions, which contributes to a lack of sensitivity to the distress of their children (Zilberstein & Messer, 2010). Mothers reported feeling a loss of their identities as mothers. Feeling disconnected or distanced from their children, they reported no longer associating with their role as a mother. The mothers related the removal of their children in traumatic terms because motherhood defined them (Nixon et al., 2013). Mothers tended to separate themselves from the emotional content of the removal process by minimizing the reasons leading to the placement of their children out of their homes. They do not wish to reveal their emotions to others and hide the introspective insights they unveil (Memarnia et al., 2015).

### ***Loss and Removal***

The literature on grief and loss confirms how a mother losing custody of her children, by child protective services, suffers negative consequences (Nixon et al., 2013). The mother experiences physical and symbolic losses including the children's physical presence, the social interaction with the children, and the mother's social status. A mother's identity is a significant loss potentially leading to a grief response. There is no ambiguity in the removal process, unlike a death or divorce. The mother struggles to find a "silver lining" in her circumstances to offset negative feelings and thoughts. These mothers risk developing negative responses to their grief, based upon not receiving

sympathy from society (Nixon et al., 2013). Ambiguous losses potentially create confusion if the person cannot make sense of their situation and if they feel their loved one will not return. Uncertainty regarding the possible outcomes contributes to the mother's internal conflict (Zeman, 2004). Jacobs et al. (2010) considered the mother's experience with loss a form of traumatic grief, which included symptoms of numbness, detachment or absence of emotional responsiveness, difficulty acknowledging disbelief, feeling life is empty or meaningless, difficulty imagining a fulfilling life, feeling part of oneself has died, harmful symptoms or behavior, and a shattered worldview.

Mothers who lost children to public care and adoption felt the loss when considering future reproductive decisions. Broadhurst et al. (2015) documented an association between replacement syndrome, perinatal loss, and child death. Researchers described replacement syndrome as a mother seeking to replace a dead child, by conceiving another child (Anisfeld & Richards, 2000). The concept can apply to mothers who experienced children placed outside of their care, including with another family member (Anisfeld & Richards, 2000). They may consider replacing the infant they lost with another infant through pregnancy, which leads to multiple short interval pregnancies (Anisfeld & Richards, 2000). When birth mothers have pregnancies in succession, they take little time to rehabilitate before proceeding to care for the next pregnancy (Broadhurst et al., 2015). Mothers might return to a domestic violence situation to not be alone and depressed due to feeling distressed with the loss of her child (Nixon et al., 2013). Mayes and Llewellyn (2009) reported parents to experience a painful and prolonged sense of loss along with experiencing blame, shame, and guilt if the removal becomes public. They also

reported parents with intellectual disabilities to receive fewer referrals to counseling support following the removal of a child.

### ***ACEs and Removal***

Researchers consistently report the association between childhood sexual and physical abuse and a range of psychological, physical, and behavioral issues. Potentially persisting into adulthood, the risk for depression, anxiety, substance abuse, personality disorders, and revictimization increases (Spertus et al., 2003). More recent studies revealed similar correlations between emotional abuse and neglect and adverse outcomes (Spertus et al., 2003). Young adults from at-risk communities enter adulthood with serious detrimental concerns based on their histories of previous abuse. Parent separation is the most common prevalent ACE score, with girls reporting sexual assault/abuse in early childhood at higher rates than their male peers (Schilling et al., 2007).

Females reported higher incidents of hardships, such as coping with unfaithful spouses or partners, spouses or partners addicted to drugs or alcohol, physical abuse by a spouse or partner, and sexual assault or abuse victimization (Turner & Lloyd, 1995). Mothers entangled in the child protection system who experienced difficult childhoods, bring to their perceptions of child-rearing into their parental relationships. Mothers' experiences included a range of interpersonal issues, such as physical and sexual violation, abandonment by their parents, and socio-economic oppression (Broadhurst & Mason, 2013).

### **Multiple Adversities Contributing to Removal**

Bunting et al. (2015) discussed multiple challenges faced by troubled families. The researchers placed adversities into eight categories linked to negative psychological,

emotional, and health outcomes experienced in childhood, which affected adults later in life in a continuous cycle. Problems included poverty, debt, financial stressors, child abuse/child protection concerns, family violence/domestic violence, parental illness/disability, parental substance abuse, parental mental health disabilities, family separation/bereavement/imprisonment, along with anti-social behavior. These adversities contribute to child removal and the breakdown of families.

There are multiple obstacles a parent in a rural community who lacks resources confront. These hindrances include inadequate housing, unemployment, substance abuse, access to transportation, mental illness, lack of parenting skills, cultural gaps/differences, domestic violence, unsafe neighborhoods, and lack of food. Parents navigating the social services system attempt to access sparse local resources in small, rural communities as opposed to more urban and populated areas. The national poverty rate increases by 14% in rural populations, which researchers linked to an increase in depression rates (Huddleston-Cases et al., 2008). Hoeft et al. (2018) emphasized how those living in rural areas constantly face a shortage of mental health specialists, along with the benefits of task sharing between service providers. Poverty related trauma for women contributes to concerns such as isolation, victimization, stigmas, discrimination, and a lack of basic needs such as housing and food (Broussard et al., 2012). Women experiencing poverty and trauma lack access to resources such as childcare, health and mental health care, child welfare benefits, and public assistance. A lack of assistance leads to women feeling less empowered (East & Roll, 2015). Additional support for mothers increases her understanding of the requirements of mothering and bonding with her child (Featherstone,

1999). Parents who feel more understood reduce feelings of stress and their children's risk for abuse (Turney, 2012).

Mental health issues may be a dominant factor in considering whether to remove a child from their home. Bunting et al. (2017) studied co-occurring adversities such as parental separation, domestic abuse, substance abuse, and mental health issues across multiple generations. Parental sensitivity is a central theme in attachment theory and research. This sensitivity refers to a parent's ability to react to their child in the areas of caregiving, responding to developmental needs, and assuring their child's safety. Researchers found parents with contextual risk factors such as intellectual disabilities, poverty, less social support, and past childhood trauma could lead to inadequate caregiving (Lindberg et al., 2017).

### **Lack of Support from Social Services**

The Virginia General Assembly found the Virginia Department of Social Services rated low when compared to other states and commonwealths (The Republican Standard, 2019). A 2017 Joint Legislative Audit and Review Commission conducted a study of the foster care system in Virginia and reported over 5,300 children living in placements outside of their home. The reviewers documented social service agencies across the state were not following basic safety protocol or carrying out policies intended to protect children. Social service workers were not monitoring cases, visiting families, or ensuring children received their required health screenings. Children removed from the birth mother lacked prioritization for placement with relatives due to social service workers not taking the time to find alternative familiar placements. Furthermore, the reviewers found local social service departments were not involving birth parents in critical decision points

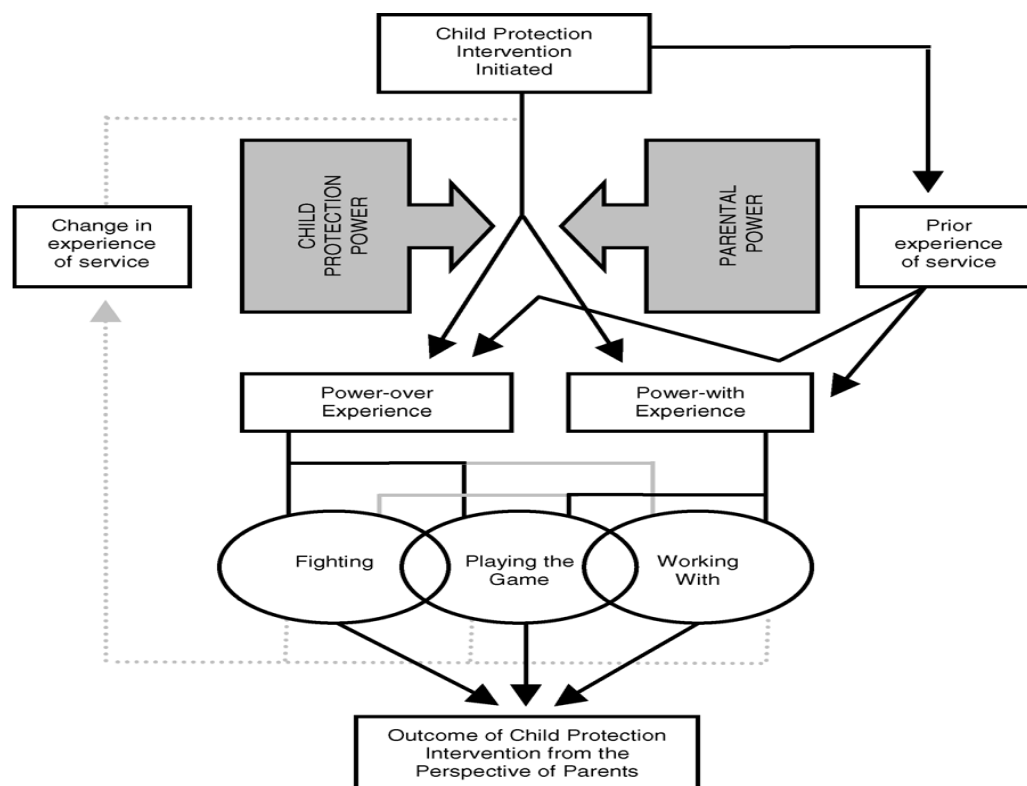
concerning their children's placement possibilities or reunification. They concluded children in Virginia were less likely to be reunified with their birth parents than children in other states (Improving Virginia's Foster Care System, 2019).

Mothers attempting to regain custody face limited services to assist them during the court process. Social workers lacking empathy restrain themselves from collaborating with parents, including potentially limiting the access a parent has with their child while in out-of-home placements. (Smithson & Gibson, 2017). The damaging effects of removing a child from their mother, if not addressed, decreases the likelihood of returning the child to their mother. Understanding little about the court process, parents request referrals to outside resources such as counseling and case management (Fuller et al., 2015). However, counseling is not always included in available services to support them during the removal process (Mayes & Llewellyn, 2009). Counseling techniques such as motivational interviewing can encourage collaboration social workers and when used by social workers can inspire change with parents (Forrester et al., 2012). Parents reported child protective services as unsupportive. They discussed unfair treatment, including not receiving appropriate information, and revealed how some social workers fabricated, distorted, and exaggerated concerns regarding their children. Parents related how workers could be ineffective, uninterested, unsupportive, unreliable, and not readily available (Dale, 2004). Caseworkers perceived reunification between child and parent as time-consuming, requiring them to offer a broader array of services, as opposed to other permanency options, which they find easier. Not mandating performance-based assessments for service workers underscores why parents feel service workers do not focus on outcomes for children and families because of the lack of accountability (Chuang et al., 2011). Parents

often feel frustrated due to asking for help from social services prior to the removal occurring but describe the assistance they received as inadequate or not forthcoming (Dale, 2004).

Researchers reported birth mothers caught in a cycle of short interval pregnancies leaves little time to enact change or show evidence of progress (Broadhurst et al., 2015). Labrenz and Fonged (2016) highlighted a clear divide between service agencies and lower economic residents as multiple individuals and families reported tension between child protective services as a dynamic of “parents against the state” experience (p. 93). Forms of parental resistance exist in parents involved with social services, particularly when child removal occurs. Social factors such as discrimination, oppression, and disadvantages contribute to parent resistance and cooperation with services. Parents use defense mechanisms and struggle with emotions such as shame and ambivalence, which contribute to resistance. (Forrester et al., 2012).

Dumbrill (2006) related how parents experience a power shift when working with social service providers. They expressed feeling powerless. Parents experienced workers using two types of power, power over them, and power with them. They shared feeling social workers who used power over them, employed negative tactics such as instilling fear. Parents perceived workers using power with them helped, as they felt empowered to make changes. They responded to interventions in three ways, fighting and opposing workers, playing the game by faking cooperation, and genuinely working with services. The following figure illustrates the experiences and outcomes parents face when working with social services:



*Figure 2.3.* Parental experience of child protection intervention

The top of the figure shows interventions initiated by social workers, which leads to the type of power the parent experiences as power over experience or power with experience. Parents then respond in one of three ways, which leads to an outcome. A parent fighting with child protection service workers usually leads to the parent not winning against social services. Worker power is a key central variable on parental outcomes (2006, p. 34-35).

Smithson and Gibson (2015) conducted interviews with 19 parents sharing their experiences with social workers, documenting how the parents felt about the providers and how workers responded to their situations. The overriding theme for parents were feelings of inflexibility, uncaring, and systemically harmful to them and their children. They also felt treated as “less than human” and without rights.



Social service workers often lack incentives to explore case management and alternative options for child placement such as kinship care but emphasized instituting permanent placements (Chuang et al., 2011). Parents described workers as arrogant, snotty, bossy, not caring about the outcomes, and uncooperative to client inquiries (Dale, 2004). The Virginia General Assembly recognized the need for changes in governing the provision of foster care and social services in the commonwealth. Legislators passed a foster care omnibus bill in the 2019 session, which addressed several issues within the social services system. One such issue was requiring full exploration of relatives of the child for placement, known as kinship care, before opting for a foster care home. The bill tasked social service workers with finding a family-based placement, conducting home visits, and ensuring the provision of services for the child whether placed in their home, with a family relative, or foster care parents (Virginia's Legislative Information System, 2019).

Retention of health care workers and highly trained staff can be an issue in low-income communities (Smitz et al., 2016). High turnover rates with social service workers can have a negative effect on families' and children's well-being (Mor Barak et al., 2001). Limited resources reflect the lack of appropriate funding to hire staff and qualified service providers. The difficulty lies in the difficulty to find individuals meeting degree requirements and willing to work for lower state wages (Webb & Carpenter, 2012). Overloaded caseworkers struggle due to investigation results and responding to a report of suspected abuse (Chuang et al., 2011).

Limited post-reunification services and support systems for families restrain access to resources. Reunification fails one-third of the time and children in the United States

return to their family of origin in only half of the out-of-home placements (Stephens et al., 2016). There is a year-long safe window for the reunification of a child with birth parents. Reunification becomes increasingly unlikely if it does not occur in the first year. Poverty, lack of social supports, stigma, discrimination, and acute psychological distress hinder reunification and make change difficult for birth parents (Talbot, 2007).

In the past three decades, child welfare systems adopted a more family-centered approach. The result was the recognition of the support families need because of the critical part they play in the child's life. The aim was to keep children in the home and prevent removal from the family (Ayala-Nunes et al., 2014). Placing an emphasis on preserving the relationship of the child with the biological mother, elevated the social service worker's ability to achieve permanency. Researchers discovered fostering the relationship between the child and mother as therapeutically challenging because of the anger the mother expresses about removing her child from her care. When the mother assists with the transition of the child to an alternative placement, her involvement lessens the trauma the mother and child experience (Mennen & O'Keefe, 2005). Future researchers could benefit from a more longitudinal study to show whether positive parental contributions improve outcomes for the family. This type of study combined with measures of child well-being would demonstrate the efficacy of engaging parents during the removal process (Gladstone et al., 2012).

### **Developing Resilience and Instilling Hope**

Resiliency is the ability to recover quickly and employ the essence of toughness. There is a gap between the idea of resiliency and the action of bouncing back from a traumatic experience. Individuals must grow beyond their traumatic steps through

intentional actions such as knowing goals and how to reach them. Post-traumatic growth can aid in resiliency as one develops deeper feelings such as empathy and closeness, toward other human beings (Robichaux & Stalneker, 2017). Boyraz and Efstathiou (2011) defined posttraumatic growth as a positive change one experiences as a result of struggling with a major crisis or traumatic event. The growth occurs as the person develops a sense of new opportunities and possibilities once thought unattainable. The person develops new or deeper relationships with others, which increases a sense of their own strength and resilience. They attach a profound appreciation for life by creating an enhanced spiritual life (What is PTG? 2014). Attention to a families' belief system, assists individuals in making meaning of their traumatic loss experience (Walsh, 2007). Working with organizational patterns and communication processes develops resilience during traumatic loss (Walsh, 2007).

Individuals who experienced adversities and score high on the ACE questionnaire demonstrate the ability to use resiliency to overcome trauma. Not considered a destiny ACES can assist people in healing from adversities through different types of recovery such as writing, meditation, therapy, yoga, neurofeedback, and community healing activities (Nakazawa, 2016). Becoming trauma-informed represents a method of helping people develop resiliency. "Becoming trauma-informed is a process that involves striving towards a new way of understanding people and providing services and supports. This process involves a gradual integration of trauma concepts and trauma-sensitive responses into daily practice." (*Adverse Childhood Experiences / Experiences in Childhood Shape Our Lives*, 2019).

Coping describes cognitions, behaviors, and actions individuals apply to internal and external demands associated with stressors. Wells and Davies (1994) identified five coping strategies, which included distraction by redirecting one's thoughts, reappraisal and assessing the meaning of thoughts, social control by revealing thoughts to another person, worry caused by dwelling on negative thoughts, and self-punishment by feeling angry for oneself for thinking of the negative event (Wilson & Scarpa, 2012). Mothers experiencing removal cope with the loss through maladaptive strategies such as drinking (Memarnia et al., 2015).

Proven useful, person-centered approaches increase emotional, psychological understanding, self-development, and well-being. The approach provides the parent acknowledgment of their value and recognition of their individuality, which creates a relationship between worker and parent. This relationship affects whether children remain in the home with the parent or foster the reunification process if removal becomes unavoidable (Turney, 2012). Haglund et al. (2007) related six psychosocial factors, which protect against and aid in recovery from trauma. These six factors include active coping skills, physical exercise, maintaining a positive outlook, living from a moral compass, gaining social support, and cognitive flexibility. Motivated individuals increase their resiliency skills by applying the six psychosocial factors

Parents felt the most positive when their social service worker supported them emotionally, listened, normalized, and empowered them to make decisions. Parents articulated how emotional support was the most helpful source of support they received from their social service worker and listening was the most helpful action. Normalizing helped parents to believe in the possibility of their situation resulting in beneficial

outcomes. When parents felt empowered, they embraced making changes in their behavior (Fuller et al., 2015).

Parental engagement in services is key for a positive conclusion as the openness of family members increased their participation in other services and assistance workers offered (Arbeiter & Toros, 2017). Researchers found parental involvement in the decision-making process and cooperation with plans for children, greatly influences favorable outcomes for children and families (Broadhurst et al., 2011). Understanding how parents and families perceive the child welfare system can improve service delivery and increase our knowledge of how best to engage parents in the assessment process for a child's well-being (Arbeiter & Toros, 2017). Parental engagement entails involvement, collaboration, participation, and compliance. Parent engagement also involves the frequency and duration of participation, agreement with treatment plans, and completing requirements (Xu et al., 2017). There are three types of predictors of client participation by parents in family services which include 1) case characteristics, which are the types of issues parents face, 2) worker characteristics, which represent the attitudes toward parents, and 3) program characteristics, such as workload and organization. These predictors related to outcomes for parents and children when working with child welfare services (Gladstone et al., 2012).

Programs focused on reunification and making the parent part of the decision-making process resulting in the most positive outcomes for families. Interventions can be a part of trauma-informed care. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) six principles guide trauma-informed care:

- Creating a culture of physical and psychological safety for staff and the people they serve
- Building and maintaining trustworthiness and transparency among staff, clients, and others involved with the organization
- Utilizing peer support to promote healing and recovery
- Leveling the power differences between staff and clients to foster collaboration and mutuality
- Cultivating a culture of empowerment, voice, and choice recognizing individual strengths, resilience, and ability to heal from past trauma
- Recognizing and responding to the cultural, historical, and gender roots of trauma

(ACEs Resource Packet: Adverse Childhood Experiences (ACEs) Basics, 2019)

Timely reunification requires client engagement and full participation with child welfare workers (Carnochan et al., 2013). Workers hold the power to affect the reunification process. Those who become allies with the family provide information and resources, which help parents feel confident by offering hope for a positive outcome (Stephens et al., 2016). Across the country, child welfare departments implemented programs such as Strengthening Families. The programs provide interventions for parents to increase the likelihood of reunification (Akin et al., 2017). Social service providers employ family meetings as a method of involving parents in the decision-making process, which establishes reunification requirements. The Commonwealth of Virginia uses family partnership meetings to engage everyone involved with a child in decisions made for

them. The meetings include family members and other support systems to focus on the safety and placement of the child. Participants meet to devise plans for children at-risk of removal, following a child's removal, when there is a need to change placement arrangements, or when goals change for children in foster care (*Child Protective Services (CPS) - Virginia Department of Social Services, 2017*). A designated parent representative can assist the parent in navigating the social service system. Workers agree they help foster and encourage parental engagement (Lalayants, 2012).

Differing from the usual child protection services, developing, and deploying wraparound services produced the most positive results for families. Wraparound services use resources and engage community services to support and assist parents in maintaining their child in the least restrictive environment. Improvements achieved in the areas of psychological distress, family resources, and child impairment, family group decision-making is family-centered, and strengths-based (Browne et al., 2016). A study by Lambert et al. (2017) supported the use of family group decision making, and team meetings as they reduced the odds of removal by over fifty percent.

Hope is essential for recovery as it fuels energies and invests in rebuilding lives, attachments, and dreams (Walsh, 2007). Institutions instilling hope to effectively treat individuals in the community. A sense of community and trust emerged as foundational aspects of settings promoting hope. Individuals identify with hopefulness, personal commitment, and supportive environments, which improve an individual's perspective on personal, environmental, and temporal perceptions (Jason et al., 2016). Organizations that focus on positive states and emotions, along with self-efficacy, create relationships with the potential to influence behaviors and outcomes (Youssef & Luthans, 2007).

### **Gaps in Current Research**

Researchers conducted studies emphasizing trauma and attachment issues regarding children whose social service workers removed from their mothers. However, there remains a dearth of literature investigating the plight of mothers in the legal system facing termination of parental rights. There is a need for additional research in the area of compulsory removal and intervention programs addressing the traumatic experience (Carolan et al., 2010). Minimal exploration targets a mother's history of adversities and trauma concerning the removal of their child (Memarnia et al., 2015). Reunification researchers admit the existence of sparse evidence regarding internal processes motivating and maintaining behavior change in individuals (Carnochan et al., 2013).

Researchers examined the experiences of children traumatized during the removal from a parent, but minimal studies examine the emotional and mental responses a mother experiences when child removal becomes necessary and what available services can assist and support her (Gladstone et al., 2012). Multiple researchers acknowledged how removal is a common occurrence but lacks investigation of the experiences of mothers living with mental illness after removal occurs (Honey et al., 2018). Other gaps in the literature include the experiences of women who lose custody of their children and parents' personal experiences with child protection systems (Dolman et al., 2013). Parents may feel embarrassed and exposed to negative perceptions of them. Smithson and Gibson (2017) recorded how they feel they are not awarded the same human rights as parents not involved with social services.

### **Research Questions**



RQ1. What are the emotions and emotional experiences of mothers that have their children involuntarily removed?

RQ2. How do mothers describe trauma and the effects of dissociation when their child is removed, hindering reunification?

RQ3. How does the trauma of removal impact other contextual factors mothers encounter which prevents reunification with their children?

RQ4. What support do mothers feel they need, in order to make changes and increase the likelihood of reunification?

### **Summary**

Throughout this literature review, I present the research supporting the overwhelming emotions mothers face during and after the removal of their child from their care. The theoretical framework I use is trauma theory, made prominent by Pierre Janet. Trauma theory assists with understanding the emotional turmoil a mother experiences throughout the removal process. Different types of trauma come to the forefront to solidify how individuals experience trauma in multiple forms. Researchers reported how adverse childhood experiences (ACE) have a negative influence on adults later in life and contribute to poor health outcomes. The negative effect on women becomes a major adversity for those facing bureaucratic social service systems. Their higher susceptibility to abuse, depression, and other trauma symptoms, mothers experience depression, dissociation, and loss based on not having their children in the home. Many other contributing factors contribute to removal and hinder a mother's reunification with their child in a timely manner, if at all. Social service systems present a major obstacle as state reviews show a broken system with workers facing case overload

and burnout, contributing to lowering their empathy for those they serve. \Parents and mothers in particular, who engage with workers increase their ability to help them resolve their family difficulties. Healing from the trauma of removal helps parents to develop resilience and to hold onto hope for a positive outcome. Social service workers who empower parents to change by including them in decisions made for the well-being of their child, listen to the parent and connect the parent with resources. Programs and other resources demonstrate the ability to assist in creating positive outcomes for parents. Gaps in research point to several areas requiring further investigation. The focus of this study concerns mother going through the process of involuntary removal of their children, their perspectives, and the traumatic effects they describe through the removal process and other contextual factors. Researchers found mothers need more support systems within the community to feel valued as a mother and as a human being. There is a need to explore how or whether to make systemic adaptations to assure every parent's voice is heard and valued as an important part of their child's life.

## **Chapter three: Methods**

### **Overview**

The purpose of this transcendental phenomenological qualitative study is to understand the short-term effect of trauma on mothers of low socioeconomic status who experienced their child removed from their care by social services and to explore their

needs for sources of support to benefit them during this time. Researchers investigated the feelings experienced by mothers, who have their children removed by child protective services and how the removal causes trauma issues for the mother in the first five days of the removal (Nixon et al., 2013). The trauma potentially results in depression and loss (Nixon et al., 2013).

### **Design**

The design of this study involved qualitative research, phenomenological in construct, and transcendental in nature. Qualitative approaches allow for participants to tell their story and capture the essence of their emotional trauma. This type of study encourages participants to relate to a “lived experience”. Manen (1990) defined a lived experience as involving immediate, pre-reflective consciousness of life or a self-given awareness. The purpose of a phenomenological design is to allow a participant’s reality to be treated as pure phenomena and absolute data (Creswell, 2007). The aim of phenomenological studies is for the researcher to describe the data in which ordinary individuals live their everyday lives. Phenomenological studies entail studying the social and psychological perspectives of those involved (Groenewald, 2004). Phenomenology transforms lived experiences into a textual expression, which reflects a meaningful occurrence. This meaning has hermeneutic significance as gathered experiences give memory through interpretive acts (Manen, 1990).

Qualitative researchers use various designs. In conducting this study, I incorporate the transcendental type of qualitative study. Lonergan (2003) described four transcendental cognitive processes on a heuristic structure of human consciousness for an individual. The first level is empirical, which details the experience or recognition of data.

The next level is intellectual, which represents a person's understanding. The third level is rational, which explores how a person verifies their understanding as truth or as false and reaches a judgment. The last level is turning decisions into actions making choices based on understanding and realizing value in the world (Perry, 2013).

Moustakas' (1990) approach to transcendental or psychological phenomenology focused less on the researchers' interpretation and more on the descriptions of the participants' experiences, which involves several major steps. These steps include:

1. Deciding if the phenomenological approach best examines the problem under consideration.
2. Choosing a phenomenon area of interest to study.
3. Specifying the philosophical assumptions of phenomenology .
4. Collecting data from the participants who experienced the phenomenon.
5. Focusing participants on their experiences and what contexts of situations affected their experiences of the phenomenon.
6. Building a description of the experiences based on the confluence of significant statements and themes.
7. Writing a composite of the description capturing the "essence" of the phenomenon (Creswell, 2007).

The point of this research borrows from other's experiences and expresses how they reflect on those experiences to gain a better understanding of the deeper significance of the human experience. The purpose is for mothers to share their lived experiences for society to gain an understanding and awareness of their memories and the meaning of the

human trauma experience. I use the conceptual mapping task as a means for textual reflection of the participant's emotions.

### **Conceptual Mapping Task**

I employ the conceptual mapping task (CMT) as a technique for gathering information from participants and mapping their storytelling for maximum collection of phenomena and member verification. This method provides an interview structure and framework allowing participants to map their experiences and narratives as well as grouping themes together (Impellizzeri et al., 2017).

Novak (1972) developed the CMT process as a quantitative tool used with students for education research. Phases of CMT have been adapted Over the years, Martin et al. (1989) adapted phases of CMT to enhance participant storytelling by creating the conceptual map-making CMT more conducive to qualitative research. Further adaptation allowed for rapport building, which Leitch-Alford (2006) created. Mapping increased in usage because it strengthened the learning process due to pictures and diagrams promoting understanding as opposed to words alone (Davies, 2011). Mapping facilitates illustrating complex topics easily (Davies, 2011). The CMT process helps participants to narrate through the creation of an individualistic map, which assists the researcher in honoring each unique, diverse life experience of the participant, thereby allowing the phenomenological nature of the study to remain true. CMT incorporates internal member-checking framed by infusing a single interview format with data verification along with ethical guidelines throughout the research (Impellizzeri et al., 2017).

The adapted process of CMT involves a four-phase process with interviews completed in one session, ranging in time from 60 to 90 minutes. The first phase allows

for rapport building and information gathering with the participant (Impellizzeri et al., 2017). Rapport building is key to qualitative research. The participant should feel at ease interacting with the researcher as this cultivates an open expression about their experiences with full disclosure of sensitive material. The quality of the data depends on the safety and comfort level of the participant (Minichiello & Kottler, 2010). The second phase creates space for participant storytelling in which they share their life experiences. This phase supports the participant in freely delivering their story without hindrance as the researcher records their experiences. The third phase entails creating the conceptual map based on notes taken from phase two. The researcher encourages the participant to construct their map, visually representing their life experiences. Phase four concretizes the participant's reflection of their conceptual map. The participant reflects on their map while the researcher explores other areas related to their story or map with them (Impellizzeri et al., 2017).

### **Research Questions**

RQ1. What are the emotions and emotional experiences of mothers that have their children involuntarily removed?

RQ2. How do mothers describe trauma and the effects of dissociation when their child is removed, hindering reunification?

RQ3. How does the trauma of removal impact other contextual factors mothers encounter which prevents reunification with their children?

RQ4. What support do mothers feel they need, in order to make changes and increase the likelihood of reunification?

**Setting**

This setting focused on the rural Virginia-West Virginia Appalachian region. Participants accessed a private counseling office for confidentiality purposes and as a neutral location in the community. I choose this setting due to the environment being a counseling office and set up for client practice with participant comfort, safety, and trust-building as a key element for the research process. I had unlimited access to the office for participant schedule flexibility. The office is set up for participant confidentiality and abides by all HIPPA regulations as well as a three-lock barrier system to protect records. The space is handicapped accessible, including clearly marked exit routes. The setting contains a private entrance, main lobby, and two separate rooms used as private counseling rooms. The separate rooms protected participant confidentiality from other counselors and clients.

***Participants***

Eight individuals volunteered to participate in the study. The selection was based on removals conducted in the past or current year with mothers of low socioeconomic status who had school-age children (infant through age 18) removed by social services. Specific criteria included mothers willing to share their experiences through questionnaires and interviews. Participants were female, age 18-40 (age of adulthood through child-bearing years), and ethnicity varied, but individuals were from Appalachian local regions. I limited interview times to 90 minutes with no more than one session needed to complete the interview process.

I selected participants from social services parenting referrals sent to a specific counseling center for parenting classes. Local social services require attending parenting

classes as part of a process to restore custody to the parent. The counseling center notified potential participants of the study and who they need to contact if they desired to participate. I provided informed consent documents and other related literature necessary for confidentiality and participant identity protection. I made each participant aware they would not gain benefits from local social agencies as a result of participating in this study.

### ***Procedures***

I conducted the study using methods consistently associated with a phenomenological qualitative study. The qualitative study is a means to find the truth and contributes to the truth (Groenewald, 2014). I obtained Institutional Review Board (IRB) approval before moving forward with the recruitment of and data collection from participants. (see Appendix J). Employing the conceptual mapping task (CMT) was a way to gather data from participants and support their find meaning in their stories. I allotted enough time for the participants to group experiences using concept mapping. The structure of concept mapping generates associative elements and the relationships between elements (Davies, 2011). The process also served as a means of member-checking verification (Impellizzeri et al., 2017). I explored how mothers experienced trauma during the removal and the days after the removal. Throughout the process, I checked-in with participants including following up after the meeting.

Participants engaged in single in-depth interviews. According to Creswell (2007), in-depth interviews are the preferred method for data collection during phenomenological research. Participant interviews employed the four-phase CMT process. I conducted the data collection and analysis methods in several distinct parts, the screening process, the CMT, and reflecting on the CMT.



### ***Screening Procedure***

The screening process for those who participated in parenting classes included a telephone discussion, which included collecting pre-screening material, receipt of a letter explaining the study, determining the eligibility of the participant, and assuring their willingness to join. I used the participant screening instrument and initial phone screening report (see Appendix A) to determine eligibility. The phone interview included demographic questions, screening questions, and advising of potential feelings that could arise during the research process. We discussed resources and referrals during the phone interview to ensure the participant that I would assist if they experience negative emotional feelings during the research process. An email was sent to selected participants before the interview, alternatively, I mailed the information to participants if they did not have an email address (see Appendix B). I forwarded a letter to participants by mail or email reminding them of their meeting time, place, and day before their interview (see Appendix C). To assure they had an opportunity to read over materials, I forwarded informed consent and audio recording consent after the screening process telephone call (see Appendix D). We reviewed the consent forms and obtained participant signatures at the time of the interview.

### ***Interview Procedure***

I attached the full interview protocol in Appendix E. Data collection followed in phases two through four conducted through participant storytelling, creating the conceptual map, and reflecting on the conceptual map. I employed several recording procedures to ensure the accuracy of the data. and used audio recordings of the interviews to review during the data analysis process. Employing the use of Post-it notes® assisted in

recording specific details recounted by the participant. I then placed those notes on a Post It Super Sticky Wall Easel Pad®, 20 x 23 inches, by the participant at their discretion, for them to review and correct or add information as needed.

### ***Conceptual Mapping Task Procedure***

Participants arranged their notes on the easel pad and studied their notes for themes and matching concepts they determined as important to them. I asked participants to group the notes and draw geometric shapes and lines around groups that related to each other, as well as label clusters according to their experiences and feelings. Participants used a marker to draw and write their reflections on the easel pad responding to a series of reflection questions, which I recorded with their permission. I preserved the conceptual map by securing notes in place and taking pictures to review later in the analysis.

### **Researcher's Role**

Phenomenological research requires the researcher to avoid making suppositions, view specific topics in a fresh and naïve manner, effectively construct a question or problem, which guides the study, and decipher findings to guide future research and reflection. Relationships exist between external and internal perceptions along with memories and judgments (Moustakas, 1994). Moustakas focused on the concept of epoch or bracketing, this concept sets the experiences of the researcher aside and challenges them to take a fresh perspective of the phenomenon being studied (Creswell, 2007).

Hays and Singh (2012) defined researcher reflexivity as the “active self-reflection of an investigator on the research process” (p.137). Roger's theory of humanistic psychology espoused foundations of reflexivity using authenticity, unconditional positive regard, and empathy. These characteristics represent core conditions in researcher

reflexivity (Hays and Singh, 2012). Minichiello and Kottler (2010) explained five characteristics for qualitative researchers, inductive thinking, flexibility, inquisitive nature, reflective listening, and insightful analysis.

The researcher's role in a phenomenological study is to be an instrument for participants to share their stories and perspective. They focus on the best possible way to gather data concerning the phenomena and discover what emerges as the focus. They highlight the experience of the participants in a manner that places meaning-making as a way to understand the significance of the phenomena (Conklin, 2007). As human beings, the researcher's professional and personal self will intertwine with the research relationship. Researchers affect participants and likewise, participants affect researchers (Hayes & Singh, 2010). Researchers can prevent bias and influence through coherence and transparency. Coherence and transparency involve multiple key points, clarity, and power of your argument, fit between theory and method, transparent methods and data presentation, and reflexivity (Smith, 2008).

I employed each phase of the study with participants. Key phases of data collections included information gathering, participant storytelling, conceptual mapping, and reflection. To address research bias brought to the study I used the aforementioned techniques.

### **Data Collection**

Qualitative research demands rigorous data collection techniques, interviewing is the most employed method. I choose a four-phase CMT process for data collection due to this method following phenomenological research characteristics and the internal member-

checking mechanisms within a single-interview format. Prior researchers noted the method proved trustworthy, credible, and transferable.

### ***Phase One-Rapport Building and Information Gathering***

The first phase focused on building trust with the participant, reviewing necessary releases and signed documents, and gathering basic demographic information. I administered the ACEs questionnaire to collect demographic information and allow time for the participant to ask questions about the study and process. The informed consent process and gathering demographic information was conducted as follows:

1. I shared the informed consent (Appendix D) document with the participant and obtained consent for audio recording.
2. Next, I gathered demographic information (Appendix F) and directed the participant to fill out the ACE questionnaire (Appendix G) to document additional demographic information. I recorded demographic information on the participant demographic information sheet (Appendix F) utilizing the following questions:
  - Name, address, contact information, county of residence
  - Children's current ages, participants current age
  - Ages of children at removal, age of the participant at removal
  - Date of removal and organization that facilitated the removal
  - Have children been removed before and if so when?

Once the necessary paperwork was completed and the participant indicated full understanding without questions, the CMT process moved into phase two, which is for the participant to tell their experience.

### *Phase Two-Participant Storytelling*

I asked each participant to reflect on their experience and tell their story. As the participant recalled their experiences, I recorded key feelings and reactions using the participant's words. Using small rectangular (1-7/8" x 2-7/8") Post-it notes®, I recorded their words using one concept per note. When the participant completed their story, I provided the participant with the Post-it notes® to review for accuracy, this also allowed the participant time for reflection. I allocated enough time for participants to make corrections, additions, or further elaborate on parts of their story.

I guided the participant through the storytelling process using the following prompts:

1. I described the interview process for the participant and the time for the interview was approximately 60 to 90 minutes from start to finish for each interview.
2. I encouraged the participant to tell their story in their own words as the researcher recorded their responses on Post It Notes® and notified them of their ability to check the Post It Notes® for accuracy and/or changes.
3. I asked the participant to share their story of child removal by giving the following directive, "Let's take 15-20 minutes, and in that time, I would like you to share your story of how your child(ren) were removed from your home and your emotional reaction to the removal" and "How did you feel in the weeks following the removal."

4. I then asked the participant the following question when the participant completed answering the previous question, “What trauma symptoms do you feel you experienced as a result of the removal?”
5. I then asked the participant to review the writings on the Post It Notes® and check them for accuracy. The participant was allowed to change, delete, or add information to their story.

### ***Phase Three-Creating the Conceptual Map***

I directed the participant to arrange and manipulate the notes on the easel pad, placed flat on a table for easy working access, based on certain criteria. I addressed the participants in the following manner:

1. I encouraged them to arrange the Post It Notes® on the easel board as they wanted and how the notes represent their experiences and feelings from the removal process. I informed the participants there is not a right way or a wrong way to arrange the Post It Notes®, but they were free to arrange them according to their experience.
2. The participant received directions to move the notes around and group the notes according to their experience until they felt they developed a clear picture of their story. The participants were asked to engage with the map in the following manner using a colored marker or a variety of colored markers.
  - Draw shapes around concepts or themes using circles, triangles, or squares of their choosing and at their discretion to create clusters.
  - Label the clusters according to concepts or themes of their choosing.

### *Phase Four-Reflecting on the Conceptual Map*

The participant received instructions to study their map and relate what stood out to them as they reflected. I asked the following questions for additional exploration:

1. I engaged participants to reflect on their map with the following question and allowed the participant to state their reflections, “What stands out to you or strikes you as you study your map.”
2. I asked several support questions as follow up for experiences during the removal process the participant experienced. The participant described barriers that prevented reunification with their children after removal. I also asked what support systems from services or family the participant needed during the removal process they felt they did not get and what support would have helped them during the removal process.
3. The final question of the participant focused them on where they are now in their story.
4. After checking in with the participant to inquire if they wanted to add anything or if they felt compelled to say anything else about their story.
5. I concluded the interview with the following statement:

“Thank you very much for sharing your experience with me. Your commitment of time for this project is very important, and I am very grateful. As mentioned previously, this interview has been audio recorded, and I want to remind you I will describe the audio recording and your conceptual map in a way to will protect your anonymity. If there ever comes a time when you have concerns about confidentiality regarding the conceptual map and your audio recording, please feel free to contact me and we can discuss your concerns

and take further steps to ensure your anonymity. Thank you again for participating and sharing your experiences.”

I preserved the design of each map by using clear tape to secure the Post-It Notes® in place. Once I secured the notes, I took a picture and printed it for further reflection and study. I sent a letter to participants as a follow up to address any concerns, ask further questions, or refer them to care they may need or have (see Appendix H).

### **Interviews**

Interviews typically contain 5-10 questions and last approximately one hour in length. The advantage of an interview allows the participant to describe what is meaningful for them in their own words and allows the interviewer to probe for more details thus uncovering interesting and unexpected themes from the participant (Hays & Singh, 2012). This interview process used standardized open-ended, semi-structured interview questions. The questions used during the interview with participants were as follows:

I would like you to share your story of how your child/children were removed from your home and your emotional reaction to the removal.

1. What trauma experiences do you feel you experienced as a result of the removal? How did you feel in the weeks after removal?
2. How much time passed before you saw your children after removal and what were your feelings in the first several weeks after removal?
3. Would you like to add, change, delete, or correct any information at this point in the interview?



4. I would like for you to create a conceptual map using the tools of connecting themes or concepts by arranging the notes and drawing geometric shapes around the notes. You may also draw lines connecting notes.
5. As you study your map, what strikes you or stands out to you about the map?
6. What do you feel are some barriers that are preventing or prevented reunification with your child?
7. When you study your map, describe the support you feel you need or needed to reunite sooner with your child?
8. Where are you at in your story now?
9. Is there anything else that you feel compelled to say from this whole experience?

Questions one through four involved the participant storytelling phase of the interview. This step is critical to qualitative research as it captures the participant's experiences. The strengths of the participant as a storyteller can be exploring uncharted or underdeveloped areas of interest, taking into account various perceptions and realities, and describing human experiences in a way that is more meaningful and vivid (Minichiello & Kottler, 2010).

Concept mapping is an approach to communication, which allows exploration of knowledge and self-expression beyond the restrictions of textual language (Wilson, Mandich, & Magalhaes, 2016). Questions five and six ask the participant to reflect on the

map they created. Reflection involved a multi-sensory experience for the participant, which assisted in the expression of complex topics (Wilson et al., 2016).

Questions seven and eight addressed the participant's involvement with community systems and how those systems affected their life with their child. Documenting women's accounts of the trials they face daily and the meanings they place on their hardships and oppressions can assist practitioners understanding of client perceptions and their role in helping (Broussard et al., 2012).

A variety of contextual factors combined to predict patterns of parental contact with social services. Families are often overwhelmed with stressors such as mental health issues and poverty as they navigate a fragmented system of care (Browne et al., 2016). The last two questions provide the participant with an opportunity to add to their story and are designed to close the interview in a manner they can feel heard and underscores the importance of their story.

### **Data Analysis**

Data collection and analysis need to occur concurrently and the researcher must take into consideration the context of the interviews as an ongoing analysis influencing the research (Hays & Singh, 2012). I used Moustakas' (1994) four-phase approach for data analysis, epoch, phenomenological reduction, imaginative variation, and the synthesis of texture and structure to allow the themes of the research to emerge naturally out of the collected data.

When I completed each interview, I then transcribed and analyzed it for individual themes and subthemes. While removing all identifying markers of the participants, each received a pseudonym to ensure anonymity. I highlighted similar themes in different

colors on the spreadsheet, as well as those that stood out, showing connections across participants. Using an excel spreadsheet, I recorded themes from the transcriptions and the maps for data recording purposes. I wrote the findings in a summary format for each participant with textual descriptions, structural descriptions, and descriptions of the conceptual mapping task. I included a representation of the figures of each map in the appendixes along with a transcript of the participant's interview. I elaborate on general themes, common across participants in the findings section. A picture of each participant's map can be found in Appendix K.

### **Trustworthiness**

Qualitative research encompasses credibility, dependability, transferability, and confirmability as part of the criteria of trustworthiness. Researchers use techniques such as member checking to establishing trustworthiness (Hays & Singh, 2012). The CMT process includes an internal member checking process, as participants verify their statements as well as construct their map as part of telling their experience (Impellizzeri et al., 2017).

### ***Credibility***

Hays and Singh (2012) referred to credibility as the "believability" of a study. Checking the conclusions validates they make sense in a qualitative study (p. 200). The researcher following qualitative design focuses on research paradigms and traditions throughout their investigation.

This study offers credibility due to conceptual mapping being a proven research process and used in multiple studies. Fields of nursing and health care use concept mapping, rooted in education, to justify the credibility of their studies (Wilson et al., 2016). The CMT includes credibility as the believability of participant's stories rests on

their perception of experiences unique to them. Participants utilize a fact-checking method as they review, change, and add to their verbalizations (Impellizzeri et al., 2017).

### ***Dependability and Confirmability***

Dependability and confirmability add to the trustworthiness of a qualitative study. Dependability refers to the consistency of results over time and across researchers with similar studies. Confirmability points to the degree of genuineness in the reflections of the participants and preventing interference from the researcher. Data must be reported as accurately as possible (Hays & Singh, 2012). This study engages in being dependable across similar studies as researchers show the process of removal causes emotional distress in mothers on many levels. The CMT captures participant's direct words and statements allowing for the participant to verify their reflections, confirming genuineness.

### ***Transferability***

The goal for qualitative research with regards to transferability is for the researcher to provide enough detailed descriptions to generalized to a population (Hays & Singh, 2012). This study resonates with mothers who experienced losing their children through removal. The process could be replicated across different groups.

## **Ethical Considerations**

Ethical considerations followed the American Psychological Association (APA) and the American Counseling Association (ACA). These organizations advise researchers to conduct studies in a manner that does not cause emotional, physical, or social harm to participants. I followed six metaphysical principles of autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity. Protections for participants included approval

from the IRB, informed consent, and protection of the participant's confidentiality. Participants received information pertaining to procedures and confidentiality before data collection began. I maintained participant records in a locked filing cabinet and on an encrypted media device, which I held exclusive access to the information.

Participating in the study could produce traumatic responses for participants as they share memories and emotions. I provided contact information to supportive resources to participants if they needed or wanted counseling due to distressing memories. They received contact information for the local Rockbridge Area Health Center and Rockbridge Area Community Services.

### **Summary**

In conducting this study, I used a transcendental phenomenological qualitative methodology, as it focuses on the human experience and follows a core method common to a qualitative study. The interview process of incorporating the CMT offers the participant the freedom to relate their expressions with verifications built into the method. Themes gathered during the interview and analyzed after the data collection process provided a complete picture of the participant's true experience. This study lends itself to trustworthiness as I employed a method with proven trustworthiness over multiple research studies.

## Chapter Four: Findings

### Overview

In conducting this qualitative phenomenological study, I explored the experiences and trauma symptoms biological mothers endured during the removal of their children by social services. Interviews consisted of eight participants and each interview lasted approximately 60 – 90 minutes. The ACE questionnaire highlighted the struggles participants faced during their developmental maturation. I employed the CMT with the participants, which resulted in common themes emerging as they created their maps and reflected on their experiences. In using textural and structural descriptions to incorporate each participant's story, I focused on the themes of trauma during removal while addressing each research question that formed the basis for the study. The textural description focuses on the narrative that explains the participants' perception of their experience (Creswell, 1998; Moustakas, 1994). This section contains verbatim excerpts from the participant relating their story and feelings in their own words. The structural description clarifies what the participant is relating within the context of emotional, social, and cultural connections (Creswell, 1998; Moustakas, 1994). The first section of this chapter focuses on each participant's profile, textural, and structural descriptions, along with each participant's conceptual map. The second section of the chapter focuses on theme development and research questions. I framed the study using the following research questions:

RQ1. What are the emotions and emotional experiences of mothers that have their children involuntarily removed?

RQ2. How do mothers describe trauma and the effects of dissociation when their child is removed, hindering reunification?

RQ3. How does the trauma of removal impact other contextual factors mothers encounter which prevents reunification with their children?

RQ4. What support do mothers feel they need, in order to make changes and increase the likelihood of reunification?

### **Participant's Profile**

The age of participants ranged from 21-34, and each participant identified as Caucasian and of Appalachian descent, living in a rural community. All participants experienced the involuntary removal process by social services or are currently going through the process and their children do not live with them. Two of the participants had their children removed to foster care and custody of their children placed with social services. The remaining six had or have their children placed with family members. All participants completed a parenting class required by social services to regain custody of their children, as well as complying with other stipulations. Each mother created conceptual maps along a timeline of events and feelings. I included computer-generated maps at the end of each profile. Figures are a representation of the participant's conceptual maps. Sections and themes labeled by the participants are in bold and each bullet point represents a Post-It-Note® the participant added. I present participant's data in the order I collected and analyzed each profile using their conceptual map and transcribed interview. The highest ACE score was ten, the lowest score was two and the average score was seven.

Table 1

*Participant Demographics*

Participant	Age	# of Children	Length of time children away from home (appr.)	ACEs Score
Mary	28	2	2 years	6
Erica	30	4	2 weeks	7
Bonnie	27	3	1 year	7
Carrie	33	3	1 year	7
Jennifer	23	3	1 week	7
Faith	21	3	2 weeks	10
Teresa	34	3	8 months	2
Penny	31	2	1 ½ years	6

***Mary***

Mary is a 28-year-old mother of two children, ages five and two. Social service workers removed her children from her care when she was 25 and her children were ages 2 and 6 months. The removal occurred three years ago. She did not contact her children for one month after the removal. She had her children removed once. Her ACEs score was a six, with struggles in the areas of physical abuse as a child, domestic violence and verbal aggression toward her, not feeling loved, looked out for, or close to a family member. She lived with parents who abused substances, were divorced, and with a family member diagnoses with a mental illness. She did not have custody of her children as they are currently in the custody of a family member.

Mary arrived at the interview in the morning fatigued and lethargic due to working a late shift the night before. She engaged more after the initial conversation and



explanation of informed consent. She was guarded and reserved when talking about her experiences and cried throughout the interview as she described her challenges. Mary continued to be emotional as she left the interview and I provided her with a list of community resources to assist her in coping with her situation.

**Textural Description.** Mary's interview started with her describing the events surrounding the removal of her children, including her feelings in the weeks after the removal. She continues to experience them in the present. Three main concepts emerged as Mary told her story, a) the timing of events during removal, b) emotions resulting from the removal, and c) the continued trauma experiences.

**Timing of Events.** Mary was not at home when social service workers suddenly removed her children due to a report by a family member of marijuana in the home. The police found some marijuana with her children present. They called a family member to take the children and Mary received a 45-day emergency protective order enforcing no contact with her children. Police and child protective services (CPS) did not contact Mary with questions or information when the removal occurred. Subsequently, Mary left her home and moved in with a different family member.

**Feelings During Removal.** Mary related she felt hurt by a family member calling the police and she experienced a range of feelings resulting from the removal. She recalled how hard it was to not have her children with her and her inability to see or talk to them for 45 days. She described the removal as fraudulent and expressed feeling angry, upset, and irate:

“They (police) came into my house and never even talked to me, I did not have a choice, it was pretty hard, it was embarrassing. I only talked to a few people about it and then I didn’t want to talk about it anymore.”

**Leftover Trauma.** Three years later, Mary still does not have custody of her children as they continue to reside with a family member. She has supervised visitations at the discretion of the custodial family member and reported seeing her children on average 1-2 times per week for several hours each visit. She shared her thoughts:

“Nobody wanted to talk to me or listen to me, I went to rehab twice, they (CPS) take your children from you, and then what do you have left, substances were all I had left. I don’t have my kids, I don’t have my family, I am left with the symptoms.”

Mary described herself as having “tantrums” after the removal and labeled as “acting crazy.” She felt defensive with everyone around her and depressed, which resulted in crying most days and not wanting to work or engage with life. Mary became further addicted to substances and they were all she had. She expressed not having anything else to turn to except for substances and addiction. When asked about the barriers preventing her from being reunified with her children, she responded initially the protective order stood in the way but feels this is no longer an obstacle. She felt no one wanted to talk or listen to her, even though she called CPS multiple times and went to the CPS office to talk to the staff. She related needing more support during that time and replied:

“I needed someone to say, I can do it. If they (CPS) and the staff saw a problem with my behavior they should have come to me and say something, help solve problems.”

Mary did not feel she received support from systems or family during the removal of the following years. When asked where she felt she was in her story now and she replied:

“All the other stuff does not matter; all the little details don’t matter. I’m just picking up because it ain’t getting no better and ain’t going anywhere. So, what am I gonna do the rest of my life? I have to pick up and move on.”

**Structural Description.** Mary went through the process of having her children removed from her home with a lack of communication from police and social services despite her attempts to communicate with them. She felt hurt, irate, embarrassed, confused, angry, and as if she did not have choices. She had to leave her home and had nowhere to go after the removal. Mary sank further into depression and addiction to cope with the void of not having her children. She put forth the need for more support from systems and family during and after the removal to help her with the residual trauma effects of what was left of her life. The only things she feels she has left from her experience are depression, addiction, defensiveness, and her children left out of her life for three years.

**Conceptual Mapping Task.** Mary constructed her map in the frame of a timeline and labeled sections of her map with themes and concepts according to her experience. Mary developed her map into four main sections that she labeled: 1) bad timing, 2) CPS negligence, 3) overreacting, 4) feelings and 5) all that’s left.

Mary divided her map into two rows with “bad timing” and “CPS negligence” on the top row. The section she labeled “bad timing” contained her feelings regarding the fraudulent nature of the removal. The next row labeled “CPS negligence” illustrates her internalization of not having choices because of the lack of communication with social services who left her with what she described as “nowhere to go”. The bottom row contained the sections of “over-reacting”, “feelings”, and “all that’s left”. The “overreacting” section demonstrated she felt social services set limits on her contact with her children by executing the protective order. She discussed feeling CPS over-reacted to the situation of the marijuana in her home and included the note stating social services would not talk to her. The “feelings” section expressed her feelings of upset, irate, hurt, hard, embarrassing, pissed, and PTSD. The “feelings” section leads up to the “all that’s left section” with the letters PTSD written on a note as the gateway to the next section.

The last section Mary labeled “all that’s left” was a powerful statement about how Mary felt about her life. She drew a circle around this section, which looks like a sun with marks extending out from the circle as she placed more emphasis on what she experiences now. This section contained the traumatic effects of three years without her children which are: addiction, depression, defensive, acting crazy, and do not talk anymore (about the removal and her life without her children). Mary was emotional and cried while she created her map. She feels the only thing she has left is her trauma, but she also has a desire to continue fighting her demons to have her children with her.

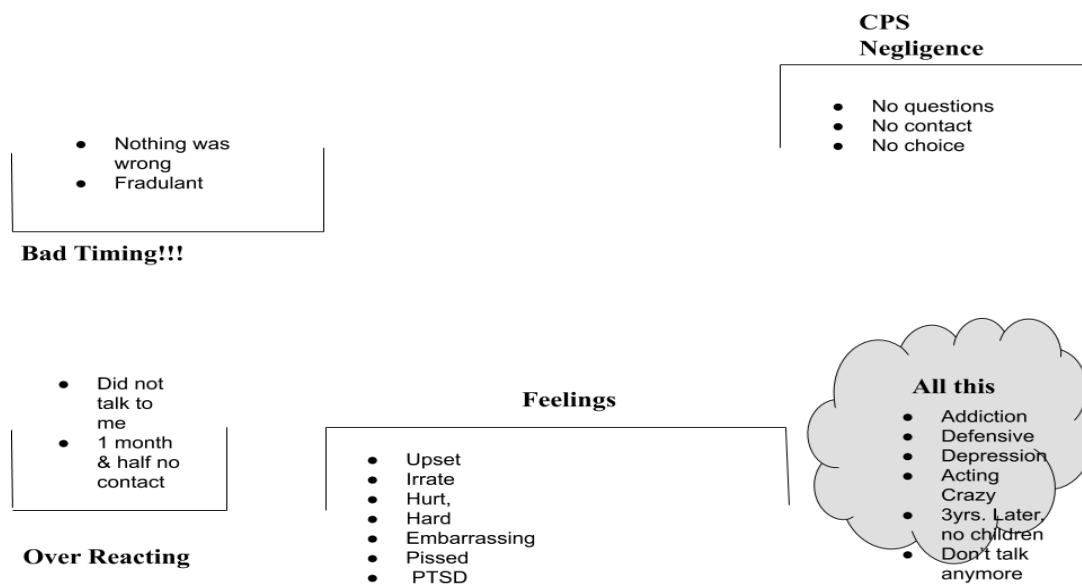


Figure 4.1. Conceptual map created by Mary.

### *Erica*

Erica is a 30-year-old mother, whose children CPS placed with several different family members a little over a year ago. Erica has four children and two are back in her care full time. She did not have contact with her children for one week after the removal. Child protective services removed her children once but she regained custody in less than a year. Two of her children reside with her full time and she has visits with two of her children every other weekend. Her ACEs score was a 10, showing her life struggles in the areas of verbal and physical abuse, not feeling loved, living with drugs or alcohol, separated/divorced parents, living with mental illness, and an incarcerated family member incarcerated along with a recent death of a loved one.

Erica arrived at the interview in the afternoon after her workday. She was eager to share her story and was engaged throughout the interview. She left the interview feeling accomplished and requested to receive her map when the study was complete in order to

remember her story and what she has overcome. Erica felt confident with her story after the interview and hoped her experience could help other parents.

**Textural Description.** Erica presented her interview as a timeline of events as she talked about the removal of her children, the period after removal, how she completed CPS requirements, and currently adjusting to life with her children as well as lingering feelings. Erica presented three main areas that stood out: a) reality of removal, b) the recovery process, and c) the adjustment.

**Reality of Removal.** Erica experienced removal approximately 1.5 years ago when she left some marijuana in her seven-year-old son's coat pocket and the drug was discovered in the pocket at school. The school contacted her and CPS at which time, CPS went to her home. Erica avoided contact with CPS due to taking marijuana and other substances. She acknowledged her addiction to methamphetamine and knew the situation was bad. A month later she went to CPS and talked to the social services worker after she received a drug charge. CPS required her to take a drug screen and advised her that if she failed they would remove her children. Erica failed her drug screen and CPS quickly placed her children with family members. During this time, Erica was in a state of disbelief and felt numb regarding her circumstances.

“I was scared and I was still thinking in the back of my mind, what if it did not happen and that it hasn't happened yet (removal) and I could probably stay calm, I haven't gotten that feeling yet that it was real. I was scared because as it (removal) happened so quick I hadn't had time to get sad, it was like oh my God this is real....I cried, it was awful.”

Erica had to pack her children's clothes and drive her children to other family member homes to leave them. At this time, her situation began to finally seem real to her and she started to panic, feeling scared. Erica struggled after that with being alone in her home without her children.

“It was awful after they were gone. Their father was going to jail, so I was all alone. It went from six people in the house to just me. I couldn't stay in the house and wanted to get high so bad because all my friends I hung out with did. I couldn't sleep because I'm used to having kids running around and screaming and crying so I stayed with friends, to get my mind off something. I was depressed and knew I couldn't stay home.”

**Recovery Process.** Erica started substance abuse classes and parenting classes as part of her requirements from CPS and the court system to regain custody of her children. She continued to struggle with her addiction but was determined to have her children back in the home with her. She reported feeling down in the dumps with nothing to do and wrestled with a purpose to stay off substances. Erica attended three substance classes per week, one Narcotics Anonymous meeting, and one parenting class per week while continuing to work full time. During this time, she could only visit with her children when she was supervised by the custodial family member. She visited with two of her children daily and two of her children every other weekend.

“On days off of work, I would be down. I hated being alone. I was so used to being with my kids, so I would think about what I could be doing now like I always thought about it. I didn't have anything to keep myself clean, it's for the future but

it makes you want to get worse, it's (drug use) always on your mind that you have a problem because there is nothing else to do when you're an addict."

Erica was asked about her trauma symptoms she experienced on a daily basis as a result of the removal process.

"I freak out about everything now. I'm scared to even joke with my kids or other people. I'm scared, like constantly freaking out like who can I trust. I'm not a criminal, I don't feel like I'm not gonna hurt anybody or steal or cheat or lie."

**Adjustment.** Erica worries about her children and the adjustment period they all face now that she has regained custody of her children. One of her children continues to have nightmares and attends therapy. They are scared to leave her, and she is scared to be away from them. Erica feels she is a horrible mother and feels awful for putting her children in the situation of not being with her. She feels it has not been a long time since the removal and with time she will adjust to having her children again.

**Structural Description.** The experience Erica highlighted the most the fear she felt during and after the removal process. She also realized the gravity of her situation and continues to feel bad about what happened to them. She remained worried and scared throughout the removal process and committed to completing the requirements set by social services. These feelings continue today as she faces an adjustment period with her children. The barriers she feels she faced during that time was the pressure to complete all her classes and prove she could change for the better. She needed more support and felt a specific program for her issues would have helped, especially programs tailored for mothers coping with substance abuse. She feels people need more help than what they receive and the legal system should be less punitive. She related her concern regarding the



risk of developing depression when other mothers go through the same process. Erica wanted better communication with CPS, as she felt they displayed a lack of care and concern her regarding her situation. She wished social services would bring in people who understand the mother's experiences and could offer a positive perspective. An empathic person could relate to their difficulties and support their success based on having similar challenges. She feels she continues to work on her story in the adjustment phase and life is getting a little bit better.

**Conceptual Mapping Task.** Erica needed prompting when she would get stuck with her map and asked for clarification when she was unsure about how to proceed with her interview. Her map followed a timeline of her story but separated into periods of feelings. She arranged her story in rows and drew circles around groups of time that corresponded with her feelings during specific times in her life. She categorized her feelings as scared, depressed, accomplished, worried, bad, good, and unknown. The first row shows her feelings of fear and depression when confronted by the school and social services. Her notes contained responses such as, "it was bad" and "in trouble." The second row displays her feelings of continuing to feel scared and uncomfortable with the unknown when CPS forced her to leave her children with family members. This section also contains notes of feeling scared and acknowledging the reality of her situation. The third row shows she was scared as she had to turn her children over to family members. This row continues with her feelings of depression and being alone. Her notes contain phrases such as terrible, cried, awful, alone, just me, and could not stay home. The fourth row continues to relate her feelings of depression as she struggles with relapsing, wanting to get high, not sleeping, and having to stay with friends. This row also contains one note

concerning her feelings of accomplishment when she starts her drug classes. She follows her notes of accomplishment with notes of feeling good when she reflected on her gratitude for having a substance abuse support group. She continued this row by expressing her depression at the end due to feeling down, having nothing to do, and struggling to stay drug-free. The fifth row shows her feeling more accomplished as she completed her CPS requirements, but also worried about who she can trust, which she labeled “unknown.” The last row relates a mix of negative emotions and living in the unknown, as she and the children adjust to their life together.

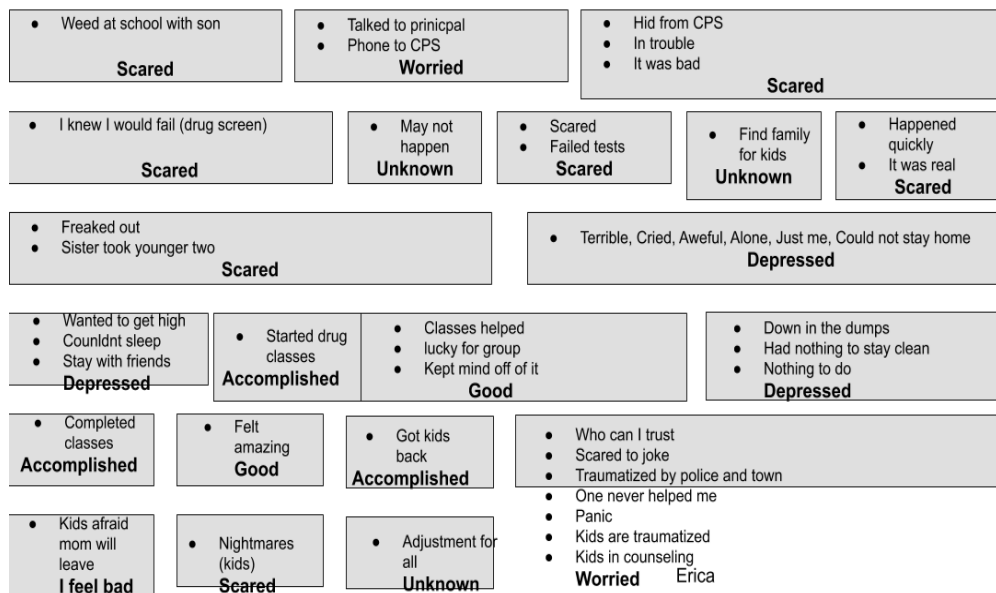


Figure 4.2. Conceptual map created by Erica.

### **Bonnie**

Bonnie is 27 years old and she was 26 when CPS removed her two children and placed them in foster homes. At the time of the removal, she was pregnant with her third child. She did not have contact with her children for two weeks after the removal. With

one removal of her children, she regained custody of them several months ago. Her ACEs score was seven, revealing she struggled during childhood with the following issues, verbal aggression, victim of violence, not loved or cared for, alcohol and drug issues in the home, guardians separated/divorced, mentally ill household member, and household member in jail.

Bonnie attended her interview with her 3 children, who kept her unfocused and occupied with attending to their needs. Bonnie was hesitant about constructing her map due to her history of an inability to focus in school. She transferred those feelings to thinking she would not be able to complete the project. Bonnie needed encouragement and redirection to keep her focused. Upon completing the task, she reported feeling proud of herself for actually engaging with the map, which felt like an accomplishment to her.

**Textural Description.** Bonnie's story is divided into three main parts along a timeline of feelings related to the events she endured. The parts that stand out include, a) confusion and helplessness, b) fear, anger, and panic, and c) determination.

**Confusion and Helplessness.** Bonnie reported feeling confused when CPS workers removed her children. She faced her experience alone as she desperately tried to reach her partner and family, to no avail. The police came to her house and removed her children from her care due to an accusation of substance use. She was home by herself and she could not reach the children's father by phone. She recalled feeling helpless at that moment. Social services would not leave her children with a family member but instead placed them into a foster care home. Bonnie worried about her youngest child as she was still breastfeeding. She reported feeling confused due to not receiving any information about the removal.

“All of this just added more and more confusion. I started to lose my patience and my cool with her, and she just kept giving me the runaround and basically not telling me anything I needed to know right off the bat. I found out later that day I was pregnant with my third child.”

Disoriented, Bonnie continued to think her children were in the home and looked for them, but they would not be there. She felt as if she were by herself and experienced multiple crying spells daily. She remembered seeing her son in the car crying and screaming because social services would not let her children stay with her mother.

“I remember looking around and my mother kept asking me what I was looking for and then I finally realized what I was looking for, I was looking for them. I was sitting there looking for my kids, even though I knew that they weren’t there, I was still looking for them to see where they were.”

**Fear, Anger, and Panic.** Bonnie started to become fearful she would lose her children because she was pregnant with a third child if social services found about the pregnancy. She feared her children would disappear. Bonnie related this as an especially bad time after the removal. Her anger increased, and she lost her temper and patience with her partner and other support systems. She could only see her children for a one hour visit for six months. Bonnie also related feeling panicked when she thought of her children living alone without their parents. She felt her whole world was falling apart. Charged with two counts of child neglect, she had to meet certain requirements for social services such as remodeling her home, maintaining steady employment, attending parenting classes, along with counseling sessions. While working to comply with probation and

court requirements, she also needed to work with foster care services. Bonnie related how she did not want to be like her mother and not be there for her children.

“We should all be at home, there was all these different feelings that just mingled together, and the ultimate fear I remember is just fear, because I did not want to be anything like my mother, and I say that term loosely, where she lost all five of us.”

**Determination.** As Bonnie felt that she was still receiving the runaround from social services, with little communication from her worker, she was determined to regain custody of her children. Bonnie had completed all her requirements, but social services would not complete their paperwork, and Bonnie feels only caused delays in her children returning home. Bonnie felt that she had jumped through hoops and finally was able to tell her story to a judge that granted her a transition plan for her children to come home. Bonnie related how she did not want to be like her mother and not be there for her children.

Bonnie continued to explain she has had her children with her for eight months and she will not let them be away from her. She will not let them stay with anyone else due to fear she will not see them again and she relates that she is still “scared to death” she will lose them.

**Structural Description.** Bonnie’s story contained mostly fear and being scared for herself and her children. She was confused when CPS removed her children and did not understand why they could not place them with a family member. Bonnie watched her children in distress as they went into foster care, taken by the police. Bonnie searched for answers and received little contact from social services. She felt that social services failed her due to their lack of documentation and delaying the reunification process. Bonnie had

to become determined and angry at the system to be heard by the court, which resulted in reunification with her children. Bonnie feels that a plan from social services would have helped her;

“Having a physical list, like a physical checklist is that I kept trying to get them (CPS) to do but they wouldn’t. Having a checklist would have helped a lot, like hey I’ve done these things and have done this right. Like a real clear plan, like a solid plan, not just a viable plan but a step by step plan, like with steps 1, 2, 3. That would have been absolutely amazing.”

Bonnie still has many questions and continues to feel helpless and fears never getting over her emotional responses.

“I still have a lot of questions. I’ll never get over that feeling because I’ve always been somebody that has been not helpless. I’ve never felt so helpless in my life. I’ll never get over that feeling, that feeling alone was enough to start the fear, and the anger, and the pain, that and the helplessness is what sparked the others.”

Bonnie expressed how the process also started her determination. If she would not have felt helpless, then she would not have summoned the strength to go into court and communicate her concerns. For her, the feelings of helplessness were the catalyst for what she referred to as the “volcano” of her determination.

**Conceptual Mapping Task.** Bonnie created her map in rows running up and down instead of side to side. She related to her story as a ladder. The left side of her map contains a row for “confusion” and a separate one for “helplessness.” Her confusion refers to the time of removal when the police were at her house, accusing her of using drugs but needing to breastfeed her daughter. Other notes under the label of “confusion”

communicate her feelings of the senselessness of the process and her disorientation continued as she looks for her missing children after their removal. In the next column on the left side, she labeled “helplessness.” This captured her feelings of helplessness because she was alone with no one explaining the situation to her. She coupled this with her inability to take the children to live with other family members.

The right side of her map shows columns for “fear”, “anger” and “panic”. The fear she felt reflected emotions caused by feeling alone and scared of losing her children. This label also communicated the fear she continues to feel now, causing her to not let her children out of her sight. The column of anger relates her on-going anger, exemplified by losing her temper and patience. She feels angry at social services for giving her the runaround and limiting time with her children. The last column on the right side described Bonnie’s feelings concerning panic. She panicked at being alone without her children and anticipating her whole world falling apart. Another source of panic stemmed from her experience with the judicial system.

Bonnie made a square in the middle of her map labeled “mainly determined” with the word determined in the middle of the square. She surrounded her note for “determined” with other notes that contained the issues she faced with social services. Bonnie focused on her determination as she created her map and the anger she felt at social services for being negligent with their job and responsibilities to her family.

Bonnie reported having mixed feelings while she created her map. She did not think she could create a map or focus on the activity long enough to complete it. After she completed her interview she was smiling and proud of what she had created. Bonnie made one last reflection as she looked at her map:

“Honestly, what I see when I look at all of it is a black hole of depression. I mean confusion, the helplessness, this fear, anger, and panic, it’s just like a hole of depression. Determination is the only ladder to try to get out. That’s like a never-ending hole versus a four-foot ladder.”

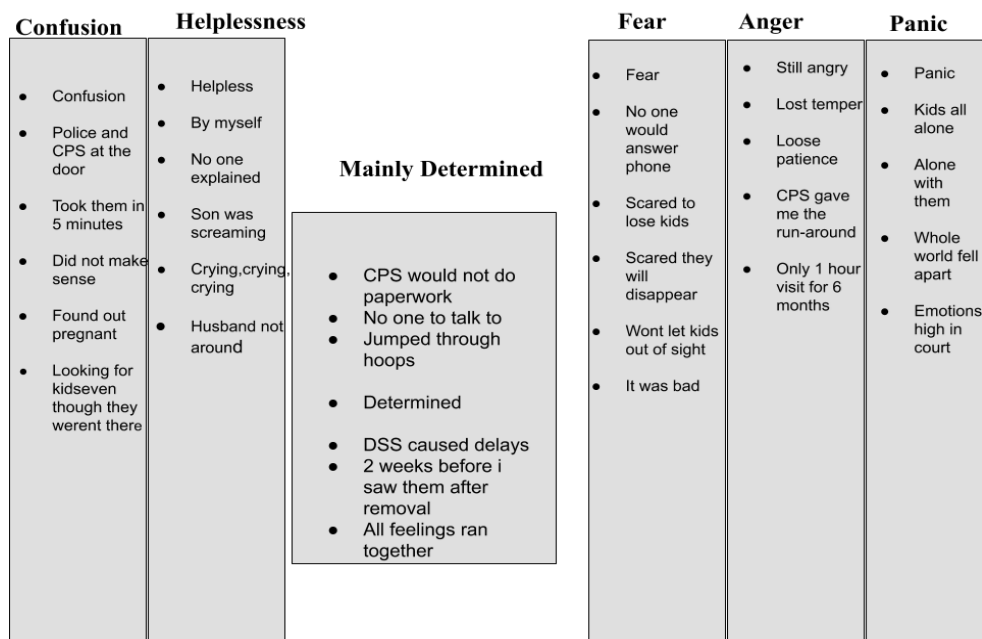


Figure 4.3. Conceptual map created by Bonnie.

### *Carrie*

Carrie is a 33-year-old mother of three children. CPS removed her children in 2016 when they were 10, 11, and 12 years old and placed them with different family members. She did not have contact with her children for two months after the removal. She has regained custody of two children but her youngest child continues to live with a family member. She has visits with her youngest child every other weekend. CPS removed her children one time. Her ACEs score was seven with issues in, being verbally abused,



sexually abused, feeling unloved, experienced lack of food, worn dirty clothes, lacking protection, a mentally ill or suicidal family member, a household member in jail, separated or divorced parents.

Carrie openly shared her story and scheduled a morning time to have the interview completed while her children were in school. She wanted to share her story with the hope of helping others by revealing mothers' feelings during a removal. As she told her story she had several crying spells even though four years passed since CPS removed her children. She left the interview feeling confident about her growth and changes gave her experiences over the subsequent years.

**Textural Description.** Carrie related her story in a timeline format that produced several main concepts. She placed growth and change at the center of her journey along with how she persevered through the struggle of removal. Three main areas encompassed her experience: a) the storm, b) realization and healing process, and c) the journey.

**The Storm.** Carrie first described the removal process as scary. She reported feeling depressed and suicidal. She felt t she had lost everything and did not know what to do. While at school, CPS removed the children and did not allow them to return home. CPS received reports concerning illegal substances in Carrie's home. They placed her children with different family members and prohibited her from contacting them. Carrie felt alone and overwhelmed by losing all three children at one time. She reported staying drunk for a week after the removal.

“They (CPS) said they were going to remove my kids. So, they told me I couldn't have any contact and I had papers so that I couldn't talk to them and they couldn't talk to me. I couldn't be around them. They jerked them out of my life, and I was

jerked out of theirs. It was hard. It was sad. I thought about suicide. I was mad. I was angry.”

Carrie experienced bad dreams about losing her children, describing feeling shattered in the months after the removal. She expressed feeling paranoid of professionals while her depression continued.

**Realizations and Healing Process.** Carrie’s thought processes began to change with a realization she needed to change her life and thought processes to regain custody of her children and return them to their home.

“I really don’t know what happened. It’s just I woke up one day and was like, I can’t do this. I gotta do what’s right. But thankfully God helped me open my eyes, you know, and I was strong enough to do what I needed to do.”

Carrie realized she was missing birthdays, Mother’s Day, and holidays with her children. Her thoughts centered around being a bad mom and losing everything. She feared leaving her home, as she felt scared, she would do something wrong or someone would report her as doing something wrong. She expressed it was a rough time for her but understood the need to remain strong and display a positive attitude.

**The Journey.** Carrie related her experience as punishment by God and her journey was the only way she could change.

“They say at the time you don’t understand and like you think God is punishing you, but you know after time and you grow, you realize that God puts you through things to help you grow. I’ve tried to think of it as a positive thing anyway. I learned from it. That’s the only way I could learn, and I don’t know if maybe there would have been an easier way or not, but I got through it.”

Carrie felt she needed more support from her family and assistance in coping with the child welfare system during her experience. She shared how one CPS worker helped her by listening to her and being there when she called. Therapy and parenting classes reminded her she was not a bad person, and everyone makes mistakes. Carrie has lasting symptoms today due to the negative effect of having her children removed.

“Sometimes I have dreams of everything that has happened, it’s a lot of trauma at one time. It’s not like I have one kid, I have three, so they just didn’t take one, they took all three.”

Carrie viewed her story of removal as a continuing journey. She related understanding her need for strength to persevere. She ended the interview feeling accomplished that she has changed and learned from her experience. “It’s a hard thing to accomplish once somebody’s taken everything from you.” She felt some people lacked strength and do not get through it. Carrie is still in the healing process and knows her need for continued strength. She thinks being a single mom requires her to uphold a certain image, or she will fail.

**Structural Description.** ‘Shattered’ was the word that stood out the most for Carrie. The removal took place from their school and she did not see them or talk to them for two months. She related feeling scared and alone during that time and was overwhelmed with so much happening to her at once. These feelings contributed to her depression and suicidality, as she expressed having nothing left. Her symptoms increased as she realized she did not have her children during holidays or birthdays. She became angry and mistrustful of all professionals. She started to doubt her capabilities as a mother and thought of herself as a bad parent and turned to alcohol to cope with her life stressors.

Carrie started to realize she needed a change if she was going to regain custody of her children. This realization started her healing journey, supporting her need for strength, positivity, and supportive relationships. She turned to God for help in making sense of why her life took a negative turn.

Carrie felt people who did not really care about her or her children created barriers to reunification. Meeting all the mandates required by social services, as well as coping with her feelings, she shared:

“I didn’t think twice about it. I just did what I had to do. I was told to take classes and do what I needed to do, so I did what I needed to do. I felt like giving up, that there’s no point. I just kept trying to think about my kids, that’s how I go through it. I wanted to be a good mom.”

Carrie went further to reflect on the fact she needed more family involvement as a support system. Her job became a good resource for her. She said she needed more people who wanted to help her and care about her, to remind her she is not a bad person and everybody makes mistakes.

**Conceptual Mapping Task.** Carrie created her map with five different sections, 1) the beginning of the storm, 2) the thought process, 3) the realization to change, 4) the healing process, and 5) the journey I walked – the end. She drew a circle labeled “the beginning of the storm” on the left side at the top of the map. This section contained how she saw the removal process as scary, alone, and a lot at one time. She posted a note in this section with the words “did not want to lose them.” The next section is labeled “the realization to change” and she drew a frowning face under those words. This section related her anger, sadness, and the turbulent time she experienced. In this section, she

posted birthdays she missed, her fear of people viewing her as a bad mom, and apprehensions when she left her home. Carrie placed most of her in the section labeled “the thought process” located on the right side of the map. Angry, depressed, suicidal, paranoid, hard, shattered, and very traumatizing communicated the thoughts and feelings she had after her children left the home. The section she labeled ‘the healing process’ is in the middle of her map. She drew a circle in yellow with marks on the sides, resembling the sun. Inside the circle she placed pivotal moments such as binge drinking for a week, walking on eggshells, and her attempts to remain strong and positive. At the lower right side of the map, she labeled a section as “the journey I walked – the end.” She drew a smiley face under this label. This section demonstrated how Carrie stayed strong, positive, toughen up, got through it, and accepted God’s help. She also put two notes in this section to show how she remained strong and grew over time.

Carrie continues to fight all the negative emotions and experiences she felt when she lost her children. Creating her map was an emotional experience for her. As she finished her map, she reported feeling stronger in her journey.

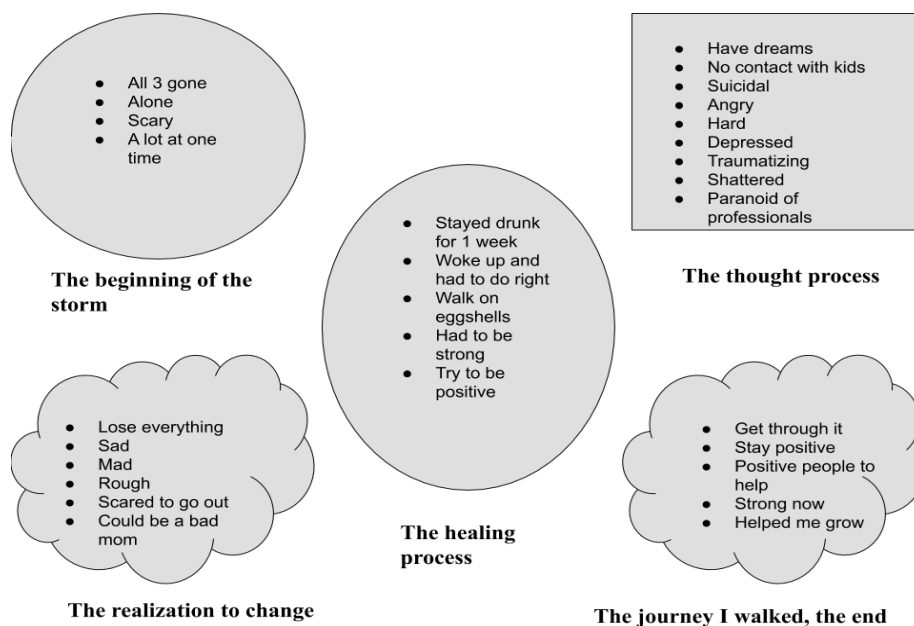


Figure 4.4. Conceptual map created by Carrie.

### **Jennifer**

Jennifer is a 23-year-old mother of three children ages 5, 3, and 1 year old. Early in 2020, CPS removed her children and placed them with a family member. The children recently moved from their original placement with family and relocated with a different family member for safety issues. Jennifer did not see her children for one week after the removal and has supervised visits with her children based on a protective order. CPS removed her children due to her anger and violence toward her partner, who is also the father of her children. Jennifer received an assault charge against her partner, which prohibits contact with him. prior to this incident, CPS removed the children and placed them with a family member for hygiene issues in her home. This time Jennifer had to complete requirements such as a parenting class, anger management, and counseling to regain custody of her children. Jennifer had an ACE score of seven with issues regarding

victim of verbal assault; feeling unloved, not protected, parents divorced or separated, and a family member with a mental illness.

Jennifer showed up to the interview upset because CPS moved her children to another family member's home. she was unable to reach social services for information, or reach her worker even after leaving messages. Distracted and unfocused during her interview, the change in her circumstances with her children weighed heavily on her mind. Jennifer struggled with relating her feelings and presented as guarded when recalling past events. Due to the recent relocation of her children, she focused more on the actions of social services. Jennifer left the interview feeling hopeful that her situation would soon change.

**Textural Description.** Jennifer's story focused on three main areas, a) things that happened, b) feelings, and c) dealing with CPS. Jennifer struggled when detailing her story and jumped around between events concerning the removal and her current situation.

**Things that Happened.** CPS removed Jennifer's children due to an altercation she had with her partner in the home. She reported having anger issues and understood she wanted to have the last word when communicating with others. This contributed to her reacting in a violent manner when her partner attempted to pacify her. Her history included prior hospitalizations for crisis issues, depression, and anxiety. She felt the report made against her by a family member was false because she was not violent toward her children, but she admitted aggressing her partner. During her hospitalization, social services removed her children and placed them with a family member. While hospitalized she remained unaware of issues with her children.

**Feelings.** Jennifer experienced mixed emotions while hospitalized because the removal of her children occurred while she was not home. She did not receive information about the removal process and what the future held for them.

“I was very upset and angry when that happened because I felt like when I went to get help that I was being punished for reaching out and getting help. And I felt like when I was getting help that they (CPS) was judging me. It's like I was at the hospital for a reason, but I was being punished for getting the help that I needed.”

Upon discharge from the hospital, Jennifer continued to have feelings of the unknown. She started to worry and feel anxious about the future of her children. She felt her children did not understand why they moved or could not see their father full time.

**Dealing with CPS.** Jennifer continued to feel angry, judged, and punished by social services for trying to get the help she needed. The requirements place on her included completing classes, staying on medications, and being involved with community services. She related her inability to get any clear information or answers from social services about her plan to regain custody of her children:

“I am worried about things changing with social services so that I cannot be with my children. I feel that the trauma is more with my children than with me. I feel like one-minute CPS wants me and their father to be successful and then one minute they don't want us to be successful. We can see the kids together and then we can't, we can ride to classes together and then we can't. All they're (CPS) doing is confusing the children.”



**Structural Description.** Jennifer felt CPS removed her children while she sought help for her problems. She ultimately feels castigated for seeking help and treatment for her anger issues. Her lack of answers from social services perpetuates her worry and anxiety about her children and what they must be feeling. Jennifer related the barriers keeping her from her children lies in confusing decisions and information disseminated by social service workers. She wants to complete her class requirements but feels CPS does not offer her adequate support and encouragement. Jennifer expressed her desire for support instead of punishment for trying to change:

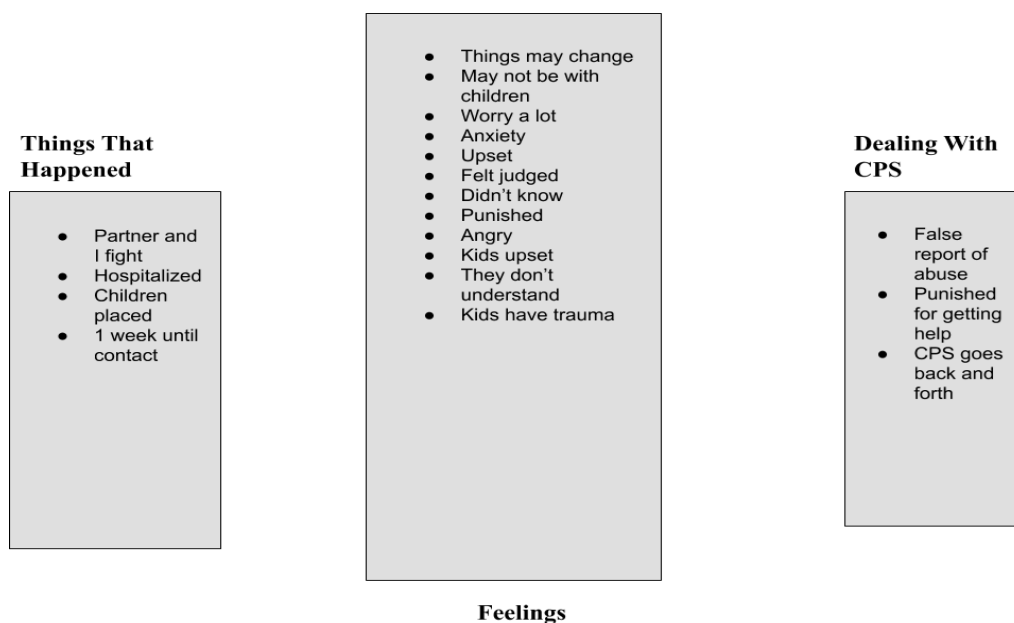
“They (CPS) just go off of what they hear and not what they see. They should have supported me more by not punishing me for getting the help.”

Jennifer wished social services would offer her family opportunities to succeed instead of placing her children without considering her family as more of a support system for her and the children.

**Conceptual Mapping Task.** Jennifer created her map with three theme areas: 1) things that happened, 2) feelings, and 3) dealing with CPS. She drew a square on the left side of her map labeled “things that happened.” The square she drew contained several notes she placed concerning what happened when CPS removed her children. This section related the fight with her partner, the placement of her children with their grandparents, and not seeing them until a week later. The right side of her map shows a long square titled “dealing with CPS.” This section contains the notes including, false reports of abuse, punished for getting help, and CPS goes back and forth. She drew a long oval in the middle labeled “feelings,” the largest of the three shapes on her map. Jennifer wanted her feelings to stand out, which she described as, upset, angry, punished, felt judged, anxious,

and worried. She also placed her concerns about the children in this section, noting the children are upset, they do not understand, and they have trauma. Jennifer did not know what happened to her children during her hospitalization and worried she would not be allowed to spend time with the children. She placed her concerns in the “feelings” section.

Jennifer created her map with the unknown hanging over her. She continues to struggle with not having contact and information from social services. Jennifer remained confused about the removal while she created her map and seemed to be seeking answers as she talked through her interview.



*Figure 4.5.* Conceptual map created by Jennifer.

### ***Faith***

Faith is the youngest of the participants at age 21. She has three children, 6, 3 and the youngest is one year old. In early 2020, CPS removed her children and placed them with their father. She retained custody of the oldest two but lost custody of the youngest

child. After assaulting the father of her children, suicidal ideations caused her hospitalization. They removed the children from her care before her hospitalized. Faith did not see her children for two weeks while she was in the hospital. She has a protective order in place regarding her aggressive behaviors toward the father of her children and her children. She can see her children without restrictions but must complete requirements from social services such as parenting classes, anger management, medication management, and counseling. Faith's ACE score was ten, which is the highest score of all the participants. Faith revealed she endured all types of abuse while growing up and lived in an extremely toxic home. Faith reported her grandfather raped her while attending middle school. She gave birth to her first child at age 16.

Faith shared having a mental health diagnosis and several chronic health conditions, which affected her interview. She had rapid speech and cycled between different subjects and events. She required refocusing and needed reminders concerning the subject of the discussion several times. She left the interview feeling more grounded with her story and how to move forward with her continued journey. Faith admitted discomfort when talking about feelings and emotions and her difficulty with sharing her feelings with others. Faith left the interview focused on the positive aspects of her life.

**Textural Description.** Faith related the story of her life struggles she has endured since childhood and its effect on the removal of her children. Faith saw the removal of her children as another hurdle in life that she deserves. Her interview contained a) struggles with life, b) positives and constants, and c) needs.

**Struggles with Life.** Faith reported she has a lot of pent up anger due to cons in her life, as opposed to pros. Before the removal of her children, she felt she endured verbal

abuse from her partner (her children's father). She revealed feeling used, not appreciated, disrespected, blamed for everything she does wrong, and screamed at. Faith related no one in her family spends time with her unless they want something, and she feels alone most of the time. When she assaulted her partner and had feelings of suicide and wanting to harm herself, CPS removed her children from her care. She remembers being angry all the time and feels this caused the removal of her children:

“I store up these feelings and they get in my head. I sit and stare and overthink situations. I feel like I have to walk on eggshells and if I do something wrong, I know I will pay the price for it later. Promises have never been kept to me. I know I need to reevaluate my thoughts. I am a doomsday prepper with my life and always see the bad in everything.”

**Positives and Constants.** Faith shared what motivates her and keeps her going until she regains custody of her youngest child. She viewed them as positives and constants in her life. She wants her family with her and feels her children motivate her to complete the requirements from social services. She tries to look at the good in her situation and take a step back when life gets overwhelming. Faith started to share her feelings when she explained the constants in her life will always be there:

“The constants in my life is the part that I will always have. I will always need things. My partner gets angry at me for everything I do, but I know it won't last forever. Sometimes I deserve it, I know I mess up. I get angry and do things to make him angry. I get angry at my kids too. I feel like the constants are what I am stuck with if I want my kids.”

**Needs.** Faith felt she has unmet needs due to the removal and her traumatic childhood. She wants her family to listen to her more and feels if she felt heard she would not react out of anger towards them. She reports that she needs to fix herself and her relationship with her partner but requires more support and less negativity around her. She felt powerless with her partner since he has custody of her youngest child:

“He (partner) always puts me down and has negative friends around that I don’t like. I don’t think I can get better with all this around me. I know that to keep my kids, I have to get better. I am afraid that I could be hospitalized again. If I don’t do what he wants then he can take my kids and I could never see them again.”

**Structural Description.** Faith sees her life through the lens of her past and her mental health disability, as she struggles with her self-worth. The removal pushed her further into doubting herself and her strengths. She feels she is stuck and has to settle for feeling as she deserves or creates everything happening to her. Faith takes on a persecutory image of herself and feels she deserves her bad experiences. These feelings about herself only hinder a positive outcome to regaining custody of her youngest child.

Faith identified the barriers to her being herself. She knows her mental health issues hold her back. Some days she experiences feeling stuck in bed with depression and cannot motivate herself to get up or start the day. Her desire is for positive and less negative supports. Although she needs more support, she does not know what that would mean at this time in her life. She wants her partner to support her more and understand her feelings. Faith wants less blame or disrespect from her family.

**Conceptual Mapping Task.** Faith spent the most time creating her map and constructed it differently than other participants. The left side of her map shows her “cons throughout life.” She drew Xs and Os around this group, which she reported represented bad emojis. This group contains her feelings of feeling used, not appreciated, called names, disrespected, and getting blamed. Faith also expressed her family screams at her and only spends time with her when want something. Her description of her family included making but not keeping their promises to her.

The top right side of her map contains the positives in her life, and she surrounded these with plus signs. The “positives in my life” label show how Faith wants her family, tries to look at the good in life, tries to step back from her life, and loves her children. The plus signs around this group of thoughts and feelings remind her these represent the positives in her life. Under this group was the “constants no matter what” label, which she surrounded by infinity signs. Faith reported using infinity signs because they are the symbol for forever and her constants will be forever in her life. There are four constants she feels are facts she is stuck with, 1) I deserve it, 2) I need things, 3) being angry, and 4) won’t last forever.

The right side, bottom of Faith’s map contains her needs. She drew hearts around this group as she views her needs as a way she can love herself. Faith identified four needs for her life: 1) more support, less negativity, 2) need to listen to more, 3) need myself, and my relationship fixed, and 4) need help mentally. She expressed how fulfilling her needs would help her to be a better mother and a better person. As Faith created her map, she became teary-eyed several times. Encouragement and empowerment might assist her in focusing on the positives as she becomes overwhelmed with the negatives in her life.

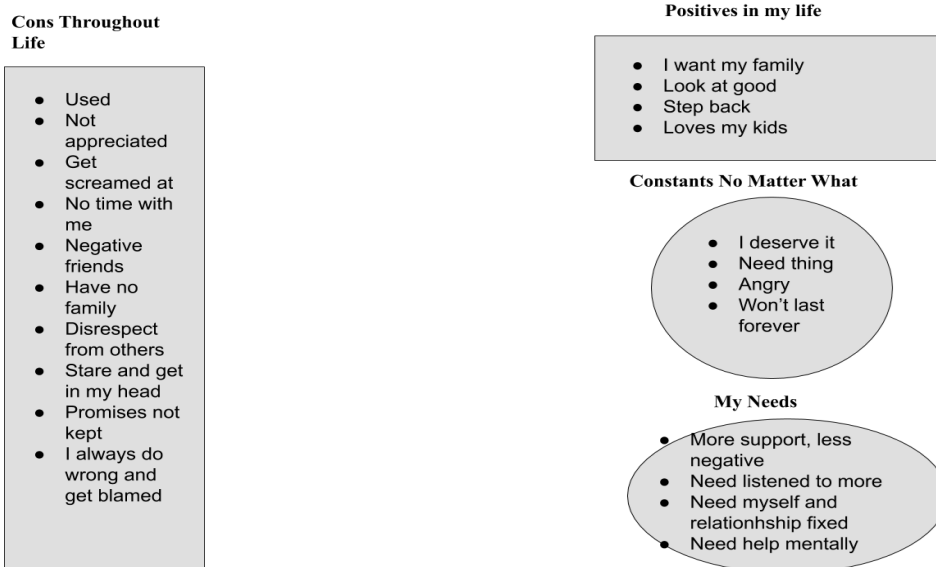


Figure 4.6. Conceptual map created by Faith.

### ***Teresa***

Teresa is a 34-year-old mother of three children ages 13, 11, and 7 years old. When Teresa was 31 years old, CPS removed her oldest daughter. She did not have contact with her daughter for approximately one month as her daughter was hospitalized, due to depression and choosing to starve herself, because of the removal. The removal also caused her other two children to move to a family member's home. Teresa was able to see her youngest two children within the week of removal as long as she was supervised by the family member. CPS removed her children one time. Teresa's ACEs score was the lowest score of the participants with a two, reporting struggles in the following areas, living with a parent diagnosed with a mental illness and verbal put-downs.

Teresa entered the interview anxious, moving her body often, such as squeezing her hands or moving her legs. She remained guarded for her interview but shared some of her mental health struggles. She reported feeling nervous and did not like to talk about the past but wanted to help others who may face the same issues with social services she

experienced. Teresa struggled with her feelings during the interview and I provided appropriate follow-up care.

**Textural Description.** Teresa shared her story by presenting her disagreement with the removal of her children. Exaggeration of the incident created an unnecessary action. Teresa shared three main concepts along a timeline with her interview: a) child issues, b) blindsided, and c) CPS battles.

**Child Issues.** Teresa started her interview by sharing the struggles she dealt with prior to CPS removing her children. Teresa's middle child has special needs and she devotes most of her time and attention to him. Her oldest child started displaying anger issues and she did not know how to help her with her anger. Her oldest daughter would not go to school, began destroying property, refused to eat, and physically aggressed everyone in the home. Aware of these issues, social service workers referred the family to community services:

“They were helpful at first and the worker recommended other services that we could be involved with. I tried to do everything I could to get help for my children and follow what they said I had to do. After a while, nothing worked and I was tired, I ran out of answers. I trusted them to help my children and they took them instead.”

Teresa reported her oldest daughter was dehydrated, would not get out of bed, and or go to school. She described what occurred when the social worker made her go to the hospital.

“The social worker would not let me take her to the hospital but had the home counselor take her. I had to drive myself and did not know what was going on with



my child. After I got to the hospital, they were talking to everyone that was around but me. They kept her from me, I couldn't talk to her. When I could go to her room, they would make excuses for me to have to leave the room like sign papers or something else."

Teresa said she was confused most of the time about what she was supposed to do and what she could do to help her child. She was also alone as her husband had to be at home with the other two children.

**Blindsided.** Teresa's life took a quick turn as she felt social workers made decisions for her daughter without her input. Social services decided for her daughter to remain in the hospital outside the area for medical and mental health reasons:

"I remember now knowing what was going on, I was trying not to panic cause I didn't know where she was going or how long she would be gone. The decision was made without me. I couldn't send anything with her, they took her from me. I was crying and scared I would lose her. I couldn't even ride in the ambulance with her and had a no contact order placed on me until social services let me see her a month later."

Teresa had to leave the local hospital and go home to her husband and her other two children without her oldest child and with little information. She felt helpless as there was no one around to help her. She was angry that she was not involved with decisions made concerning her daughter. Teresa revealed she had been hospitalized as a teenager for anger and continues to struggle with depression and experience episodes where she has long bursts of energy. She also revealed multiple hospitalizations. She worries about her oldest

daughter mostly because “she’s a lot like me when I was her age.” She shared how she felt during the time her daughter was gone:

“I had to be OK for my other children. I wanted her to get the care she needed but social services was blowing everything out of proportion. Everyone was stressed. I tried to stay busy and distract myself, go for a drive. Families have to take care of each other.”

**CPS Battles.** Teresa and her family had to wait for over a month before they could see their daughter at the hospital. She remained hospitalized for seven months due to having an eating disorder, losing weight, and not completing treatment goals. Social services took custody of her daughter and made all the decisions regarding visits, treatment, and return home:

“They (CPS) put restrictions on us for phone calls, visits and they made us complete certain things before they would even let her come home. We had to go to parenting, counseling and redo her room at home. We could not see our other two children without family supervision, and this was hard on the grandparents they were staying with. I started to get really angry. They would give us a date she was coming home and then they would tell us she couldn’t come home, she wasn’t ready. The hospital told us that she couldn’t come home until they got permission for her to come home from the social worker. We felt that should have been up to the hospital not social services. Once again, we had no say.”

Teresa would get her hopes up for her child to come home, only to find the return date pushed back. For several months, Teresa did not know if her child would be home or when. Her other two children returned home one month before her oldest child, so they

could adjust to the home again before everyone came together. Teresa shared when her child returned home, they still had to complete more requirements and stay in other services for a long period of time. She felt misjudged throughout the removal.

**Structural Description.** Teresa struggled with her children's issues in the home and only wanted help for parenting them better. She felt shut out of the decision-making process and not consulted about what may be best for her child or sought after for input. She feels someone else took over her child's life. Social services represented the barrier to her being with her children sooner. She thought they could have talked to her more instead of ignoring her. Teresa continues to carry anger in the past situation with her children:

“I didn't understand what right they (CPS) had to take my children and then not ask me what was wrong or ask me what I wanted for them. The worker would not talk to me except to accuse me of causing this (removal) to happen.”

Teresa related she did not trust many people before this happened and now, she does not trust anyone. She wants to move with her children to another more remote state so she does not face this situation again. Afraid to talk to others or share her struggles, she fears losing her children. Continued feelings of depression escalate on the anniversary of her mother's death. She wishes for her mother's presence, as it would help her experience less loneliness.

Teresa reported the barriers she faced was the exclusion from participating in the decision made for her daughter. She wishes she would have had more support from her family and more communication from social services. reported involvement with multiple services before the removal and thought social services offered her more services before removing her children.

**Conceptual Mapping Task.** Teresa’s map is simple but shows her current state of anger, as she arranged her map around those feelings. Her map shows a triangle, on the left side, labeled “my kids,” for her three children, with each child associated with a point on the triangle. This section of her map contains the issues she experienced with her children when the removal happened. She also added notes of feeling alone, confused, panicked, scared, and shut out of the process. The right side of Teresa’s map reveals another triangle, labeled ‘CPS,’ with her feelings inside the triangle associated with what she went through the days after the removal. This triangle demonstrates she felt judged, helpless, angry, worried, blindsided, and not having choices. The middle of her map shows a circle, labeled “blindsided” and “betrayed,” that contains the actions of social services and how she feels today because of their actions. The strongest emotion is her continuing anger at the events that shaped her life.

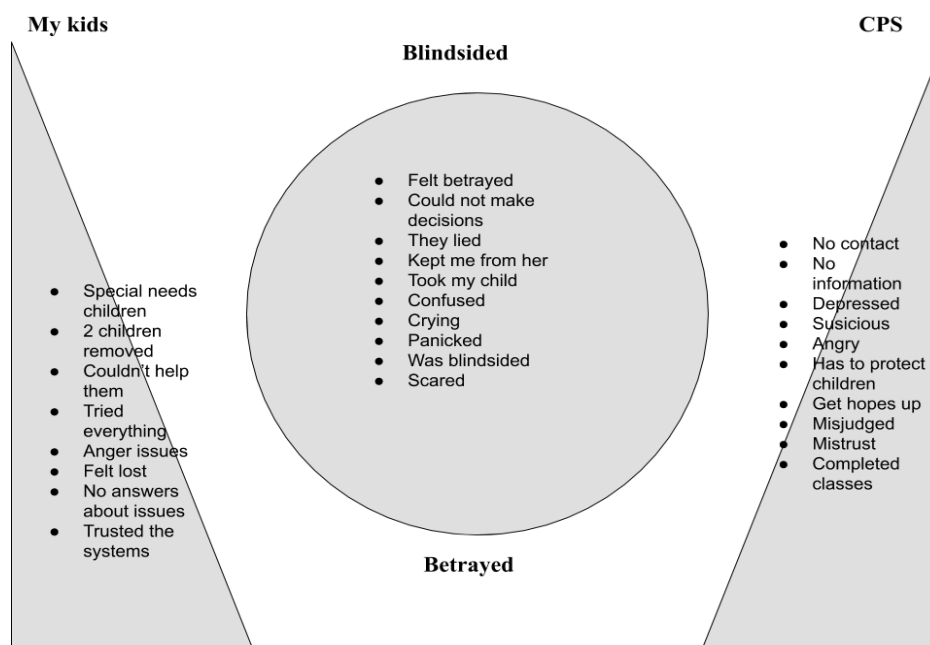


Figure 4.7. Conceptual map created by Teresa.

***Penny***

Penny has two children and is 31 years old. Her children are ages 6 and 4 years old and CPS removed them four years ago. Social services prohibited her from seeing her children for several weeks after placing them with a family member. Penny was also in an abusive relationship at the time and moved around frequently. CPS removed her children once. She regained custody after approximately a year and a half. Penny's ACEs score a six showing her struggles with, verbal and physical abuse, victim of violence, not feeling loved, unprotected, living with someone with a substance problem, separated/divorced parents, and a family member with mental illness.

Penny was alert and responsive when she arrived for her interview. She was open to sharing her story and articulated her experiences well. Penny wanted to be able to share her struggles and took this opportunity to help other mothers confronting similar issues. She left the interview feeling accomplished for the progress she achieved.

**Textural Description.** Penny shared CPS removed her children due to the domestic violent relationship she was in and almost lost her life based on repeated physically abused by her partner. Penny's story contained three main concepts, a) being unhealthy, b) runaround by CPS, and c) after the battle.

**Being Unhealthy.** Penny reported the removal of her children occurred after she endured a physically abusive encounter with her partner. Her partner at the time broke her ribs, caused a head injury, and broke her jaw. She reported losing consciousness during the assault. Prior incidences of physically abused by him resulting in her injury, creating periods of homelessness for her and her children. Penny also struggled with an addiction to methamphetamines at the time CPS removed her children. Social services issued a

protective order to keep Penny from seeing her children. She revealed her mother passed away four years prior and she never grieved or healed from the loss. Penny could not break free from the cycle of abuse until her children were removed and her partner was incarcerated:

“It was a very unhealthy time in my life and put my kids through so much. I thought he was going to change; I didn’t realize that people like that don’t change and it took me a while to learn that. I don’t really think about him at all, that whole part of my past, I faced it and overcame the fear that he used to put in me; the only thing I’m focused on is my kids and my future with my kids.”

Penny had supervised visitation with the children but only saw them sporadically due to her partner’s continued abuse and her drug use. Following her partner’s incarceration due to the abuse, she decided to contact social services to start the journey of getting better and reuniting with her children.

**Runaround by CPS.** Penny started her journey by completing a drug screen for social services, which she failed for methamphetamine. Social services required consistent drug screens, parenting classes, domestic violence counseling, stable housing, a consistent job, and complete a psychiatric evaluation. She shared her realizations:

“After I was out of the abuse and not using anymore, I started to feel a bunch of things. I feel that I was numb before, going through the motions and not really thinking of my kids. The main thing with the meth was that it was to cope with the abuse; in all honesty, I hated it, but it was better I guess than seeing the reality of what was going on with me at home. I was alone, afraid, and not sure of what to do

or where to start. I had a lot of anxiety and talked to a counselor. I went for two visits and they felt that I didn't need any further services or treatment."

Penny completed her drug screens and passed all of them. She spent time with her children consistently during supervised visitation. She completed everything social services wanted her to do and the community providers discharged her. She related that this is where she experienced stalling by social services:

"I tried to reach my worker multiple times and she wouldn't call me back or give me any direction about what to do next. I felt lost and that I would never succeed."

Penny stated she did not get answers until the social worker told her she had to start counseling and classes over nine months later. She felt she was repeating what she had already completed, "I started to feel anxious again, and frustrated. I felt that I had complied with everything and made progress. I was angry that I had to repeat classes I had already completed.

Penny related she was upset over the loss of children and feeling like she was going backward. She continued to feel confused as she completed all her requirements for a second time. She felt social services continued to avoid her and not communicate with her:

"I felt discouraged by social services like they did not want me to get my kids back. They just kept giving me the runaround, making me repeat everything without any reward or making me feel like I was making progress, it was a battle with them."

**After the Battle.** Penny completed the requirements from social services the second time as well as acquired transportation, a steady job, and her housing. Penny looks

back on her life when CPS initially removed her children and reflects on how much progress she made:

“My mood changed and it was good; I’ve rebuilt my self-esteem and I’m not dwelling on the past; I’m very happy, actually, I just need my kids. My main goal was to get my kids back and focus on me and them for a while.”

Penny started to gradually have unsupervised visits with her children but only due to the family member where her children lived, seeing her hard work, and allowing the visits to happen. Penny related that it was not due to social services recognizing her progress. She regained custody of her children after approximately two years and continues to work on adjusting to her routine and life with her children being back home full time. Penny shared what stood out to her the most was the lack of support she received from social services, other providers, and her family during the removal.

**Structural Description.** Penny endured physical abuse and traumatization daily when her children were removed. Lost in a cycle of domestic violence she had nowhere to go and no one to turn to. Upon the removal of her children, she did not receive a clear picture of what she needed to do, which left her feeling confused, alone, anxious, and upset. She received little direction or communication from social services to assist her in better understanding how to regain custody of her children. Despite having to complete requirements several times she made progress with her life and her children returned to her care. She feels her greatest barrier was the lack of communication from social services. She needed support and someone who understood the cycle of abuse she endured. She relates feeling judged when she completed her psychiatric evaluation, and the psychiatrist and social service workers blamed her for being in an abusive relationship.



Left with feeling defensive toward others and systems, she continues to feel anxious about the possibility of losing her children again or she will do something wrong. Her greatest obstacle was the system she felt kept her from seeing her children. She also related the need for more support throughout the process.

**Conceptual Mapping Task.** Penny completed her map arranging her life in sections of events. She included her feelings in each of those sections. The left side of her map contained the group “bad choices,” which she placed at the top. This group contained the feelings of loneliness, numbing, fear, afraid, and unhealthy. The group “losing my kids,” which she placed at the bottom of the left side contains her feelings of anxiety, loss, confusion, frustration discouragement, and feeling blamed. The middle section, which she arranged in a straight column down the center of the map, contained the label ‘battle with CPS.’ This column seemed to separate the left side and the right side. She placed her feelings of defensiveness, anger, upset, anxiety, going backward, and not having support. The right side contained the group “my life complete,” which contained the least amount of feelings. This section she dedicated to feeling as if she continues adjusting and focusing on her children. It also contained the fact she has rebuilt herself. Penny did not draw shapes around her groups but drew an arrow under the group ‘battle with CPS,’ pointing toward the group “my life complete.” She related the arrow showed the direction she wanted to go, which is always moving forward and never going backward.

Penny continues to feel her life is a rebuilding process and she is slowly adjusting to a new routine. As she reflects on her life during the abuse and where she is now, she feels happy with herself and the life she can now provide for her children.

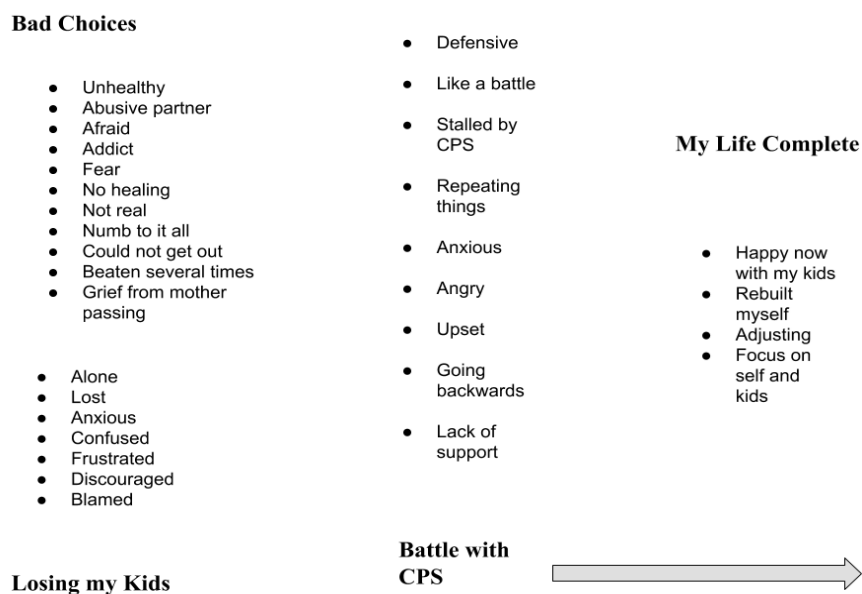


Figure 4.8. Conceptual map created by Penny.

## Results

As outlined in chapter three, I employed research methods using audio-recorded interviews and conceptual mapping tasks. I analyzed transcripts and each participant's map, along with organizing data and pseudonyms within a data spreadsheet. As participants responded to their interview questions, their lived experience emerged in the form of a timeline. They all related their stories along a continuum related to removal, post-removal, and their residual trauma. Their struggles emerged within their timelines to contain feelings they separated into three main themes. The identified themes showed consistency across each participant's story, a) wrestling with the social service system b) struggles with feelings, and c) battles with their belief systems. Each theme held strong feelings participants shared, which I applied to the research questions for this study.

Table 2 demonstrates each participant's main feelings associated with their maps.

Starred feelings indicate, which participant experienced the feeling.

Table 2

*Participant Feelings*

<b>Participant</b>	<b>Confused</b>	<b>Alone</b>	<b>Scared/Fear</b>	<b>Worried/Anxious</b>	<b>Depressed</b>	<b>Angry/Mad</b>
<b>Mary</b>	*	*			*	*
<b>Erica</b>	*		*	*	*	
<b>Bonnie</b>	*	*	*	*	*	*
<b>Carrie</b>	*	*	*		*	*
<b>Jennifer</b>	*		*	*	*	*
<b>Faith</b>		*	*	*		*
<b>Teresa</b>	*	*	*	*		*
<b>Penny</b>	*	*	*	*		*

In this study, participants were of low socioeconomic status and educational background, which I portrayed in the level of communication from each participant. At times, participants struggled with sharing their stories, as they were trying to come up with words to describe their feelings, beliefs, and actions. Those participants who were more verbal were generally older, had more time to reflect on their lived experiences, and gained custody of their children by the time of the interview. Whereas younger participants and those who were not fully reunited with their children tended to struggle more with communicating their thoughts and feelings. Nevertheless, saturation of the data occurred, and each interview received equal importance.

## **Theme Development**

The first theme to emerge centered around the social services system. Participants wrestled with the process of removal and particularly the lacking communication from social services. The second theme revolved around strong feelings all the mothers struggled with during the removal process and in the weeks afterward. Mothers expressed their trials during that time. The third theme showed how participants battled with their belief system, doubts, and trauma symptoms associated with the removal. The experiences and feelings the mothers shared overlapped each other and carried into different times of their lives as they endured the removal process. Every trial led to a different struggle as these mothers endured trauma at each stage of removal, with the involved systems and with their belief systems.

### ***Theme 1: Wrestling with the Social Service System***

Social service is a system created to assist families with a variety of needs in every community. Participants in this study were unanimous in their struggles with social services not being a helpful system, but a hindering one. They felt social services only served to increase the feelings they already struggled with and added to the myriad of doubts they held about themselves. Several subthemes emerged as mothers described their interactions or lack of interactions with social services leaving holes in their lives.

**Lack of Communication.** The removal process for each mother occurred without warning from any system. The immediate removal left the mothers asking social services why they removed their children and what they needed to accomplish for their children to be returned to them. CPS removed some of the children outside of the presence of the mother. Mary and Carrie both experienced removal without being present with their

children. Mary shared she was not home when the police came to her home, found marijuana, and removed her children. She described those events as follows:

“I was pissed, I wasn’t even home when they came or anything. They (social services) didn’t ask any questions, they didn’t contact me. They put a 45-day protective order on me and never even talked to me, I didn’t even see them for a month and half after that. They didn’t even talk to me, cause they found some weed in the house, that’s ridiculous to take somebody’s kids. That’s just how I see it.”

Seven of the eight mothers did not receive answers to their many questions on the removal day, and all eight mothers continued to receive no answers or vague answers when trying to communicate with social services in the weeks following removal. Mothers reported trying to reach their caseworkers only to have their calls not returned or receiving brief answers not responsive to their questions. This pattern could continue for weeks, leaving the mother feeling helpless and even more lost. Bonnie had an especially difficult time reaching social services and continued to experience a lack of communication.

“My children were removed, and I did not know what for, until several days later.

The worker would not send me an email, she would not answer my calls. She had a supervisor communicate with me and I found out that I was getting a different DSS worker all together.”

Jennifer did not receive any communication or information from social services while she was hospitalized: “I didn’t know that social services were waiting on me, until the day I was discharged. The grandparents that had my children, threw it in my face that he was there waiting on me.” Teresa had a similar situation as she felt the social worker took over

the decision-making process for her child. Teresa was kept in the dark about the condition of her child while they were at the hospital.

**Moving Targets.** According to the participants, communication from social services was not only scarce, but instructions were unclear and constantly changing. Many of the mothers yearned for a clear plan from social services concerning their requirements and what they needed to accomplish to regain custody of their children. Bonnie related she adamantly asked social services for a written plan several times but never received one. Mothers reported they would complete a required class or other task and the system would add another requirement without warning or discussion, as Penny experienced when she repeated the same class several times. Mary felt her situation started as something not significant and grew into a bigger issue. “All it was at the time was a protective order, now it's a lot more than it ever would have been. They (social services) didn't want to talk to me or listen to me, I went over there many times.”

Bonnie expressed she felt social services would not communicate with her regarding her progress or when she had completed all of their requirements:

“I'm sick and tired of this. I've done everything that they've asked me to do and more and jumping through these hoops without a landing. It's ridiculous. Every time we met with the worker she would add something new, instead of telling us from the get-go. I was tired of holding my mouth. I was tired of jumping through the hoops and playing the games and losing all of it.”

Mothers also expressed a desire for a referral to programs outside of social services, which they did not receive. Many of them felt this would have helped them with more support and guidance during a difficult time. Jennifer related, “They should have

helped us with resources that would have made things better and easier for us, instead of just punishing us for what went on because of it.”

**Mothers’ Unmet Expectations of Social Workers.** All the mothers sought help and assistance from a system that let them down throughout the whole time they were involved with child welfare services. Most of them thought they should receive more support from a system claiming children belong with their mothers. Jennifer’s feelings were similar to the other mothers in her expression. “I felt that social services should have supported me. Instead of removing my children and placing them in 70 different homes, they should have asked what are some things we can do to help you get through what is going on”

Erica had similar feelings:

“There wasn’t somebody to even talk to, they just really didn’t care. They thought she does drugs so let’s take her kids. They look at us like we are bad people. The best support that I’ve gotten is from people that have had past experiences.”

The flaws in social services only created an adversarial relationship between mother and worker, which left mothers disappointed in the system as a whole. Mary related three years later she still does not have her children and expressed social services was a barrier to regaining custody of her children: “All of this is a direct result of them coming to my house”

Teresa had a similar response in relating she does trust social services and does not want to have to work with them in the future. Erica related how she feels about police and social services: “They are not here to really help, just to get a paycheck, so they are going to do whatever they want.” Carrie took this same sentiment even further when she stated,

“When that happens (removal) they don’t really give a crap about you. They are there for the kids, which is not wrong necessarily, but then the person that gets left behind really doesn’t have anything.”

***Theme 2: Struggling with Feelings***

Mothers struggled with their feelings throughout the removal process and even after they reunited with their children. Feelings during immediate removal, the weeks after removal, and those who lingered were all traumatic for each mother.

**Feelings During Immediate Removal.** Mothers shared the feelings they experienced in the first 48 hours of removal of their children. Most removals occurred in one day as mothers faced with the fact CPS their children were being taken from them without the mother having prior knowledge of the removal. Three feelings occurred more than most during that time: a) confusion, b) being alone, and c) being scared or fearful.

**Confusion.** Confusion can be a symptom of dissociation when related to child removal (Carolan et al., 2010). Disconnecting from emotions is a trauma symptom, which can result in the confusion felt by many of the mothers. Five mothers reported experiencing confusion during the removal process. The process of removal was not familiar, as all eight mothers had not been through removal before. Mary, Erica, Bonnie, Jennifer, and Teresa reported they did not know what was happening to their children. No one prepared or notified them before moving the children. Only a few received a short explanation of the reason for the removal. Bonnie related her feelings of helplessness due to a lack of answers, “I had no one to talk to, no one to explain what I needed to do, what was going on, or anything. I remember just sitting there and crying and crying. I felt helpless.”



Most of the mothers also experienced confusion in the days following removal as contact and answers from social services were not forthcoming. Penny, for example, felt confused as she tried to contact social services multiple times for answers. Bonnie continued to be confused by events surrounding the removal, explaining how social services compounded the confusion for her:

“My kids were taken on a Thursday and they did not call me until the following Monday, saying this is what you have to do. All of this just added more and more confusion. I still don’t understand at all, and it still makes me angry to this point, like you focus on this saying I’m a bad parent, you took my kids and charged me but didn’t charge their father.”

**Being Alone.** Being alone is a state seven of the eight mothers reported feeling during removal. Mary, Bonnie, Carrie, Faith, Teresa, and Penny lived with their children. A few of the mothers could not reach family members or partners in time to have support when CPS removed their children. Others were hospitalized without someone familiar to be with them. Bonnie shared her experience:

“My husband left to go to town and that's when they came in and took the kids. They were only here for 5 minutes and decided to take my kids. I felt like my whole world had fallen apart. I was there by myself alone with the kids and then I was completely alone, they weren’t there, it was bad.”

Erica went further to report she felt alone in the days following the removal as her home went from having six people to her being by herself. Erica shared how she struggled with her addiction due to being alone and feeling it was all she had left.

**Scared/Fear.** Exposure to a traumatic event can cause a fear reaction in an individual. Five of the mothers talked about feeling fear or described the removal process as scary. All eight mothers expressed these emotions at some point in the timeline of their feelings in their stories. Erica was scared during the removal when her son did not get off the bus and continues to feel frightened as a long-term effect as she expressed: “I was scared because it happened (removal) quick and I hadn’t had time to get sad yet, it was real.”

Bonnie was fearful when CPS removed her children and she also felt worried and anxious in the days after the removal. Carrie expressed feeling scared throughout the entire process, afterward, and continues to live in fear today as she expressed her concern she might fail again. Jennifer related her trepidation after the immediate removal of her children because she was in the hospital and did not know the status of her children. Faith had a similar experience, as she was also in the hospital and received little information about her children. Teresa was scared during the removal due to social services not communicating with her about what may happen with her child. Penny was afraid during the removal because she did not know if CPS would place her children with family or go into foster care.

**Substance Abuse.** Even though most people do not think of substance abuse as a feeling, many of the mothers struggled with their addictions during removal. Five of the eight mothers had a substance abuse issue, which contributed to the removal of their children. Three of the mothers continued to struggle with their addiction after CPS removed their children. Mary felt after her children were gone from her home she only had her addiction left. She shared thinking she had nothing else in her life. Erica had similar

feelings as she was home alone without her children and wanted to continue to use substances to fill the loneliness. Carrie turned to alcohol after the removal of her children, stating she felt lonely and helpless. The mothers who struggled with substances felt they had nothing left but their addiction when their children went into out-of-home-placements.

**Feelings During the Weeks After Removal.** The short-term effects show how mothers felt in the days and weeks after removal. Many of them were not allowed to see their children or have contact with them for various periods, based on local social service requirements. The feelings of confusion, being alone, and fear, as seen in the first theme, carried through into the time following the removal of their children. Three main feelings emerged as the most prominent, anger, depression, and worry.

**Anger.** The shock of not having their children with them evolved into feelings of anger for many of the mothers. As other feelings lingered, anger came to the surface resulting from confusion, loneliness, and fear. Six of the eight mothers expressed feeling angry in the days after CPS removed their children and they had to face the possibilities of living without them. Mary, Bonnie, Carrie, Jennifer, Teresa, and Penny related their anger at the system they felt took their children away. Their anger went along with other feelings such as irate, hurt, upset, panic, helpless, and lost. Carrie shared how her anger surfaced when social services kept her from having any contact with her children for months:

“How do you tell a mom after you’ve been around your kids forever that you can’t even talk to them on the phone? For somebody to come in and tell you that, but when you have them and you are a mom, they are mine. How are you going to tell me that I can’t be around mine and then the anger comes out.”

**Depression.** Depression became a reality as the realization set in for the mothers that their children were not with them and they did not know when or if they would see their children again. Researchers found depression is most common in women and elevated in women involved with removal and social services, as seen in over 50% of the mothers interviewed for this study.

Depression was felt in five of the eight women. Carrie reported in addition to her depression she had suicidal ideations and wanted to give up during the time she spent alone, without her children, “It was scary. I was depressed, maybe even suicidal at first, cause you lose everything. You don’t know what to do.”

Mary, Erica, Bonnie, and Jennifer also felt depressed. Bonnie referred to her map with all her feelings as a “black hole of depression.” Faith experienced depression daily as she struggled with her disorder and how it affected raising her children.

**Worry.** Six mothers reported they felt worried but at different times. Many of the mothers questioned whether they would ever see their children again. Jennifer, Faith, and Teresa worried in the short-term moment about what was happening to their children and if they would see them. Jennifer worried the social worker would change their mind and she would not be able to see the children again, “He kept changing his mind a lot and I’m just worried that things will change and then I can’t be with my children.”

Erica and Bonnie felt worried during removal and after regaining custody. Erica talked about mistrust sharing, “Now that I have them back, I’m still worried because who can I trust?” Faith talked about her worry never going away and it staying present with her:

“I always feel like I have to worry about everything and everybody. I worry that my kids will not be with me or that someone will take them away from me if I don’t do things that they want me to, like if my partner gets mad at me.”

**Grief and Loss.** Even though mothers did not use the term grief, they all referred to the fact they lost felt lost without their children. Their feelings paralleled the Kubler-Ross stages of grief during a loss (Kubler-Ross, 1969). They experienced denial and shock during the immediate removal of their children. Anger at social services systems and themselves followed in the weeks after removal. Bargaining aligned with what the mothers felt because social services held their children’s fate if they did not complete certain requirements. Depression was a dominant feeling as mothers felt emotional and physical pain in absence of their children. A few accepted the experience in the years after they regained custody of their children and could look back.

**Feelings that Lingered.** The long-term effects captured the trauma that continued months and even years after the removal process. Many of the mothers continued to feel the range of emotions they experienced since the day CPS removed their children from their care. Feelings of depression, fear, anxiety, and anger would come over them as they engaged in their daily routines with their children and adjusted to a new normal in their lives. They all felt a degree of mistrust of others and the system, resulting in suspicions, defensiveness, and overall paranoia they were always doing something wrong.

Many of the mothers experienced symptoms related to posttraumatic stress disorder (PTSD) such as recurring memories and avoiding reminders of the trauma. Both cause feelings of anxiety, fear, guilt, and negative thoughts about self, especially found in mothers who experienced past traumas (Ammerman et al., 2012). Erica, Teresa, and

Carrie experienced triggers long after their children returned to them. Teresa will not let anyone in her home out of fear someone will make a report against her. Carrie struggled with going to social services when she needs assistance with utilities or finances as she feels social services will find a reason to remove her children again.

“I’m paranoid of anybody professional, even going to social services for my food stamps and think like O God, I am not doing anything wrong now but it’s the trauma from it, like I have to walk on eggshells and I can’t do anything wrong. I don’t even do anything wrong, but it’s a sign in the back of my mind that I’m scared to even go out.”

Mary named her feelings and symptoms as PTSD in her interview and related she felt left with addiction and depression. Erica experiences triggers to the point of avoiding going to her hometown with her children.

“I’m traumatized by being in town, extremely, it’s a huge thing where I try to stay away from it, completely, even with my kids. I hate it, I’m freaked out by cops, completely, like I see them, and I start to panic. I know that is awful because you should feel good about a cop but not me because I’ve never had one help me.”

Bonnie still feels fear concerning her children:

“I still to this day, it's been eight months since they’ve come home. I still won’t have them go and stay with anybody, I won’t let them go, because I’m still scared to death. Even when I am in stores, I am scared that my child will just be gone. I wake up to my child screaming in the middle of the night and I jump up, freaking up, in panic mode wondering what is going on.”

Penny fears she could end up in the same situation as before with an abusive partner or someone who could abuse her children. She vowed to herself this will not happen again. However, she still faces her weaknesses, which could result in the removal of her children again.

“Women often internalize, meaning that instead of searching for answers in their world or circumstances, they assume something is wrong with them, so they might not attribute their thoughts, feelings, emotions, or behaviors to something that happened to them because they just figure this is who they are. Sometimes women will feel the need to be perfect and admitting to something they perceive as a weakness may feel like the last thing on earth they want to do.”

### ***Theme 3: Battling an Inner Belief System***

Closely related to the emotions and feelings the mothers experienced in the short- and long-term, they also reported some common beliefs and cognitions that seemed to emerge from these emotions. Several beliefs surfaced throughout the process, causing mothers to battle in their minds. Each stage of the process produced a negative belief that each mother had about themselves, social services, and their situation. Each mother seemed to be stuck in a cycle of beliefs and feelings. Confirmation bias occurs when a person looks for evidence that supports their thoughts and actions and then ignores evidence proving the opposite (Hall, 2012). Mothers faced internal beliefs (doubts about themselves) and external beliefs (about systems) they struggled with every day.

Throughout the removal process and after reunification with their children, internal and external beliefs haunted them. Many mothers doubted their parenting skills and felt they always had to prove they lived up to social services' parenting standards. They

continuously questioned themselves and doubted they were ‘good enough.’ Externally, they watched and judged as they continued adjusting to having their children back in the home.

**“It’s Not That Bad.”** During the removal, most mothers told themselves their situation was not as bad as social services thought. Mothers thought they took care of their children and provided adequate care within a safe environment. They assured the children had a home, food, clothing, and education. Mary did not see the issue of her possessing marijuana as a reason for removal and blamed it on a fraudulent call.

“They (social services) took the kids on a fraudulent call and they come to the house and realize that nothing is wrong except that somebody said there was marijuana in the house. Of course, the police go and find a little bit of marijuana and remove the children. So, it boils down to they just got taken over a little bit of weed.”

Jennifer shared a similar experience when CPS removed her children due to physical violence. She related it as only a verbal altercation between her and her partner was not as serious as the false report her family filed against her. Jennifer related the false reports to CPS stood out to her the most, as she felt she was getting the help she needed to be with her children. Instead, she felt social services took the situation to an extreme.

**“I’m Never Getting My Kids Back.”** As the process progressed into the weeks after the initial removal, mothers’ beliefs changed to hopelessness and the fear they would never have their children back in their homes. This belief also raised doubt for some mothers who felt they were not good enough parents. Bonnie experienced this doubt,



sharing, “They basically told me at every court date, you're just not good enough. I wondered; how good do you have to be to have your kids back?”

**“I am Always Walking on Eggshells.”** Two of the mothers stated they felt they had to walk on eggshells, being careful to not offend someone or do anything wrong. They reported feeling as if they were being watched all the time, regarding social services and others. Carrie related this sentiment:

“They are gonna say I’m a bad mom for going out so I just feel completely shattered like I have to live my life on eggshells for the rest of my life because if I don’t they’ll come in and take my kids. It’s hard to keep up that image when you're a single mom. You want everybody to think you got everything you need, but naturally you don’t. You don’t want people to think you're doing the wrong thing again.”

Faith also lives with the fear of not walking on eggshells and she would do something wrong. Most of the mother’s expressed having suspicions of social services watching them or judging them while they are out in the community. This has led to a mistrust of the system and defensiveness with the actions and decisions they make.

### **Research Question Response**

The mothers answered the research questions proposed for this study in detail as they shared their stories, revealing similarities. The four research questions prompted the discovery of the mother’s emotional experiences, trauma levels, contributing factors, and support levels all eight mothers shared openly.

RQ1: What are the emotions and emotional experiences of mothers that have their children involuntarily removed through child protective services?

It is apparent throughout each mother's story they experienced a wide range of emotions that lasted from the first day of removal through years later. The feelings mothers experienced immediately when CPS removed their children stayed with them throughout the process. Many of them felt confused on the day of the removal and remained disoriented in the days and weeks following. Their confusion centered around the lack of communication and answers to their questions from social services about the process, status of their case, or the well-being of their children. Many of the mothers also remained scared and fearful for their children and the unknown timeline of when they would see their children or have them back in the home. Mothers realized they were alone, did not have support systems during the removal, or could not reach family support by phone, which led to more worry and other negative emotions.

RQ2: How do mothers describe trauma and its symptoms when their child is removed?

Mothers described their trauma as feelings they experienced during the time after the removal, as they went through an array of emotions. Depression was a prominent symptom of the trauma they endured, which heightened suicidal ideations for several of the mothers. Their feelings of trauma escalated when at home, without their children. As most of the mothers regained custody of their children, they continued to feel trauma symptoms weeks and years after their children returned home. Depression lingered for some of the mothers a year later as they struggled with other feelings daily such as mistrust, doubting their mothering abilities, suspicions of others, and defensiveness. Almost all the mothers related they continued to panic or feel scared when they encountered a person or situation associated with the removal and their trauma.

RQ3: What contributing factors associated with the trauma of removal impact the reunification process that mothers have with their children?

The most-reported barrier or contributing factor the mother felt hindered them was the lack of communication from social services about their situation and their children. All the mothers presented a consistent theme regarding social service workers not giving them clear explanations as to why their children they removed their children, but also not communicating with them at all or very little. Most of the mothers felt if they provided a clear plan concerning requirements to regain custody of their children, they could follow the plan and reunite with their children sooner. The feelings of confusion, perpetuated by a lack of answers from social services, continued for them weeks after the removal. The limited communication from social service workers spurred feelings of doubt, blamed, helpless, punished, and judged.

RQ4: What support do mothers feel they need in order to increase their resilience and the likelihood of long-term reunification?

Some of the mothers felt they needed more support from family, but the majority expressed the need for more support and services from external sources. Aiding mothers with overcoming issues her family presents at the time of the removal requires additional support and understanding from social service workers. Mothers needed an explanation of the process, and a plan delineating the steps needed for reunification. They thought tailoring services specifically to their situation, they could expedite reunification. Instead, they die with a lack of communication, and confusion.

### **Summary**

The findings of this qualitative phenomenological study highlighted several themes that emerged during each participant's interview. The results point to a social services system lacking communication and failing to provide mothers with a plan for reunification. This same system falls short of meeting professional expectations by not offering needed support during a traumatic time. Mothers struggled with a range of emotions that led to a negative inner dialogue and an altered belief system. The research questions point to an answer indicating social services inadequate help to families facing separation from their children.

## **Chapter Five: Conclusion**

### **Overview**

The purpose of this transcendental phenomenological qualitative study was to understand the effect of trauma on mothers when CPS removed their children from their care and to explore their needs for sources of support they deemed beneficial to them during this time. In this chapter, I summarize each research question and move toward a discussion of the findings of this study. I will also include implications, delimitations, limitations, and recommendations for future research.

### **Summary of Findings**

Mothers opening up about their feelings regarding their involuntary participation in the removal process revealed answers to the research questions I posed in conducting this study. The first research question queried the emotions they felt when CPS removed their children. I found mothers eagerly shared the strong emotions they experienced during and after the removal process. The mothers expressed a range of responses with fear being the most prominent, followed by feeling alone, angry, confused, and depressed during the removal process and in the weeks following the removal.

The second research question asked mothers to describe trauma and how or whether it manifested during the removal process. Their replies identified the effect child removal has on mothers as participants described trauma symptoms they experienced. Mothers related their symptoms of trauma expressing anger, helplessness, continued confusion, panic, depression, frustration, shattered, lost, scared, and anxiety. Mothers also reported when CPS placed their children in foster care, they initially felt so alone some even resorted to substance abuse and addiction again.

The third research question sought to understand the contributing factors associated with the trauma of removal and the effect of the reunification process. The results indicated significant contributing factors mothers confronted. Both the lack of communication from social services and the pressure of changing requirements significantly delayed reunification for all the mothers. This led to the fourth research question regarding the support mothers need in order to increase their resilience and the likelihood of long-term reunification. Mothers felt more support from social services, family, and outside support systems including community services increased the likelihood of reunification with their children.

Based on the responses from all participants, I created a comprehensive study statement to encapsulate what the mothers shared during the interviews:

*In one of the most traumatic experiences a mother can live through, the removal of a child from their home, birth mothers feel alone, confused, and scared as they go through the removal process, without support from family, social services, or community resources.*

Feeling alone and scared were powerful feelings these mothers encountered upon removal of their children and they had no one to turn to for support. They also felt scared and fearful at the thought of what might happen to their children. Mothers should not have to experience those types of feelings concerning their children in any situation. Throughout the removal process, mothers experienced a range of trauma symptoms, which if mitigated could increase communication and support from social services and other community resources.

## Discussion

### Theoretical

The theoretical framework undergirding this qualitative study was based on trauma theory (Van der Kolk & Van der Hart, 1989). I confirmed and built on previous research concerning parents and their experiences with social services. Several main points stood out as birth mothers shared their experiences such as the role social services played in their lives, their feelings about themselves, and their belief systems.

**Social services.** Social services played a major role in the lives of participants, having a lasting effect on their existence. The eight participants all conveyed the message they received little to no support and communication from social services throughout the removal process. The review of the literature pointed out the fact the Virginia Department of Social Services ranks the poorest in the country regarding reunification, meeting with parents, and not involving families in decision processes. The Republican Standard (2019) and the Joint Legislative Audit and Review Commission (2017) reported social service workers excluded parents in the decisions made for their children concerning placement or reunification plans. Parents also lacked support from outside resources, which none of the participants in this study received from social services (Fuller et al., 2015). Dumbrill (2006) related parents feel powerless when working with social services, as the mothers in this study reported feeling helpless when questions went unanswered and they could not reach workers.

Participants expressed they desired more understanding and a clear plan by social services concerning the steps to take towards reunification with their children. This lack of understanding and planning from social services resulted in mothers feeling angry,

defensive, mistrustful, helpless, judged, punished, worried, scared, and depressed.

Researchers highlighted how unavailable workers, not interested in helping, unsupportive, and unreliable do not contribute to positive outcomes for families (Dale, 2004). They reported the negative influence of overloaded workers and agencies with high turn-over rates (Chuang et al., 2011; Mor Barak et al., 2001). Smithson and Gibson (2015) related workers lacked empathy, as these participants related, and should display more understanding. Mothers reported experiencing these issues from their interactions with social service workers when they asked for more support from them.

Social service workers created a chaotic situation for these mothers during the removal process by not communicating with them in a reasonable amount of time, providing little support, and conveying feelings of indifference to the mothers' situation. Mothers left alone with shattered feelings had little to no support in picking up the pieces of their shattered lives.

**Feelings.** A myriad of feelings plagued the mothers in this study, throughout the removal process, as well as into their futures. The feelings of confusion, being alone and scared dominated the first 48 hours of removal. Mothers disconnected, resulting in confusion when they dissociated from themselves, others, and the situation happening around them due to the high emotional content of their experiences (Memarnia et al., 2015). The participants experienced this confusion and shock during removal as they related a lack of understanding or knowledge regarding the removal of their children. The confusion only increased their fear as most of them endured being alone during the time of immediate removal.



Depression and feelings of loss escalated during the weeks after removal when mothers were by themselves without their children. Young (1998) found depression more common in women and rural Appalachian women more prone to depression (Snell-Rood, Feltner, & Schoenberg, 2019). Over half of the mothers reported feeling depressed while coping with their situation, and several experienced suicidal ideations. All the mothers reported experiencing grief and loss, which can result in depression and hopelessness (June & Black, 2011). Depression can spiral when involved with social services but decrease when a parent expressed confidence and trust in their worker (Gladstone et al., 2012). Mothers experienced increased depression, however, a positive relationship with their workers did not relieve their despair.

Interviews with the participants showed they related their stories as experiences of trauma, which stayed with them long after the incident occurred. Mothers shared they continue to feel symptoms of the trauma long after the immediate removal occurred. They relived and reexperienced the removal when triggered by reminders of the experience. Spertus et al. (2003) reported women can have lifetime trauma as evidenced by the mothers in this study experiencing trauma symptoms such as triggers, anxiety, and fears, long after the event ends.

**Belief System.** The mothers in this study found themselves battling their internal thoughts. A part of dissociation for mothers is they minimize the reasons causing the removal of their children (Memarnia et al., 2015). Participants related they believed social service workers exaggerated their situations. Dale (2004) reinforced how parents felt workers fabricated, distorted, and exaggerated insignificant issues. Mothers felt they provided for their children and kept them safe. The mothers also doubted themselves and

tied their feelings to identity loss as they questioned if they were good enough parents, doubting reunification with their children (Nixon et al., 2013).

### *Empirical*

In conducting the study I provide empirical evidence, based on birth mother's experiences, underscoring the effect of the removal process and the lack of communication and understanding mothers received from social services. These birth mothers faced outside adversities and repeated a cycle of trauma symptoms. Previous researchers suggested social service workers lack empathy and may hold back collaborating with parents (Smithson & Gibson, 2015). Participants indicated they not only experience a lack of communication from social services, but minimal communication and understanding from workers increased mother's negative feelings and belief systems. Contributors acknowledged the need for social service workers to engage in training in the areas of empathy, communication, and understanding for mothers during the removal process.

Mothers shared their desire for a clear, written plan from social services concerning steps they needed to take to reunify with their children. Researchers confirmed reunification fails one-third of the time and will most likely not occur after a year (Stephens et al., 2016; Talbot, 2007). Mothers could benefit and possibly experience less confusion, depression, and anger if they implement a clear plan from their worker. Featherstone (1999) demonstrated the more support a mother receives, the more she feels understood, increasing the likelihood of maintaining a positive relationship between mother and child. Mothers desire to have communication, support, and complete

requirements from their workers to reunify with their children as quickly as possible, which participants of this study did not receive.

**ACEs and adversities.** As related in the review of the literature, mothers face multiple adversities as part of their life since childhood. Mothers did not receive support from social services or outside systems during the removal process or the weeks following. Fuller et al. (2015) highlighted the lack of services for a parent trying to navigate the removal process. Rural areas have limited resources, leading to insufficient support to assist mothers in negotiating systems, leading to further adversities mothers face (Huddleston-Cases et al., 2008).

The mothers in this study scored an average of 7/10 on their ACEs questionnaire, with scores ranges from 2 to 10. Researchers found the higher the ACEs score, the higher the risk for poverty, depression, substance abuse, partner violence, and unwanted pregnancy in adulthood (Prevention, 2016). The most common issues described by the eight mothers included experiencing verbal or physical abuse, living with a parent who abused substances, and/or a divorced parent. All the mothers, except one, scored themselves as not feeling loved by their family. As revealed in the current study, mothers faced adversities throughout their childhood and the pattern often repeats itself as they raised their children and continued the cycle of struggle.

**The cycle.** Mothers struggle with past adversities from their childhood and present ones affecting their adulthood. My research documents how mothers experience trauma symptoms such as depression, anxiety, recurring memories, and dissociation (confusion). These symptoms resulted from the removal of their children. As their feelings surfaced, decisions and actions helped or hindered their cases. The mothers in this study seemed

stuck in a revolving cycle of adverse actions causing negative emotions. Negative emotions cause further adverse actions and beliefs, which then leads mothers to an increase in defeatist actions, emotions, and beliefs.

### **Implications**

The outcomes of this study suggest how the experiences of mothers should influence future research and policy decisions. The stories of these mothers illuminate continuing problems with the removal process by social services, which decision-makers should not ignore.

### **Theoretical**

Researchers underscored a lack of communication with parents from social service providers, as well as failing to show empathy and regard toward those going through the process of removal. Previous studies, as presented in the literature review, showed parents involved with the social service system experience increased depression, face multiple adversities, and receive little or no support from systems in the community.

Outcomes from my study confirmed birth mothers described the removal process as a trauma in their life. They expressed feelings of depression, dissociation, grief, and loss, along with other trauma symptoms throughout the entire process. The mothers experienced their trauma symptoms for days, weeks, months, and years after the removal process. Many of them continued to feel mistrust, punished, and judged in addition to social service workers watching them as they move about their communities. Some of the participants continue to relive the experience every day when they fear another removal of their children from their care.

## **Empirical**

Participants in this study had similar negative interactions with social workers, as noted in previous studies, such as a lack of communication, little empathy, or no regard for parents. Based on my observations, I make the following recommendations for how social service organizations, particularly those in Virginia, can operate in a way, which can improve family, social, and mental health outcomes, increase reunifications with birth mothers and offer clear guidelines for parents going through the removal process. Mothers highlighted the need for support from social services, support from outside resources, including community services, and support from family members. Receiving support becomes especially critical during the first 48 hours of removal, in reuniting children with their birth parents and providing significant help to families in Virginia and elsewhere.

**Support from social services.** Researchers found social service agencies in the United States, and especially in Virginia, lacking in their support for birth mothers. Mothers yearn for an explanation and reasons why CPS removed their children. Participants in this study requested guidance from workers, but they received little direction. While this study had a small sample size because of its qualitative nature, every participant shared, often with deep-seated emotion, how the social service agency working with them was simply not available and/or willing to answer their questions. Social service workers seemed unable to fulfill the expectation of offering guidance to birth mothers during the removal process. From the participants' reports, they felt shunned, and they not given community resources or referrals to outside sources of support. Mothers, especially in rural areas, lacked a variety of support systems and needed support from all services, working together to halt the perpetual cycle of daily adversities in their lives.

Social services seem to not connect families to resources, community services, or other support systems.

**Support from state services and community resources.** Mothers struggling with adversities such as substance abuse, mental health disabilities, poverty, housing instability, and many other issues reported feeling the state and their communities failed to assist them during the removal process. The participants in this study did not feel they had support systems to turn to, nor were their services offering hope and resources. Mothers needed resources, such as social services programs, non-profit programs, and support from churches they could trust, because social service workers did not fill that role. Mothers reported not feeling they could turn to community organizations or churches.

**Support from family.** All the mothers in this study felt helpless during the immediate removal process as they could not reach family or did not have a family to support them. Mothers reported inadequate family support growing up as documented in their ACE scores. Their families lacked stability while they were growing up, which in turn, resulted in an absence of on-going support from other sources. A scarcity of services and resources contributes to limited training for birth families, especially as grandparents or other family members take custody of children during removal.

### ***Practical***

Researchers reported a positive, collaborative, partnership between parents and social services resulted in parents feeling connected to their children and experienced reunification in a timely manner (Carnochan et al., 2013). A family-centered approach by the child welfare system is critical for families and mothers needing support (Ayala-Nunes et al., 2014). The mission of social services is to keep children in the home, and workers

seem to be failing. In Virginia, significant changes need implementation in order to benefit birth mothers and children.

*Changes for Social Services.*

Social service agencies and practitioners need to change for mothers to feel supported and valued. Birth mothers, parents, and family relatives need clear guidance and understanding from workers during the traumatic time of removal. Mothers need easy access to public information while holding social service workers accountable for their lack of interaction and negative attitude towards birth parents. Putting a clear plan in place, outlining steps to reunification can decrease protracted placements keeping children away from their mothers.

**Access to public information for birth mothers.** Mothers in this study reported not receiving contact information for their workers, other resources inside of social services, or complaint contact information. Currently, about half of the local department websites offer access to information, services, and outside resources in Virginia (Find Your Local Department - Virginia Department of Social Services, 2020). The mothers participating in this study lacked access to websites in their region and information, especially when CPS did not communicate with them.

Mothers did not receive handouts regarding the removal process, court proceedings, and requirements they needed to meet, despite social service worker's access to a handbook for parents and guardians in child dependency cases. Mothers did not receive referrals to outside resources to assist them through the removal process or dealing with those they consider adversities.

**Accountability.** Social service agencies have policies, procedures, and programs in place to assist families, such as the Kinship program (placing children with relatives) and Safe and Stable Families (connects families to outside resources and promotes keeping the child in the home). (*Promoting Safe & Stable Families (PSSF) - Virginia Department of Social Services, 2020*). They do not utilize and are not held accountable for under usage. According to the JLARC report, over the last 40 years, Virginia social service agencies lacked accountability, which contributed to not redressing severe inadequacies in local offices (Graham, 2020). A bill sponsored and introduced in early January 2020 suggested creating an Office of the Children's Ombudsman for Virginia. The bill passed in March 2020 and enacted in April 2020. The department is

... a means of effecting changes in policy, procedure, and legislation; educating the public; investigating and reviewing actions of the State Department of Social Services, local departments of social services, child-placing agencies, or child-caring institutions; and monitoring and ensuring compliance with relevant statutes, rules, and policies pertaining to children's protective services and the placement, supervision, treatment, and improvement of the delivery of care to children in foster care and adoptive homes (Graham, 2020).

The state of Virginia does not require defined credentials or clinical experience for social workers. They can hire workers without prior experience, along with those holding a bachelor's degree in a human services field at an entry-level. Counselors, qualified mental health professionals, certified nursing assistants, and nurses require registration and approval by the Virginia Department of Health Professionals, which holds them accountable for complaints, continuing education, supervision and training, ethics, and



practice procedures. Talbot (2007) reported masters-level social workers use more of a theoretical knowledge base of the profession to guide them when working with families. Problems experienced in the field do not offer sufficient knowledge about the risks to children and families.

**Attitude.** Researchers reported social service workers often treat parents as inhuman and an overriding attitude from workers indicates an “us vs. them” mentality (Dumbrill, 2006; Smithson & Gibson, 2015). Workers experience case overload, high turnover rates, and a lack of funding. Although these issues create concern, they do not lessen the requirement to treat birth mothers with dignity, respect, and empathy. They need more training for compassion fatigue and burnout to not lose the structure of a helping relationship, which holds importance for mothers to feel supported. An emotionally supportive relationship between caseworker and parent is critical for family preservation. Researchers shared evidence of individuals’ increased likelihood to change and improve their lives when given support, empathy, and trust (Fuller et. al., 2014).

Social workers must learn how to relate to the trauma birth mothers often experience during the removal process. Killian (2008) stressed how individuals in the helping profession become inundated with secondary traumatization, leading to burnout and compassion fatigue. Mitigating stressors in the workplace include working in teams, receiving adequate social support, proactively taking care of their mental health, collaborating with professional peers in the community, and minimizing caseload (Killian, 2008). Motivational interviewing evidences efficacy for social workers, as it enables them to focus on the child’s welfare, engage the parent, and elicit “change talk” to resolve ambivalence (Forrester et al., 2012). Continued training, supervision, and education of

helping professional assists in protecting against traumatic stress, as well as incorporating self-care routines (Killian, 2008).

**Reunification assessment and plan.** The Adoption Assistance and Child Welfare Act passed in 1980 as a cornerstone to preserve the family and minimize the time a child remained in foster care. High numbers of children continued to linger in foster care across the United States, therefore, the Adoption and Safe Families Act passed in 1997, mandating the need to preserve and reunify families (Talbot, 2007). Several states adopted effective reunification models Virginia could incorporate into social service agencies as a way to move the commonwealth forward. The parent can request tailored, structured, and written plans concerning requirements and completions for reunification.

**Illinois.** The state of Illinois incorporated the problem-solving model for social workers to apply theory to their practice. This model applies concepts such as working in the here and now, opportunity, parceling of services, and time limits to crisis intervention, family therapy, and brief treatment models. A theory provides a clinical lens through which social workers can observe problems and use appropriate language to assist families with understanding processes. Employing the model also helps social workers understand problems from the client's perspective, thereby increasing empathy and humanizing those in the system (Talbot, 2007).

The Department of Children and Family Services, equivalent to the Virginia Department of Social Services, established the Family Recovery and Reunification Program, which helps families with removal due to substance abuse. Case managers engage parents in treatment, case management, parenting classes, counseling, and assistance with housing and employment with the end goal of reunifying families.

Providers assist with removing barriers to treatment and helping parents to engage, retain, and re-engage with services as needed. A waiver granted to the Department of Children and Family Services provides funding. Independent evaluations of the program document success in the areas of permanency in reunification, shorter periods of time until reunification, less time for children in foster care, stable reunification, parents practicing more safety with children, and treatment success with substance abuse (Family Preservation and Reunification Services - Preserving Families, 2020).

**Pennsylvania.** This state offers a reunification program using the Youth Advocate Program. Interventions begin within 24 hours of removing a child from their home. Children typically return home within four months with services lasting six months to support safe and successful reunifications. Teams meet within 24 hours to develop a plan for reunification including input from the birth parents. Children receive supervised visitation with their parents five times per week for at least ten hours per week to foster healthy attachments. Parents participate in developing family assessments. Parental support focuses on trauma, stress, and other needs such as substance abuse and mental health treatment, including maternal depression. Presenting steps for each plan at intervals of one month, two to three months and four to six months reinforces parents working towards fulfilling the requirements and expectations for reunification (Youth Advocate Programs, 2013).

**Ohio.** Ohio incorporates the comprehensive assessment planning model, which is a reunification assessment to evaluate the child's and parents' readiness, safety, compliance, and resources. The assessment documents risk to the child, and when the family controls identified risk factors the child reunites with their parents. Part of the assessment indicates

whether the parent understands the reunification plan and complies with the requirements of the plan. Establishing supports for the child and the family is part of the reunification plan. The plan clearly articulates and defines expectations (Ohio Department of Job and Family Services Comprehensive Assessment Planning Model, 2006).

**Kansas.** The state developed an intensive reunification program to increase the likelihood of child reunification with parents. The program involves clinicians, social workers, and other community workers modeling positive behaviors to parents, helping them practice parenting skills, providing information about community support and resources, and encouraging participant self-evaluation. The core program lasts 36 weeks with parents and children participating in activities twice a week for two-hour sessions. Workers support children visiting with parents in their home of origin weekly for 90-minute sessions. The efficacy of the program produced results indicating positive family reunification, which occurred in nine months instead of the 19-month average (Carnochan et al., 2013). Other states such as Missouri, Utah, California, and Texas established similar reunification programs. Virginia lacks a consistent reunification model or program of service that clearly defines expectations for parents, offers empathy, and instills hope.

***Implications for Virginia.***

The JLARC review made it clear that Virginia does not implement reunification or assistance programs for parents of removed children. The General Assembly strongly recommended Virginia begin implementing policies to allow children requiring placement stay with relatives when possible. The interviewed birth mothers related CPS did not acknowledge relatives capable of caring for their children upon removal. The JLARC review recommended CPS caseworkers meet with birth parents at least every two months

as long as the goal remained reunification. They also suggested holding non-compliant caseworkers accountable when meetings did not occur and advised caseworkers hold structured meetings with birth parents, relatives, and other relevant stakeholders to make decisions regarding care for children removed from their homes. In Virginia, caseworkers conduct family partnership meetings to make decisions regarding child removal, change of placement, reunification, or other permanency plans. The Virginia Department of Social Services 2018-2019 Annual Review of Child Protective Services reported investigating 982 total referrals. Less than half of those referrals received a family assessment, even though 545 of those cases found abuse (Child Protective Services Reports & Studies - Virginia Department of Social Services, 2020). Mothers reported caseworkers never held planning meetings with them, their relatives, or stakeholders concerning decisions about their children and placement. The region where participants lived, during the time span of May 2018 to April 2019, averaged approximately 230 new cases. When combined with cases under care they reported planning meetings averaged one meeting per month, with two months without any meetings (Child Protective Services Reports & Studies - Virginia Department of Social Services, 2020). Virginia created the promoting safe and stable families program, with goals of preventing or eliminating the need for out-of-home placements of children, promoting family strength and stability, enhancing parental functioning, protecting children and assessing changes in state and local service delivery systems. None of the eight birth mother participants received these services or enrollment in this program during removal or the weeks once removal occurred. Social services workers did not refer mothers to outside services, which could provide assistance with completing program goals.

The JLARC review recommended strict guidelines concerning accountability for caseworkers, case reviews, and the number of cases they could serve. Virginia reported 15% of caseworkers carried high caseloads, which affected nearly one-third of the children in their care and control. The standard caseload is 12-15 cases, and caseworkers carried more than 30 at a time, double the limit policy allows. Regional CPS caseworkers averaged approximately 50 cases per worker during the time span of May 2018 through April 2019 (Child Protective Services Reports & Studies - Virginia Department of Social Services, 2020). Legislators recommended local departments comply with state foster care laws and regulations, given the minimal oversight throughout the current system.

The stories and voices of birth mothers in this study demonstrated Virginia is not following recommendations instituted in state guidelines. Mothers in this study and parents in previous studies reported they needed more support from social services and the community, to avoid feeling overwhelmed by the state system. The birth mothers adamantly complained about the way social services left them feeling unsupported. They clearly articulated their needs throughout the removal process.

**What Birth Mothers Need.** The birth mothers in this study communicated numerous unmet needs from social services and their communities while going through this traumatic experience. They reported wanting a clear plan from social services concerning requirements and recommendations for timely reunification. They also wanted consistent communication from social services and answers to their questions. At a minimum, they wanted social service workers to treat them with dignity and respect when offering support and resources to assist them through their struggles.

**A clear plan.** All the birth mothers expressed needing a clear plan, which guided them through steps for reunification with their children. They expressed they would comply with requirements and recommendations from social services and other agencies if they received steps and an opportunity to review and comment about them. Instead, social service workers had minimal communication with them and changed the requirements frequently. Some mothers had to repeat programs several times before social services recognized the requirements as completed. The lack of a written plan from the start of the removal process left mothers feeling confused, frustrated, and hopeless. Many states adopted certain models and plan to ensure parents feel supported. One such model is the ENGAGE model.

**The ENGAGE model.** The ENGAGE model is based on work by Belsky and Vondra (1989) which takes into account a parent's developmental history and personal characteristics, the child's characteristics, and the social connections of the parents to the community and their environment. Researchers developed this as a way for steps to be implemented for children and parents when removed for neglect occurs (Carnochan et al., 2013).

This model focuses on six steps, engagement, needs assessment, goal setting, assessment of progress, goal achievement, and ending work. Engagement allows for longer periods of contact with parents while educating them about the child welfare system. Parents receive clear expectations, instilling empathy, and hope by interacting with parents as partners as the main focus. The needs assessment identifies the strengths and needs of parents, their stresses, and sources of support, as well as child characteristics. They tailor the third step of goal setting to meet the needs of the family along with smaller

steps to achieve larger goals. They conduct assessments of progress daily and weekly to assure progress continues. A team of child welfare workers determines the accomplishment of goals and if reuniting the child and family is appropriate. The last step involves social workers providing aftercare support and services to ensure lasting reunification. They continue to maintain communication with the family, offering support after their case closes (Carnochan et al., 2013).

**Consistent communication from social services.** All the mothers in this study reached out to social services multiple times for guidance and support, but they received little to no communication in return. Mothers need consistent interactions with social service providers to understand the process of removal and the required expectations. Consistent communication and answers to questions would increase their feelings of being heard, supported, and understood during the process.

**Basic human rights.** Mothers need social workers who incorporate basic human rights into their work. Understanding, empathy, showing dignity and respect represent characteristics of the treatment every human being deserves and is a part of human rights training required by the Department of Behavioral Health and Developmental Services in Virginia (Human Rights / Virginia Department of Behavioral Health and Developmental Services, 2020).

The National Association of Social Workers (NASS) established a Code of Ethics and principles, approved in 1996 and revised in 2017, for social workers to uphold, similar to the American Counseling Association and the American Psychological Association Code of Ethics. The NASS lists their primary mission is as follows, “The primary mission of the social work profession is to enhance human well-being and help meet the basic



human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (2017). Their mission is rooted in a set of core values social workers should follow including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The purpose of the Code of Ethics is to guide the social worker’s conduct (Code of Ethics, 2017).

Mothers did not feel their social workers applied ethical principles to their cases. Mothers reported wanting to feel heard, not judged, punished, or condemned. They wanted more understanding and empathy, along with treating them with dignity and respect. Their experiences reflected social service providers who lacked application of the ethical principles they commit to follow. There is a need for increased training for social workers in the areas of basic human rights and how to serve parents using ethical codes. Workers need additional information on preventing compassion fatigue and burnout to decrease negative attitudes toward birth mothers, parents, and families.

**Parent advocates.** Birth mothers strongly expressed they needed support during the removal process. They wanted someone in their corner to advocate for them and to help them navigate the social services system. A study conducted by the Child Welfare Organizing Project in New York found parent representatives having a positive influence on a parent’s engagement, as well as parents feeling increased supported during their time receiving social services (Lalayants, 2017).

**Community relationships.** Mothers reported they wanted closer connections with community resources and the ability to find support systems for their extended family during the removal process. They did not receive helpful information from social services

regarding community resources. Because social service workers often carry heavy caseloads and have high turn-over rates, it is unrealistic to expect them to carry the complete burden of assisting families in the community. Social service workers can collaborate with other services in the community, such as mental health services, housing services, employment services, and church support, for the well-being of parents and children.

Community resources can serve as a source of hope and support for birth mothers experiencing removal and facing the social service system alone. Mothers could benefit from resources offered throughout Virginia such as churches, Big Sister/Big Brother programs, Total Action for Progress, Office on Youth for parenting classes, health centers, mental health programs, as well as multiple private providers in each community.

### ***Christian Worldview***

The great commission for a Christian is they minister to the hurting and needy, and love their neighbor as themselves. Christ calls Christians to serve others with love and understanding. Christ admonished Christians multiple times to help the poor and needy, and give freely with love and understanding. Christ also warned those who ignore those who are poor, and hurting will not reap rewards in heaven. The church should serve a large role in the community to assist mothers and parents when they face adversities.

Birth mothers often endured long histories of childhood trauma, which accumulated into adulthood. Wilson (2010) pointed out how early experiences in our childhood cause pain in our lives, and how we react to the pain determines our dysfunction or healthiness. The author stated that we turn to dysfunction because “we adopt defensive, self-protective thinking, and behavior patterns when we feel emotionally

or relationally threatened or wounded,” which in turn “leads us to hurt ourselves and others.” (2010, p. 12, 13). They further explain how families cause hurt and pain. Early experiences with unavailable or sexually/physically abusive parents, had poor priorities, stealing our sense of safety and security, leads us to hurt others.

According to Backus and Chapien (2000), people from misbeliefs caused by emotional turmoil and maladaptive behaviors. At the root of these misperceptions is the early family system where defense mechanisms provide protection. These misperceptions can lead to faulty thinking, destructive behaviors, poor choices, and unhealthy relationships with oneself and with others. Communication becomes hindered and self-esteem remains low within the family system, which transfers to all aspects of a person’s life and can infect the circles in the Hawkins model. Being dysfunctional involves repeating patterns. Wilson (2010) stated, “When we lack understanding about our hurtful ways, we cannot make healthy, hurt free choices. And so the cycle of hurt and pain rolls on” (p. 34). Ultimately, dysfunction occurs when we separated from God and His nature. The perfect model of health includes engaging in a healthy relationship with oneself, others, and God.

McMinn (1996) presented three views of healthy functioning. One is an accurate sense of self, in which a person accurately understands and accepts themselves, leading to greater emotional and spiritual health. The next is an accurate sense of need, in which a person sees their needs and their main need should be God. The third is an accurate understanding of healing relationships, in which a person must have a relationship with Christ, and as their learning patterns change their healthy relationships with others improves. Healing seems to be a central key to health. Wilson (2010) noted a person needs

healing from all the hurt they experienced. Cognitive health allows the person to meet their goals and needs in a healthy manner. A picture of health for families would reflect clearly defined structure and flexibility according to the needs of the individual in the context of the family. Health encompasses a person with thought patterns that extends to others within their system. All key constructs increase, such as healthy communication, self-esteem, core beliefs, and healthy automatic thoughts.

A Christian's duty is to provide for the widowed and orphaned. Birth mothers are similar to the widowed as they usually do not have family or partner support. Children are similar to orphaned as the majority grow up in single-family homes, without fathers. Christians can show God's love by tending to people hurting and in need.

### **Delimitations and Limitations**

One limitation of this study is the use of qualitative phenomenology with eight participants in rural Appalachia. I intended to capture the essence of the participant's experiences. As the study focused on mothers and their children; I imposed a limitation to adult females in child-bearing years. The participants only included mothers with children involved with the social service system and their child/children removed at least once. All the participants completed a parenting class as required by social services. The mothers lived in the Commonwealth of Virginia, which I selected based on findings in the 2017 Joint Legislative Audit and Review study placing Virginia as one of the lowest states for social service interactions with parents and with the lowest reunification rates in the entire nation.

I limited participants in number due to the qualitative nature of the study. Participants also resided in two localities in a rural region. The mothers were Caucasian,

and of Appalachian cultural backgrounds, who reported low income and educational levels.

### **Recommendations for Future Research**

Because of the lack of research on how birth mothers fare in their interactions with social service systems in Virginia, additional researchers can assess the needs of birth mothers with greater specificity. It would be worthwhile to conduct studies on various programs other states implemented to support birth mothers in achieving their goals for reunification. Increasing compliance with state recommendations could result from conducting research concerning the success rates of other state reunification programs.

In reference to demographic issues, replication across different populations could produce results to deepen our understanding of the needs of mothers in varying locations. The rural nature of this study, consisting only of Caucasian mothers in Appalachia, indicates gaps future researchers could target in more urban and suburban areas of Virginia. Expanding the study to include the voices of mothers across various races and cultures, could reveal how an individual's background affects their experiences with social services.

Further, future research with social service workers can contribute to understanding how they cope with different situations and cultures. Worker's voices in the area of policy changes and practices can highlight the changes they would like to implement instead of following state mandates. I would recommend future quantitative and qualitative researchers focus on what caseworkers need to prevent compassion fatigue and burnout.

## Summary

According to the Virginia Assembly, the commonwealth ranks as one of the lowest to practice timely reunification for children removed from their birth mother. I conducted this study to increase our understanding of the struggles birth mothers face when they encounter the CPS system. The birth mothers experienced a range of strong feelings that stayed with them beyond the resolution of the investigation. The participants reported social service workers did not provide basic human rights to birth mothers such as being treated with dignity and respect, informative and consistent communication, and referring to community resources capable of providing assistance and understanding. Numerous researchers documented the trauma children face when removed from parents. However, understanding the trauma birth mothers face is also important to acknowledge for the purposes of reunification and family healing. Critical services for mothers and children in the first 48 hours of removal can mitigate short- and long-term effects of trauma. Social service workers have an obligation to recognize the needs of birth mothers and strictly follow requirements instituted by the Commonwealth of Virginia. An important question for social service workers, parents, stakeholders, and the community to query is whether the short-term effects of negligence from social services toward birth mothers outweigh the long-term effects of trauma to children and families?

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## APPENDICES

### Appendix A

#### **Part I: Participant Screening Instrument (Phone)**

Hello, and thank you for your time. My name is Candace Berry, Doctoral Candidate at Liberty University, and I am in the research phase of my dissertation entitled *A MOTHER'S TRAUMA EXPERIENCE IN THE FACE OF CHILD REMOVAL*. You were chosen due to previous participation in a parenting education class as recommended/required by social services and as someone who could potentially be a good fit for my research. I am wondering if you might have 15 to 20 minutes of time for us to talk now, or if we can schedule another time for me to contact you.

*If nominee says they can talk now, then proceed with protocol. If nominee is not available to talk now, say: "Then let's schedule a time that is convenient." At the conclusion of the conversation, thank nominee for their time.*

As we begin, I have a few questions I would like to ask you:

- Are you between the ages of 18 to 40?
  - *If nominee answers no to this question, then say, "Thank you for your willingness to talk with me. Age is a qualifying factor for participation in this study, and apparently the information I have is not correct. Thank you for your time."*

- *If nominee answers yes to this question, then go on to question #2.*
- Are you a biological mother of at least one child, who has been removed from your care by social services in the past or currently?
- *If nominee answers no, then say, “Thank you for your willingness to talk with me. Parenthood of a child and a removal is a qualifying factor for participation in this study, and apparently the information I have is not correct. Thank you for your time.*
- *If nominee answers yes to Question #2, then say, “Can you tell me briefly about your child/children and their ages, and your current relationship status with each of them?”*
- **If nominee is a potential participant,** then say, *“Thank you for your information. I will get back to you and let you know if you have been selected to be a part of the study or not. Various factors are going into who will ultimately be chosen as participants for my study. My goal is to choose people that fit the best for my research, so if you are not chosen, it in no way reflects on your ability or capabilities. I would like to make sure that I have your contact information (double check on e-mail and phone number from nomination form). If you are chosen to be one of the participants, I will be in contact with you when this study is approved by Liberty University. If you have not heard from me, then you can assume that you have not been chosen. Do you have any questions for me? (Answer questions, thank nominee for their time).*

**Continue Conversation (if nominee is chosen into the participant pool):** I would like to talk with you further about this study. May I continue? (Obtain verbal consent). The process of my research will occur through one lengthy interview that will likely last between 1 and 1 ½ hours. You do not need to prepare for this interview, but I would like to meet with you at a neutral and confidential location that has been chosen and that is relatively free from distractions. I will also need for research purposes to audio record our interview. Your identity will be strictly guarded, you will select a pseudonym, and any identifying information will only be reported in aggregate or group form. At the beginning of our time together, I will go over an informed consent form that will provide details about your interview, the study, and your identity being confidential.

If you are willing to participate in my research, I would like to schedule a time for our interview which will last between 1 to 1 ½ hours. Do you have any questions for me at this time before I go on with more information? (Answer questions).

Thank you for your time and willingness to talk with me and to be a participant in my research. Let's schedule a time and place for us to meet, making sure that we have between 1 and 1 ½ hours of uninterrupted time should we need it. I will also need an e-mail address (preferably) to follow up our phone conversation.

- Obtain contact information, meeting time and location.

---

Then say, "Thank you for your time. I look forward to our conversation soon."

**Initial Phone Screening Report**

First Name:

Phone Number:

Date:

1. Are you between the ages of 18 to 40?

• \_\_\_\_\_

2. Are you or have you been a biological mother of at least one child, who has been removed from your care by social services in the past or currently?

• \_\_\_\_\_

***General Impressions of Nominee:******Is this Nominee a participant in study?******YES******NO******Maybe (will consider in the future)******E-mail (or regular mail) address of Participant:***

**Appendix B**  
**Recruitment Letter**

Dear Participant:

As a graduate student in the School of Behavioral Sciences/Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for an Ed.D. in Community Care and Counseling. The purpose of this study is to understand the impact of trauma levels with mothers whose children have been or are currently removed from their care by social services and to explore their needs for sources of support to benefit them during this time. I am writing to invite you to participate in my study.

If you are between 18 and 40 years of age, the biological mother of a child/children, have had a case involving removal of a child/children by social services, and are willing to participate, you will be asked to complete a demographic and Adverse Childhood Experiences (ACEs) questionnaire, and then proceed to be interviewed. It should take approximately 1.5 hours for you to complete the interview. Your name and other identifying information will be requested as part of your participation, but the information will remain confidential.

To participate, contact me to schedule an interview at [REDACTED]

A consent document is attached to this letter for your convenience. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of the interview.

Sincerely,

Candace Berry

Doctoral Candidate

School of Behavioral Sciences

Department of Community Care and Counseling

## Appendix C

### Sample E-Mail or Letter Text to Participant Before First Interview

Date

Name

Address

E-Mail

Dear \_\_\_\_\_,

Thank you very much for your willingness to participate in my study entitled A  
MOTHER'S TRAUMA EXPERIENCE IN THE FACE OF CHILD REMOVAL.

. Based on our recent conversation, we are scheduled to meet at the following place and  
time:

- 

I will do my best to make sure that our time together is no longer than two hours for this  
meeting. Thank you for your time. I look forward to our meeting.

Sincerely,

Candace Berry

Candace Berry, LPC

Doctoral Candidate, Department of Community Care and Counseling

Liberty University, School of Behavioral Sciences, Community Care and Counseling



**Appendix D**  
**Consent Form**

A Mother's Trauma Experience in the Face of Child Removal

Candace Berry

Liberty University

School of Behavioral Sciences/ Department of Community Care and Counseling

You are invited to be in a research study of biological mothers who have had their children removed by social services. This study will provide an opportunity for mothers to share their experiences and feelings concerning their children being involuntarily removed and provide a platform for their voice to be heard. You were selected as a possible participant because you are the biological mother of a child who has been removed by social services. Please read this form and ask any questions you may have before agreeing to be in the study.

Candace Berry, a doctoral candidate in the School of Behavioral Sciences/Department of Community Care and Counseling at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is to understand the impact of trauma levels with mothers whose children have been or are currently removed from their care by social services and to explore their needs for sources of support to benefit them during this time.

**Procedures:** If you agree to be in this study, I will ask you to do the following things:

1. Complete a Demographic Questionnaire and an ACEs questionnaire. This should take approximately 10-15 minutes.
2. The interview will be conducted with specific questions which allows the participant to tell their story and experience. This should take approximately 30 minutes.
3. The Conceptual Map will be created by the participant. This step should take approximately 15 minutes.
4. Time will be allowed for the participant to reflect on the map and make corrections or adjustments as needed. This should take approximately 15 minutes.

**Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. Sharing feelings and memories may be traumatic or have a psychological effect. If this occurs, participants will be provided a list of resources in the area for counseling if they need assistance. As a mandated reporter, I am required to report any disclosure of child abuse, child neglect, elder abuse, or intent to harm self or others.

**Benefits:** Participants should not expect to receive a direct benefit from taking part in this study.

This study may affect the local and state community by bringing mothers' stories to light and sharing them with systems that may not know or understand the myriad of feelings a mother endures during the removal process. Social services can benefit from this study by gaining empathy for mothers and learning what support systems mother may need to achieve reunification and successful lives. This study could have significant applications for the state of Virginia, which has the lowest reunification rate in the nation. Listening to the stories of birth mothers and understanding the implications of their trauma could significantly impact social services work policy and how social workers can better understand how to work with mothers in their communities.

**Compensation:** Participants will not be compensated for participating in this study

**Confidentiality:** The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

- Participants will be assigned a pseudonym. I will conduct the interviews in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted. Data will be locked in a 3-lock system: 1. Locked in a file cabinet; 2. Locked in the

office; 3. Locked in the building. Data in spreadsheet form and audio recordings on the computer will be password-locked and password timed out.

- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher, chair, and reader will have access to these recordings.
- There are no limits to confidentiality as participants will be interviewed separately.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**How to Withdraw from the Study:** If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Contacts and Questions:** The researcher conducting this study is Candace Berry. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty chair, Dr. John King, at [REDACTED].

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Please notify the researcher if you would like a copy of this information for your records.*

**Statement of Consent:** I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

---

Signature of Participant

Date

---

Signature of Investigator

Date

## Appendix E

### Full Interview Protocol

Thank you for your willingness to meet with me. As we begin, I would like to share an **INFORMED CONSENT DOCUMENT** with you, and for the next few minutes we will walk through this document and answer any questions you may have. (*Read through Appendix D and answer questions. Sign consent form and make a copy for the participant and for the researcher.*)

I will now start our audio recording. (*Turn on audio recording. Test the equipment to make sure that it is working properly.*) We are now going to spend roughly the next 60 to 90 minutes in an interview where I will be asking you questions and probe for more information from these initial questions, and we will walk through a conceptual mapping exercise, which is simply a very easy visual exercise that will help you organize your story. There are no wrong answers to questions, and you are encouraged to take your time and think deeply about your responses. As a researcher, I am very interested in your story of your experience. I will ask some questions, solicit some answers, and then probe deeper for more information. Are you ready? (*Make sure participant is ready and that there are no further questions.*)

I want to start by asking you a few demographic questions (Appendix F) and have you complete the ACEs questionnaire (See Appendix G).

During this phase of our interview, I will be recording key ideas, concepts, and events on Post-it notes® while you are sharing your story. I will first give you a statement that I would like you to reflect on for a few moments, and then when you are ready, please let me know, and then you can proceed while I record some of your thoughts.

- *“Let’s take 15-20 minutes, and in that time, I would like you to share your story of how your child(ren) was removed from your home and your emotional reaction to the removal.” “How did you feel in the weeks after removal?”*
- *What trauma symptoms do you feel you experienced as a result of the removal?”*

(Wait for a minute, then when participant is ready, encourage them to tell their story. While participant is speaking, be prepared to ask further clarifying questions. Then say:)

- *“I would now like you to take a look at each of the details I wrote on these Post-it notes® and make sure that these details are accurate and a proper reflection of your experience. Are there any other details you would like to add?”*

### **Conceptual Mapping Task**

Now that we have all the details checked and reviewed, I will now give you the easel pad which can be placed in your lap or on the table for ease of use. Now I would like you to take each of these Post-it notes® and arrange them on the pad in a way that represents your lived experience of losing your child, and how the concepts on these notes relate to each other.

Now that you have arranged the notes on the board, I now would like you to draw a geometric shape around each of the clusters of concepts, such as a circle, triangle, etc. And while you are doing this activity, feel free to move notes as desired and make any comments as you go.

Now I would like you to label each of these clusters of concepts. Take your time and feel free to make any comments as you go.

After the CMT has been created, ask the following questions:

- *“Now that you have created this conceptual map about your lived experience of child removal, take a few minutes to reflect on it. (Pause until participant indicates they are done reflecting.)*
- *What strikes you as you look at your conceptual map?*
- *What do you feel are some barriers that are preventing reunification with your child?*
- *When you study your conceptual map, describe the support you feel you need to reunite sooner with your child(ren)?*
- *“Where are you now in your story?”*
- *“Is there anything else that you feel compelled to say from this whole experience?”*

(Once the participant has had the opportunity to answer the questions, conclude the interview by saying:)

- *“Thank you very much for sharing your experience with me. Your commitment of time for this project is very important, and I am very grateful. As mentioned previously, this interview has been audio recorded, and I want to remind you that this audio recording and your conceptual map will be described in a way that will protect your confidentiality. If there ever comes a time when you have concerns about confidentiality regarding the conceptual map and your audio recording, please feel free to contact me and we can discuss your concerns and take further*



*steps as necessary to ensure your confidentiality . Thank you again for participating and sharing your experiences.”*

**Appendix F****Participant Demographic Information Form**

Date:

Participant Pseudonym and Number:

1. How many children do you have?
2. What are your children's ages at this time?
3. What year were your children removed?
4. How old were your children at removal?
5. What is your age now?
6. How old were you when your children were removed?
7. Are your children currently with you or with someone else?
8. Have your children been removed more than once?

## Appendix G

### Adverse Childhood Experiences Questionnaire

While you were growing up, during your first 18 years of life:

**1.** Did a parent or other adult in the household often ...

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes No If yes enter 1 \_\_\_\_\_

**2.** Did a parent or other adult in the household often ...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes No If yes enter 1 \_\_\_\_\_

**3.** Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

or

Try to or actually have oral, anal, or vaginal sex with you?

Yes No If yes enter 1 \_\_\_\_\_

**4.** Did you often feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If yes enter 1 \_\_\_\_\_

**5.** Did you often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If yes enter 1 \_\_\_\_\_

**6.** Were your parents ever separated or divorced?

Yes No If yes enter 1 \_\_\_\_\_

**7.** Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No If yes enter 1 \_\_\_\_\_

**8.** Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No If yes enter 1 \_\_\_\_\_

**9.** Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No If yes enter 1 \_\_\_\_\_

**10.** Did a household member go to prison?

Yes No If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score

## Appendix H

### Sample Letter to Participant After Face-to-Face Interview

Date

Name

Address

E-Mail

Dear \_\_\_\_\_,

Thank you very much for your willingness and your time as a participant in my study entitled *The Trauma Experiences of Mothers and the Removal of their Children by Social Services*. Your information is very valuable to me, and I look forward to reviewing your responses, along with those of other participants in this study. I want to recognize that for some participants in my study, our conversation may have conjured up difficult feelings. For that reason, I want to remind you that if you have any need to receive further care around these issues, I am willing to provide referrals for mental health professionals who are able to work with you in dealing with these feelings.

As mentioned previously, your interview was audio recorded, and I want to remind you the audio recording and your conceptual map will be described in my dissertation in a way that will protect your confidentiality. If there ever comes a time when you have concerns about confidentiality regarding the conceptual map and your audio recording, please feel free to contact me and we can discuss your concerns and take further steps to ensure your confidentiality.

Thank you again for your time.

Sincerely,

Candace Berry

Candace Berry, LPC

Doctoral Candidate, Department of Community Care and Counseling

Liberty University, School of Behavioral Sciences, Community Care and Counseling

## Appendix I

### Social Work Ethics

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

**Value:** *Service*

**Ethical Principle:** *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

**Value:** *Social Justice*

**Ethical Principle:** *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

**Value:** *Dignity and Worth of the Person*



**Ethical Principle:** *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

**Value:** *Importance of Human Relationships*

**Ethical Principle:** *Social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

**Value:** *Integrity*

**Ethical Principle:** *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

**Value:** *Competence*

**Ethical Principle:** *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

(<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>)

## Appendix J

### IRB Approval Letter

# LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

January 17, 2020

**Candace Berry**  
IRB Approval 4043.011720: A Mother's Trauma Experience in the Face of Child Removal

Dear Candace Berry,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,



**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**Research Ethics Office**

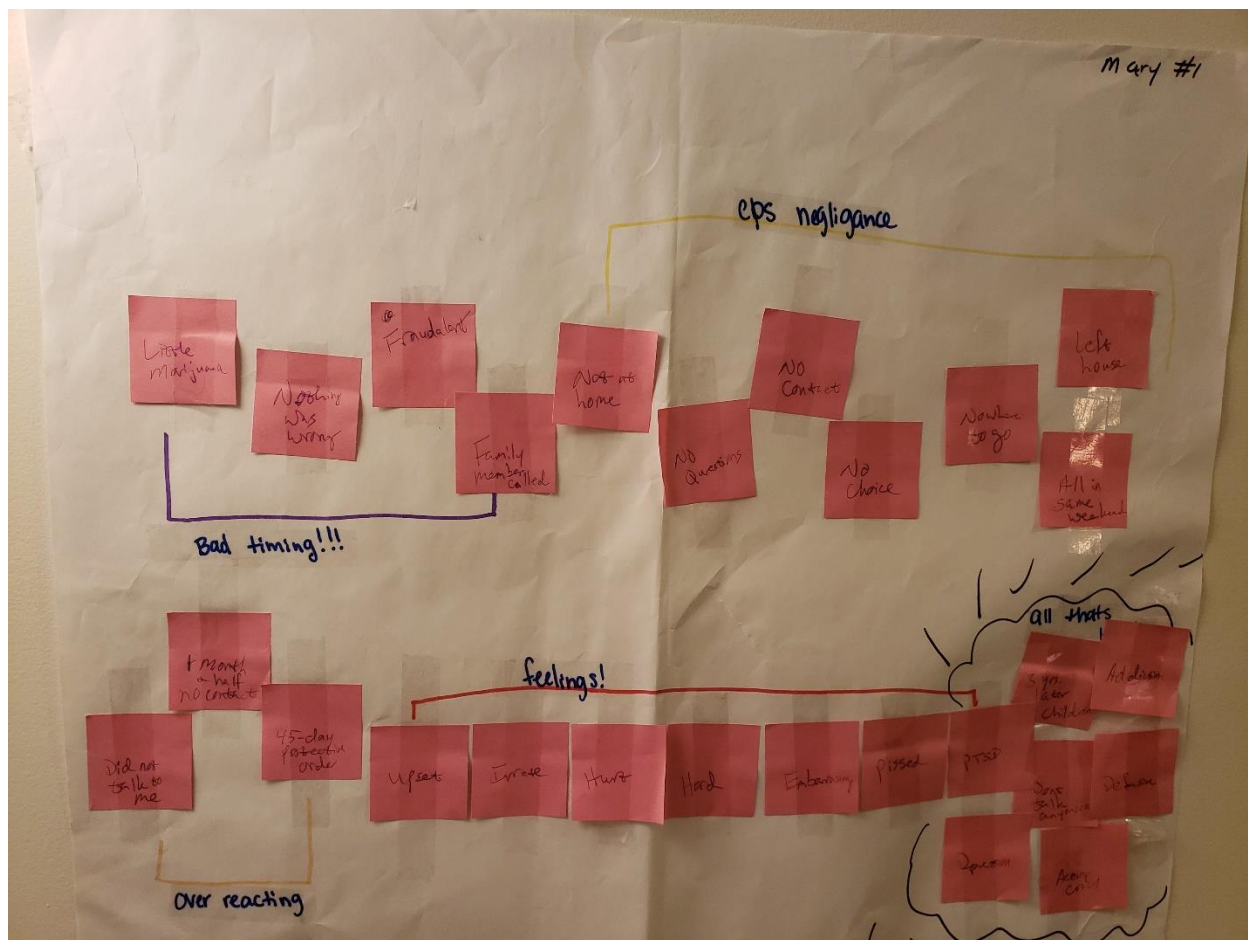
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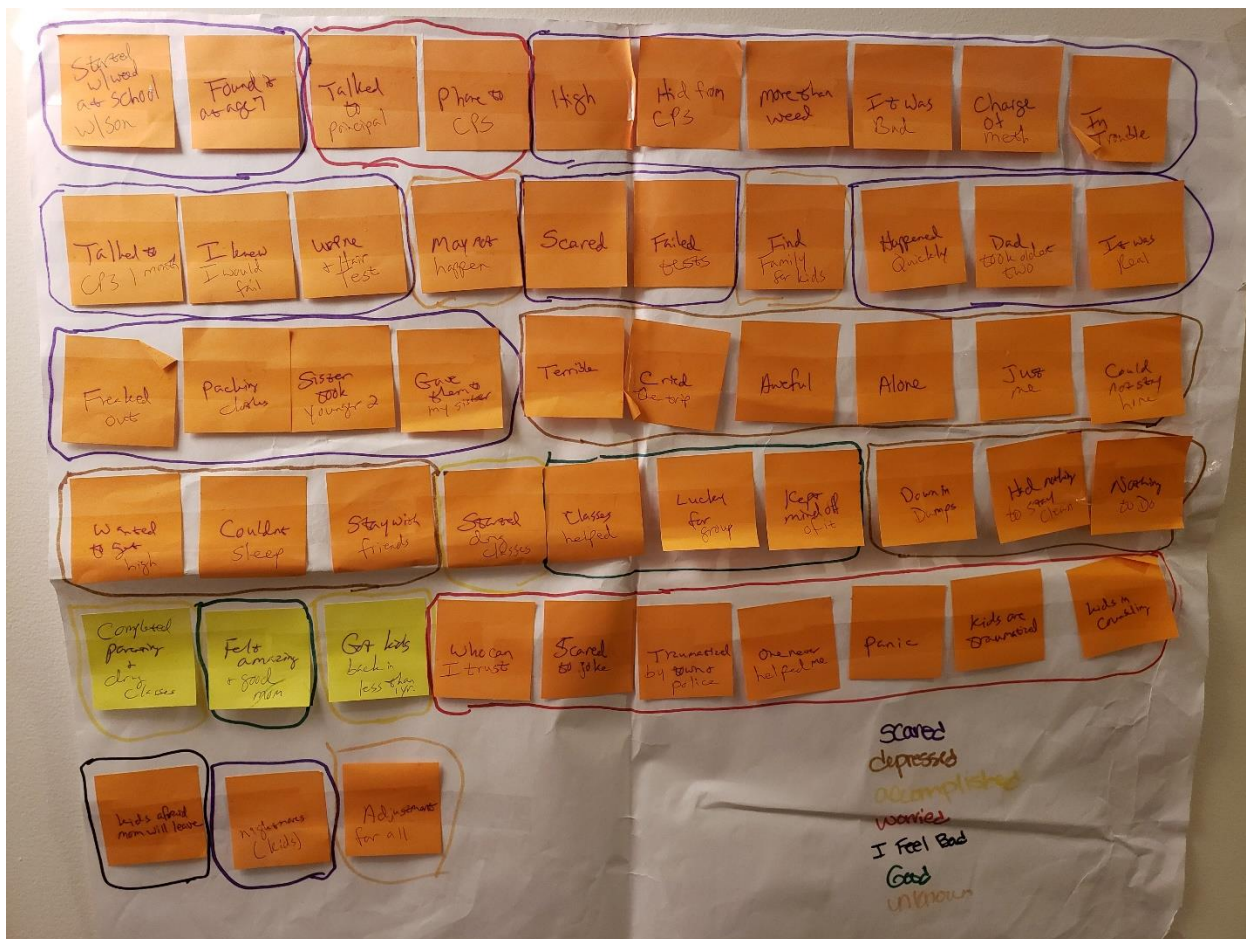
### Appendix K

### Participant Conceptual Maps

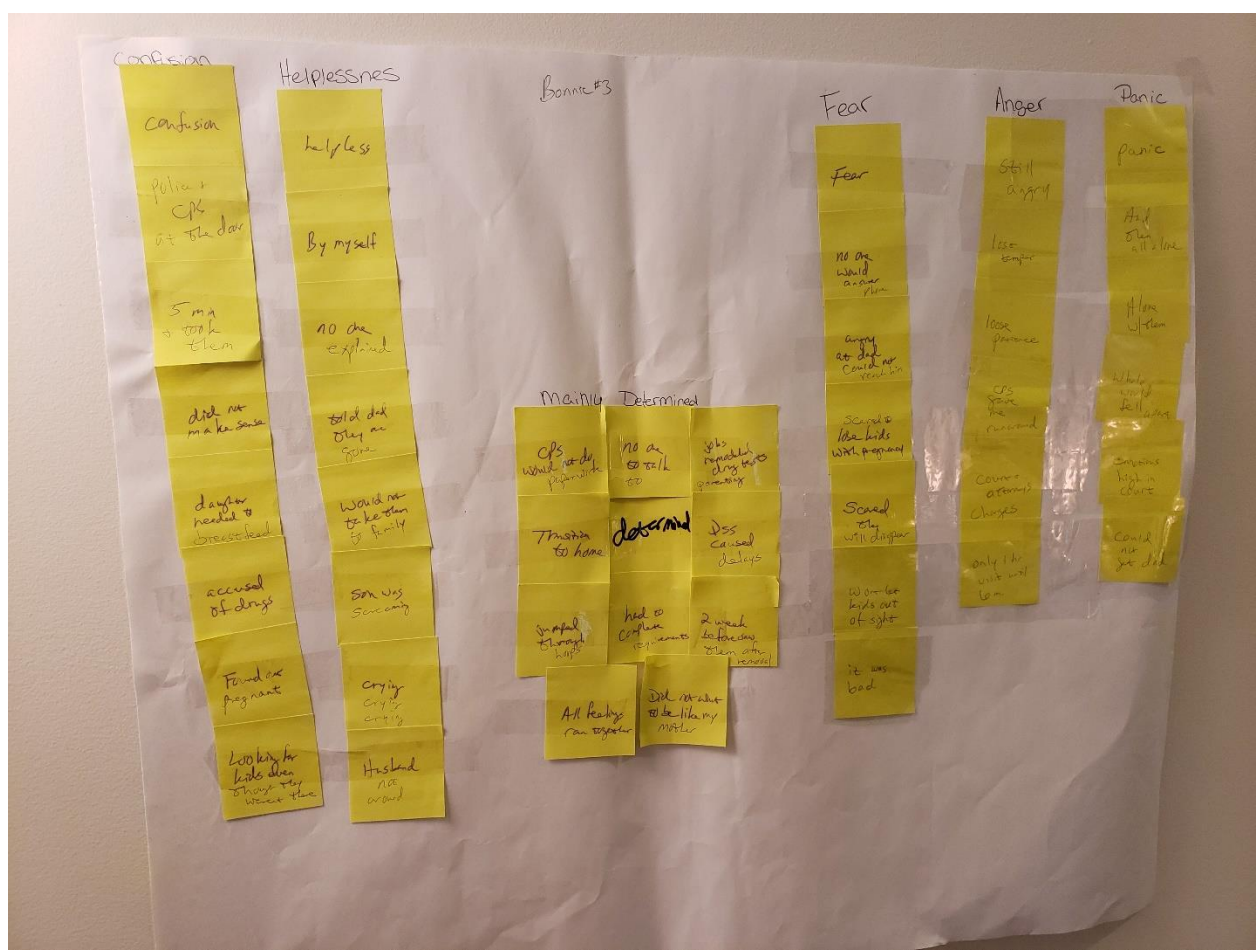
#### A. Mary's Conceptual Map



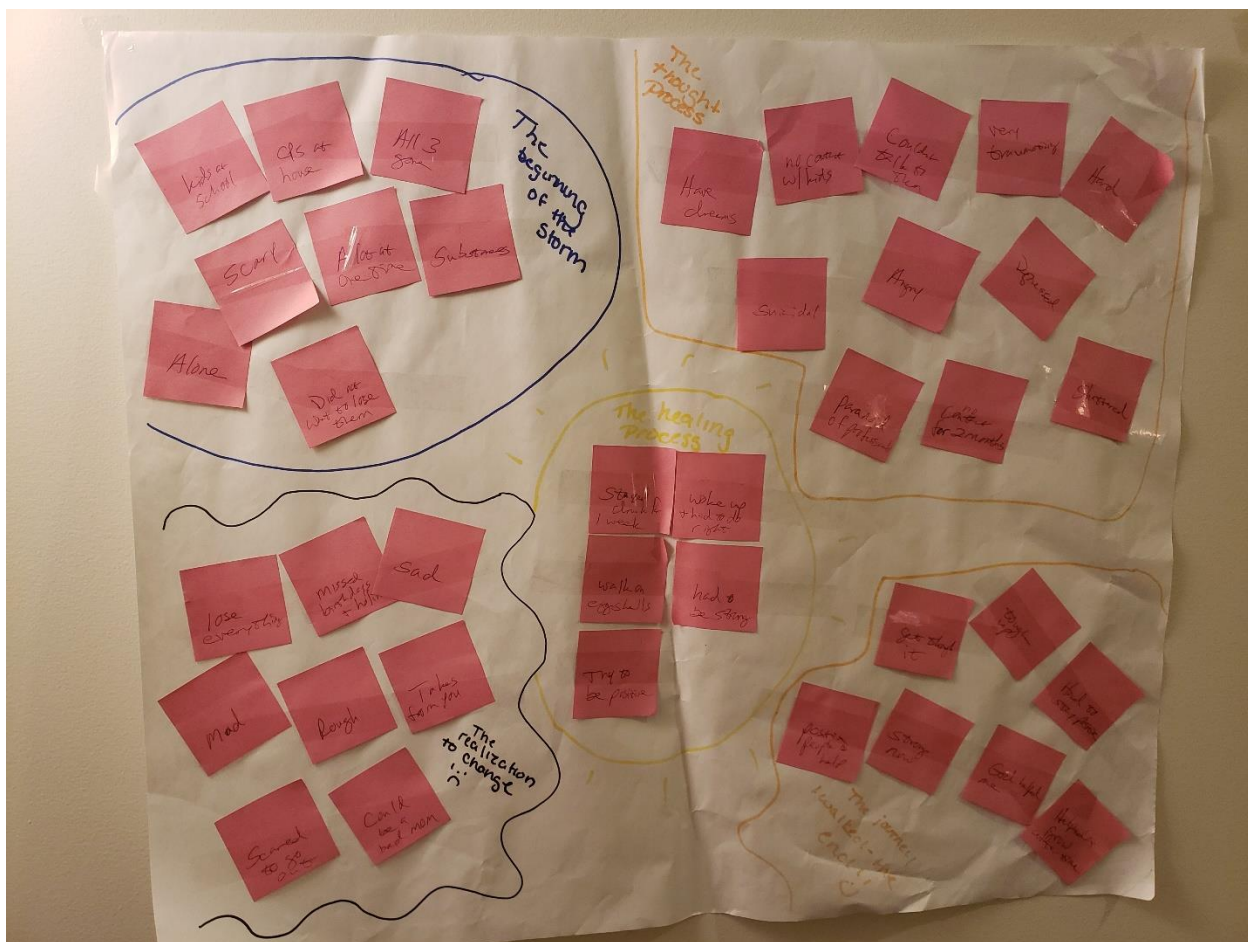
**B. Erica's Conceptual Map**



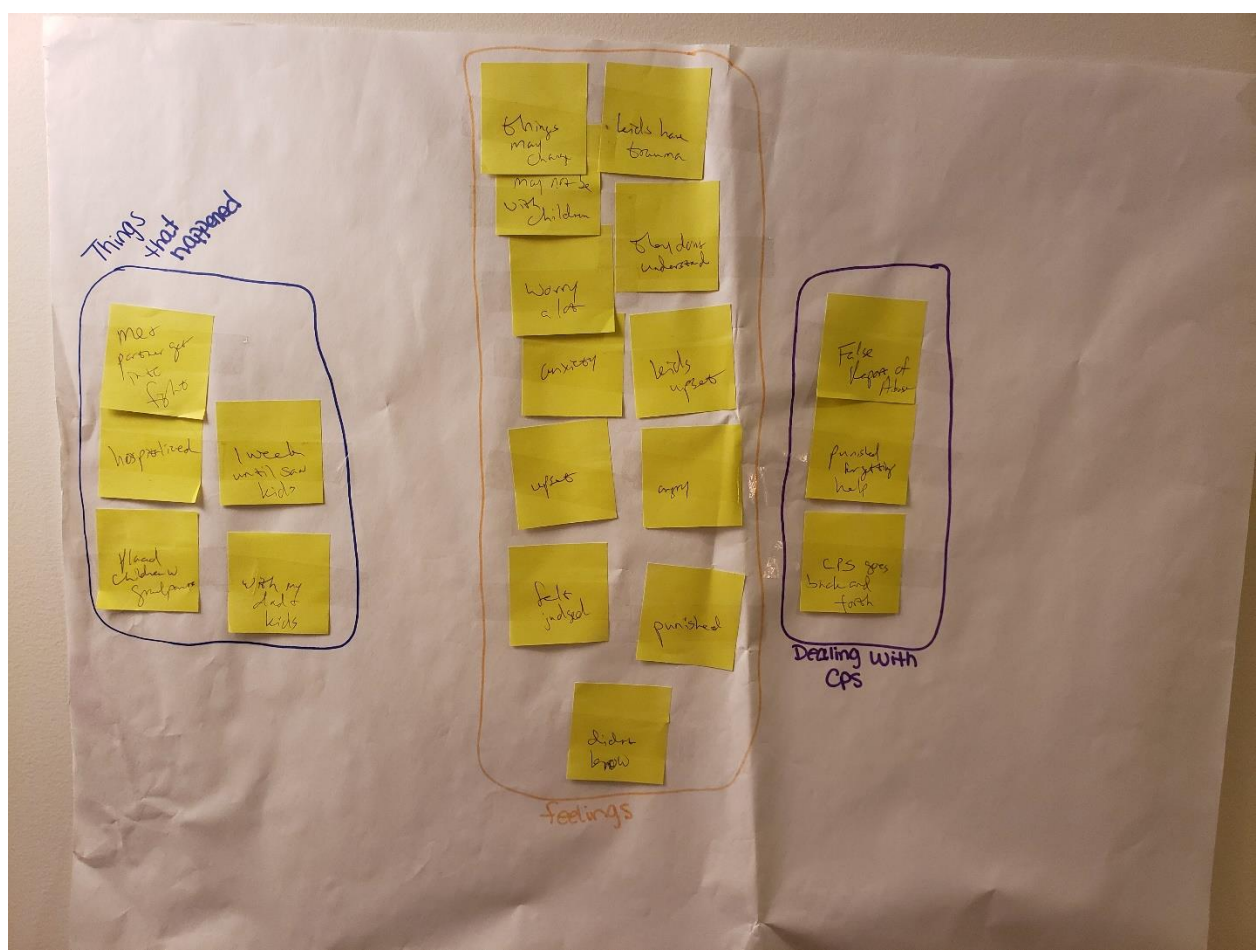
### C. Bonnie's Conceptual Map



### D. Carrie's Conceptual Map



### E. Jennifer's Conceptual Map

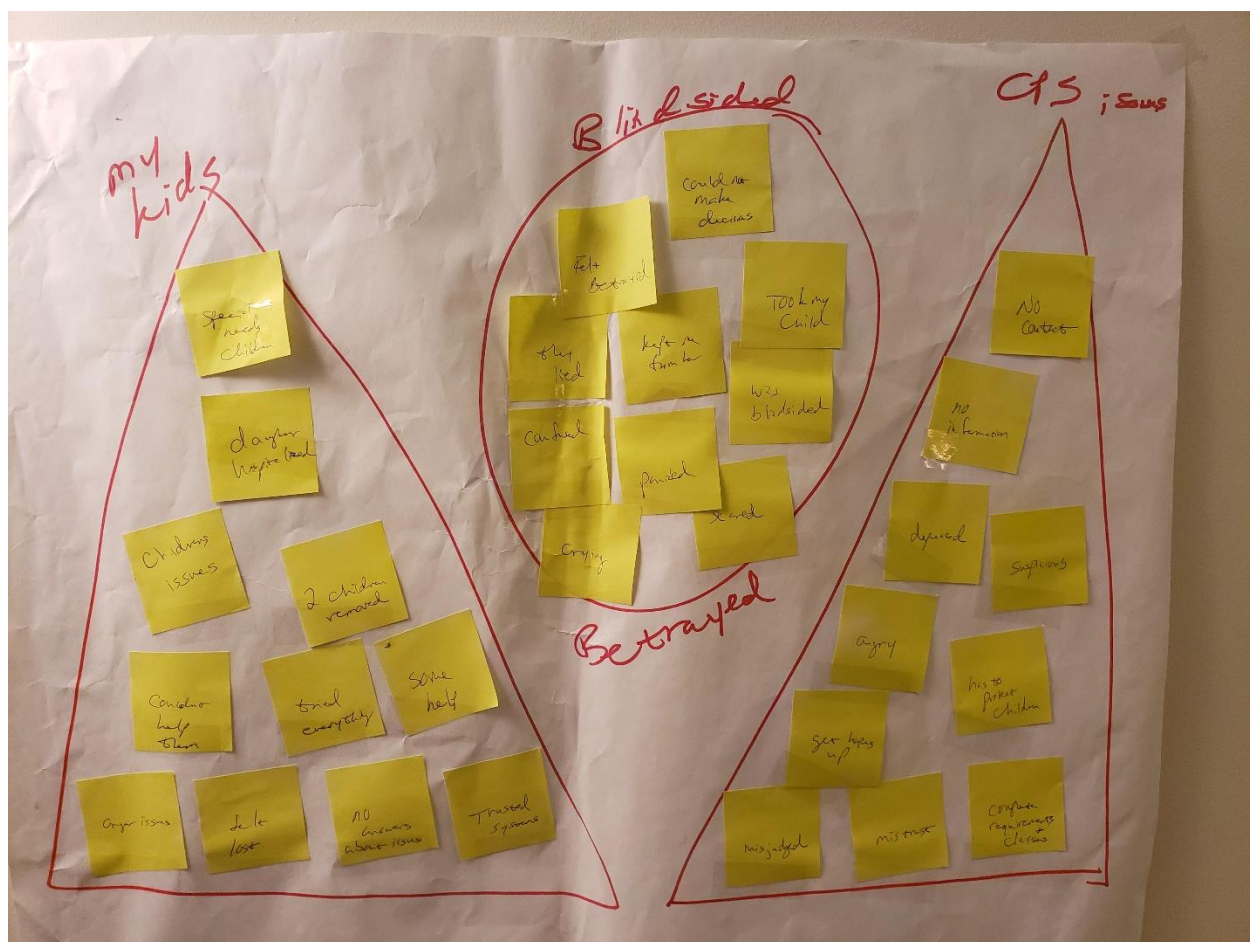




F. Faith's Conceptual Map



### G. Teresa's Conceptual Map



### H. Penny's Conceptual Map

