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Secure Attachment, Developmental Trauma, and Child Welfare Decision-Making: A Human Development Perspective on Permanency, Parental Rehabilitation, and Neurobiological Well-Being

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Abstract

Purpose: This article examines how secure attachment, developmental trauma, and caregiving continuity should inform child welfare, reunification, custody, and permanency decisions. It considers the tension between parental rehabilitation and the child's need for stable emotional bonds, developmental safety, and long-term well-being.

Methodology: The study used an integrative literature review approach. Peer-reviewed scholarly sources were selected from psychology, developmental neuroscience, child welfare, trauma, attachment, and social work literature. The review focused on studies addressing developmental trauma, attachment disruption, placement instability, parental rehabilitation, reflective functioning, neurobiological stress responses, and permanency outcomes. Relevant evidence was examined thematically to identify implications for child welfare policy and practice.

Findings: The reviewed literature shows that chronic neglect, unstable caregiving, repeated removals, and attachment disruption may affect emotional regulation, relational trust, identity formation, executive functioning, and stress-response systems. The findings also indicate that service completion, temporary sobriety, and housing stability do not alone establish parenting capacity. Sustained emotional regulation, reflective functioning, relational consistency, and responsiveness to the child's needs are equally important when reunification is considered.

Unique Contribution to Theory, Practice and Policy: The article presents a child-centered developmental framework that connects attachment theory, developmental trauma, interpersonal neurobiology, and human development with permanency decision-making. It recommends that courts, evaluators, and child welfare professionals assess secure attachment, caregiver consistency, developmental risk, parental reflective functioning, and the child's sense of belonging before making reunification or placement decisions.

Keywords: *Secure Attachment; Developmental Trauma; Child Welfare; Permanency Planning; Parental Rehabilitation; Foster Care; Reflective Functioning; Interpersonal Neurobiology; Child Development.*

1. Introduction

Child welfare systems are designed to protect children from harm while preserving family relationships whenever safe and possible. Reunification with biological parents remains a central goal in custody and permanency planning, particularly when parents demonstrate progress through treatment participation, sobriety, stable housing, or compliance with court-ordered services. However, the developmental needs of the child may not always align with the timeline or indicators used to measure adult rehabilitation. When children have already formed secure and stable attachments with foster parents, kinship caregivers, grandparents, or other consistent caregivers, disrupting those relationships may create significant emotional, relational, and neurodevelopmental harm.

This concern is especially important in cases involving chronic neglect, repeated removals, parental addiction, severe mental illness, domestic instability, or prolonged absence of the biological parent. In such cases, the question is not only whether the parent has made progress, but whether the parent can provide sustained emotional safety, reflective caregiving, and relational consistency. A child's development depends on more than physical protection or legal placement. It requires stable caregiving relationships that support emotional regulation, trust, identity formation, executive functioning, empathy, and the capacity to form healthy relationships across the lifespan.

Attachment research has consistently shown that secure caregiver relationships provide the foundation for healthy socioemotional and cognitive development. Children who experience responsive, predictable, and emotionally attuned caregiving are more likely to develop confidence, self-regulation, prosocial behavior, and relational trust. By contrast, repeated attachment disruptions, placement instability, and chronic relational stress are associated with anxiety, depression, behavioral dysregulation, learning difficulties, impaired self-concept, and later interpersonal instability. These outcomes are not limited to emotional distress. Research on childhood maltreatment and developmental trauma has linked chronic adversity to changes in stress-response systems, amygdala reactivity, hippocampal development, prefrontal regulation, and connectivity between emotional and executive brain networks (Teicher et al., 2021; Samson et al., 2024).

Developmental trauma provides a useful lens for understanding these risks. Unlike single-incident trauma, developmental trauma involves repeated exposure to neglect, abuse, inconsistent caregiving, or attachment disruption during sensitive periods of growth. It is relational in nature because the child's source of safety may also become a source of fear, absence, unpredictability, or emotional confusion. Spinazzola, van der Kolk, and Ford (2021) describe developmental trauma as a legacy of attachment trauma in victimized children, while Ford and Courtois (2021) emphasize that complex trauma often affects emotional regulation, self-organization, and relational

functioning. These insights are directly relevant to child welfare, where children may experience cycles of removal, reunification, renewed instability, and further separation.

The central issue addressed in this article is the tension between parental rehabilitation and child developmental continuity. Child welfare systems must support parents in recovery from addiction, trauma, mental illness, and social hardship. At the same time, a child's developmental timeframe is different from an adult's recovery process. A child's brain, attachment system, emotional regulation, and identity are developing within sensitive windows that can be harmed by prolonged uncertainty or repeated caregiving disruptions. Therefore, permanency decisions should not rely solely on biological relatedness, parental rights, or procedural compliance. They must also consider whether the caregiving environment supports the child's secure attachment, psychological safety, neurodevelopmental stability, and long-term well-being.

This article argues for a child-centered developmental framework for custody, reunification, and permanency planning. Drawing on attachment theory, developmental trauma research, interpersonal neurobiology, the Dynamic-Maturational Model of attachment, and human development perspectives, the paper examines why secure attachment should be treated as a central factor in child welfare decision-making. The article also considers how parental rehabilitation should be assessed beyond surface indicators of compliance, with greater attention to reflective functioning, emotional regulation, caregiving capacity, and the ability to provide consistent relational safety. The goal is not to dismiss the importance of biological family ties, but to place the child's developmental needs at the center of decisions that shape the course of life.

2. Conceptual and Theoretical Foundations

2.1 Attachment Theory and Secure Caregiving

Attachment theory provides a foundational explanation of how early caregiver-child relationships shape emotional security, self-regulation, and later relational functioning. Secure attachment develops when caregivers respond consistently, sensitively, and appropriately to a child's needs. Through repeated experiences of comfort, protection, and emotional attunement, children develop expectations that distress can be regulated within a reliable relationship and form internal working models of self and others (Granqvist et al., 2020; Crittenden & Landini, 2011). These early experiences support exploration, learning, trust, and the development of stable relational expectations across childhood.

In child welfare contexts, attachment is not merely a sentimental bond. It is a developmental system that supports emotional, cognitive, social, and physiological organization. A secure caregiver provides co-regulation during distress, structure during uncertainty, and emotional meaning when the child is unable to interpret experience independently. Research on developmental trauma and childhood maltreatment shows that disruptions in caregiving relationships may affect emotional regulation, stress responses, interpersonal trust, and later developmental functioning (Spinazzola et al., 2021; Teicher et al., 2021).

Disorganized attachment is especially relevant for children exposed to neglect, maltreatment, or frightening caregiving. Granqvist et al. (2020) link disorganized attachment with developmental trauma, showing how children may struggle when caregivers are inconsistent, unavailable, or associated with fear. In such circumstances, the attachment system becomes conflicted because the child seeks safety from a caregiver who may also represent danger or unpredictability. This conflict can impair emotional regulation, trust, and later interpersonal functioning.

2.2 Developmental Trauma

Developmental trauma is chronic and cumulative exposure to adverse interpersonal experiences during childhood, including neglect, abuse, caregiver inconsistency, domestic instability, repeated removals, and disrupted attachment relationships. Unlike single-event trauma, developmental trauma occurs within the child's ongoing relational environment and affects emotional regulation, cognition, behavior, physiological stress responses, identity development, memory, and relational capacity (Spinazzola et al., 2021; Ford & Courtois, 2021; van der Kolk et al., 2021). Because these experiences occur during sensitive developmental periods, they shape how children interpret safety, manage distress, relate to caregivers, and organize their understanding of self and others.

Developmental trauma is particularly relevant to child welfare practice because placement instability can compound earlier relational harm. Children who have experienced neglect, abuse, or repeated separation are vulnerable to further caregiving disruption. Removal from a stable caregiver can reactivate earlier losses, weaken relational trust, and reinforce expectations that close relationships are temporary or unsafe. Permanency decisions should therefore assess the child's cumulative trauma history alongside the immediate legal circumstances of the case.

2.3 Interpersonal Neurobiology

Interpersonal neurobiology explains how relationships shape the developing mind and brain. Siegel (2012) argues that the mind is both embodied and relational, meaning that neural development is influenced by patterns of interaction with caregivers. Secure attachment supports integration, which refers to the linking of differentiated parts of the brain, body, emotion, memory, and social experience into a coherent and flexible system. When children experience attuned caregiving, they are better able to connect feelings with thought, bodily sensations with meaning, and distress with regulation.

Chronic relational trauma can interfere with this integration. Children exposed to neglect, threat, or inconsistent caregiving may shift between hyperarousal and withdrawal, reflecting dysregulation within stress and autonomic systems. They may also struggle to form coherent narratives about their experiences, especially when painful memories are fragmented or carried through implicit emotional and bodily responses. From this perspective, secure caregiving does not simply comfort the child in the present; it helps organize the biological and psychological systems that support future resilience.

Interpersonal neurobiology is particularly useful in child welfare because it highlights the developmental cost of relational instability. Placement changes, disrupted visits, inconsistent caregiving, and uncertainty about permanency can affect how children process safety, trust, and belonging. For children with trauma histories, stability is not a luxury. It is a condition through which emotional regulation, reflective capacity, and neural integration can gradually develop.

2.4 Dynamic-Maturational Model of Attachment

The Dynamic-Maturational Model of attachment, developed by Crittenden, offers another important framework for understanding children's responses to danger and instability. Crittenden and Landini (2011) view attachment strategies as adaptive responses to perceived threat rather than fixed personality defects. Children adjust their behavior based on the caregiving environment available to them. If the environment is safe and predictable, children can integrate emotional and cognitive information in flexible ways. If the environment is threatening, neglectful, or inconsistent, children may suppress, exaggerate, or distort information to maintain proximity, avoid danger, or preserve some form of relational connection.

This model is valuable for child welfare practice because it discourages narrow interpretations of children's behavior. A child who appears withdrawn, overly compliant, aggressive, controlling, or emotionally reactive may be using a learned strategy shaped by earlier relational danger. Such behavior should be assessed in context rather than treated only as misconduct or pathology. The question becomes not simply "What is wrong with this child?" but "What caregiving conditions shaped this strategy, and what relational environment is needed for healthier development?"

Reflective functioning is central to this discussion. Reflective functioning refers to the capacity to understand one's own mental states and the mental states of others. It allows caregivers to interpret a child's behavior as communication of need, fear, confusion, or distress rather than as mere defiance. Parents or caregivers with impaired reflective functioning may struggle to recognize the child's emotional world, regulate their own responses, or respond with sensitivity. For this reason, reflective functioning should be considered a key marker of parenting capacity, especially in reunification and permanency decisions.

2.5 Human Development and Child Well-Being

A human development perspective broadens the meaning of child welfare beyond physical safety and legal placement. Human development concerns the expansion of capacities that allow individuals to live meaningful, socially connected, and psychologically healthy lives. For children, these capacities include emotional regulation, self-awareness, empathy, trust, agency, moral reasoning, learning, and identity formation. These capacities develop through stable, responsive, and protective relationships rather than in isolation (Siegel, 2012; Crittenden & Landini, 2011; McLaughlin et al., 2020).

This perspective is important because child welfare decisions often operate through legal categories such as custody, reunification, termination, or permanency. Although these categories are necessary, they do not fully capture the developmental realities of the child. A placement may be legally available but emotionally destabilizing. A parent may be procedurally compliant but not yet able to provide consistent attunement. A foster or kinship caregiver may not be biologically primary but may function as the child's central attachment figure. Research on placement stability and caregiver-child relationship quality shows that continuity of care is closely associated with children's developmental and mental health outcomes (Asif et al., 2024; Hassall et al., 2024).

The human development approach does not reject parental rehabilitation or biological family preservation. Instead, it requires that the child's flourishing remain central to decision-making. In cases involving repeated instability, addiction, unresolved trauma, or chronic caregiving disruption, permanency planning should assess whether reunification supports or threatens the child's developmental pathway. When a secure attachment has become central to the child's emotional and psychological stability, preserving that relationship should be considered necessary for protecting long-term well-being (Bergsund et al., 2023; Kohlhoff et al., 2022).

3. Methodology

3.1 Research Design

This article used an integrative literature review design to examine the relationship between secure attachment, developmental trauma, caregiving continuity, parental rehabilitation, and child welfare permanency decision-making. An integrative review was appropriate because the subject crosses several disciplines, including developmental psychology, attachment research, trauma studies, neuroscience, child welfare, social work, and family law. This approach allows evidence from theoretical, empirical, clinical, and review-based literature to be brought together to examine a complex child welfare issue from a developmental perspective (Whittemore & Knafl, 2005; Torraco, 2016).

The review was not designed as a meta-analysis or a systematic review of intervention effectiveness. Instead, it used a focused synthesis of scholarly literature to identify the developmental implications of attachment disruption and the factors that should inform custody, reunification, and permanency decisions.

3.2 Targeted Sources and Selection Criteria

The literature sample consisted of peer-reviewed journal articles, scholarly books, systematic reviews, meta-analyses, and major review articles relevant to child attachment, developmental trauma, childhood maltreatment, neurodevelopment, placement stability, foster care, kinship care, reunification, parenting capacity, and reflective functioning. Priority was given to sources published between 2020 and 2025 in reputable journals within psychology, psychiatry, neuroscience, child welfare, social work, and developmental research. Foundational scholarly

works were also included where necessary to explain attachment theory, interpersonal neurobiology, and the Dynamic-Maturational Model of Attachment.

Sources were selected through purposive sampling. A source was included when it made a direct and substantial contribution to at least one of the following areas: secure attachment and caregiving; developmental trauma and childhood maltreatment; neurobiological effects of chronic stress; placement instability and permanency outcomes; parental rehabilitation and caregiving capacity; reflective functioning; or attachment-based interventions. Sources were excluded when they focused only on adult trauma, unrelated clinical conditions, general parenting issues without relevance to child welfare, or legal procedures without a developmental or attachment-based focus.

3.3 Literature Synthesis and Analysis

The selected literature was reviewed thematically. First, the sources were grouped according to major concepts: attachment and secure caregiving, developmental trauma, neurobiological stress responses, psychosocial consequences of instability, parental rehabilitation, placement continuity, and permanency decision-making. Second, the findings were compared to identify recurring patterns regarding how repeated caregiving disruption affects emotional regulation, trust, identity development, executive functioning, and the child's sense of safety.

The final stage involved integrating these themes into a child-centered developmental framework. This framework evaluates permanency decisions through attachment security, caregiver consistency, parental reflective functioning, neurodevelopmental risk, relational continuity, and the child's sense of belonging. The analysis was interpretive rather than statistical. Its purpose was to identify how existing evidence can guide courts, child welfare professionals, and evaluators when balancing parental recovery with the child's need for stable and emotionally secure caregiving relationships.

3.4 Methodological Limitations

Because this article is an integrative literature review, it does not provide new empirical data or make causal claims about individual children or families. The conclusions should therefore be interpreted as a developmentally informed synthesis of existing scholarship. In addition, child welfare systems differ across legal jurisdictions, which means that the practical application of the framework may require adaptation to local laws, policies, cultural contexts, and assessment procedures.

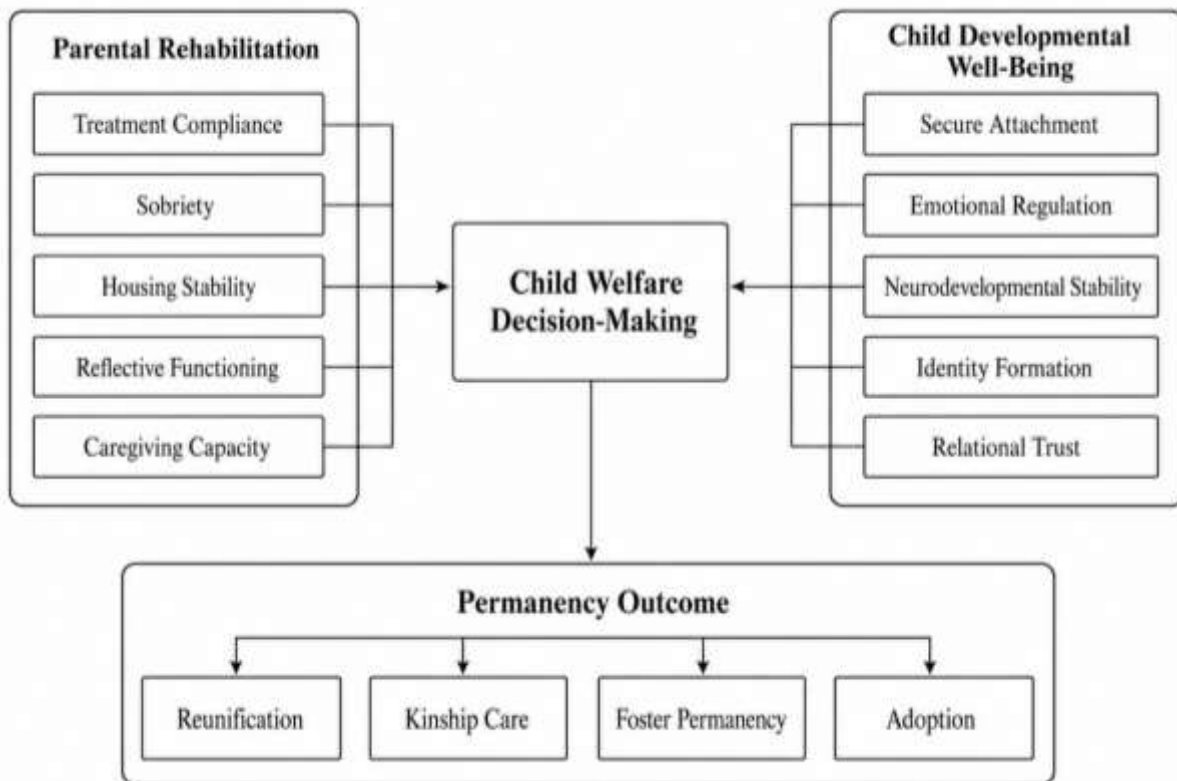


Fig 1. Conceptual Framework Linking Attachment, Developmental Trauma, and Child Welfare Decision-Making

4. Developmental Trauma, Attachment Disruption, and the Developing Brain

4.1 The Neurodevelopmental Role of Secure Attachment

Secure attachment provides more than emotional comfort. It helps organize the developing brain through repeated experiences of safety, attunement, and co-regulation. In early childhood, the caregiver functions as an external regulator for the child's immature stress-response system. Through predictable caregiving, the child gradually learns to manage distress, interpret social cues, and develop confidence in the availability of others. These early relational experiences shape the child's internal working model of self, caregivers, and the wider social world.

The developing brain is highly responsive to environmental input. When caregiving is consistent and emotionally available, neural systems involved in regulation, attention, memory, and social engagement are supported. Secure relationships help the child integrate emotional and cognitive processes, allowing feelings to be named, tolerated, and organized. This is why attachment cannot be treated as a secondary concern in child welfare decisions. For children who have already

experienced neglect, separation, or instability, a secure caregiver may become the central source through which the child regains emotional balance and developmental continuity.

Interpersonal neurobiology further explains this process. Siegel (2012) argues that healthy development depends on integration, or the coordination of differentiated systems into a flexible and coherent whole. In the context of caregiving, integration is strengthened when caregivers respond to the child's distress with consistency, warmth, and meaning. Over time, these relational experiences support the development of self-awareness, emotional regulation, empathy, and reflective capacity. When caregiving is disrupted or unpredictable, the child may struggle to organize emotional experience, resulting in dysregulation, fear-based responses, or difficulty forming stable relational expectations.

4.2 Structural Brain Changes Associated with Neglect and Trauma

Developmental trauma can influence the structure of the brain because chronic stress and relational deprivation occur during periods of rapid neural growth. Children exposed to neglect, maltreatment, or repeated attachment disruption may experience changes in brain regions involved in memory, emotion, attention, and executive functioning. Research has linked childhood maltreatment with altered development of the hippocampus, amygdala, prefrontal cortex, corpus callosum, and neural pathways connecting emotional and regulatory systems (Teicher et al., 2021; Samson et al., 2024).

The hippocampus plays a central role in memory formation, contextual learning, and the organization of experience. Research on childhood maltreatment has linked chronic stress exposure with alterations in hippocampal development and functioning, which may affect memory integration and the ability to organize emotionally significant experiences into coherent autobiographical narratives (Teicher et al., 2021; Samson et al., 2024). The prefrontal cortex supports planning, impulse control, judgment, executive functioning, and emotion regulation. Because this region develops gradually across childhood and adolescence, it remains especially vulnerable to prolonged adversity, including neglect, maltreatment, and chronic relational stress (McLaughlin et al., 2020; Teicher et al., 2021). When children live in unstable or threatening caregiving environments, the development of regulatory networks can be disrupted, increasing difficulties in emotional control, attention, decision-making, and adaptive coping (Samson et al., 2024).

The corpus callosum supports communication between the brain's hemispheres and contributes to the integration of emotional, sensory, and cognitive information. Childhood maltreatment has been associated with altered development in this structure, as well as changes in myelination, cortical development, synaptic organization, and connectivity across neural systems involved in stress regulation and executive functioning (Teicher et al., 2021; Samson et al., 2024). These neurodevelopmental differences help explain why some children with histories of neglect or repeated attachment disruption experience difficulties with attention, learning, emotional

regulation, and behavioral flexibility. Such difficulties should be interpreted within the child's developmental and relational history rather than viewed only as behavioral or disciplinary problems.

4.3 Functional Brain Changes and Stress Dysregulation

Developmental trauma alters how the brain and stress-response systems function. Children exposed to chronic neglect, frightening caregiving, or repeated removal may develop heightened sensitivity to threat. The amygdala, which plays a major role in detecting danger, may become overactive, leading children to respond to ordinary situations as though they are unsafe. These responses may appear as hypervigilance, fearfulness, aggression, emotional reactivity, or withdrawal (McLaughlin et al., 2020; Teicher et al., 2021; Samson et al., 2024).

The hypothalamic-pituitary-adrenal axis is central to the body's stress response. Prolonged exposure to relational danger or uncertainty can disrupt cortisol regulation and place strain on brain systems associated with attention, memory, and emotional regulation. Childhood trauma has been linked to altered stress regulation, threat processing, and emotional learning, particularly among children exposed to chronic adversity during sensitive developmental periods (McLaughlin et al., 2020; Samson et al., 2024).

Functional dysregulation often appears in daily behavior. A child may become distressed before visits, struggle after transitions, show aggression following contact with a caregiver, or become unusually quiet in response to certain adults. These reactions may not always be consciously explained by the child. They may reflect implicit memory, bodily arousal, and learned expectations of threat. In this sense, the child's nervous system may respond before the child can put the experience into words.

4.4 Limbic System and Prefrontal Cortex Integration

Children develop moral reasoning and reflective functioning through repeated interactions with trusted, emotionally responsive adults. Caregivers help children interpret behavior, understand intentions, recognize interpersonal boundaries, and distinguish safe from unsafe interactions. These relational exchanges support the child's ability to consider personal emotions and the emotional states of others, which is central to empathy, self-regulation, social understanding, and adaptive decision-making (Siegel, 2012; Crittenden & Landini, 2011).

Attachment disruption can interfere with this developmental process. When caregiving messages are inconsistent, frightening, or emotionally confusing, children may struggle to determine what is acceptable, safe, or caring. They may interpret troubling behavior as playful or normal when it occurs within a familiar relationship, particularly where they depend on that relationship for protection or belonging. Developmental trauma research shows that chronic relational adversity can affect emotional understanding, social interpretation, self-organization, and the capacity to regulate responses to interpersonal stress (Ford & Courtois, 2021; Spinazzola et al., 2021).

Reflective functioning is particularly important because it enables caregivers to understand a child's behavior as communication of need, fear, confusion, or distress rather than as simple defiance. Crittenden and Landini (2011) explain that attachment strategies develop in response to danger and that adaptive functioning requires the integration of cognitive and emotional information. In secure caregiving environments, children learn to connect feelings with thought and develop more flexible interpretations of social situations. In unsafe or inconsistent environments, children may suppress distress, misread social cues, or separate emotional experience from conscious reflection.

For child welfare practice, these findings indicate that children's moral reasoning and behavioral responses should be assessed in relation to their attachment history and caregiving context. Stable and reflective caregivers can help children organize confusing experiences, strengthen personal boundaries, and develop more secure expectations of relationships. Conversely, repeated exposure to inconsistent caregiving can undermine the child's ability to evaluate safety, trust adult guidance, and regulate responses during emotionally difficult interactions (McLaughlin et al., 2020; Bergsund et al., 2023).

4.5 Memory, Trauma, and Implicit Responses

Trauma is not always expressed through clear verbal memory. Children may carry painful experiences through implicit memory, bodily reactions, emotional patterns, and behavior. A child may be unable to explain why a person, place, sound, smell, game, visit, or transition causes distress, yet may respond through fear, silence, stomachaches, bedwetting, aggression, avoidance, heightened vigilance, or emotional dysregulation. These reactions can reflect learned associations between particular experiences and perceived danger rather than deliberate resistance or manipulation (McLaughlin et al., 2020; Teicher et al., 2021).

Implicit memory develops early and operates outside conscious awareness. It can shape emotional reactions, expectations of caregivers, and patterns of behavior even when the child cannot provide a detailed verbal account of earlier events. Developmental trauma may therefore appear through physiological arousal, defensive behavior, withdrawal, regression, or distress during transitions. Children with histories of neglect, frightening caregiving, or repeated separation may respond to later situations as though past danger remains present, particularly when current experiences resemble earlier relational losses or threats (Spinazzola et al., 2021; Samson et al., 2024).

High levels of stress can also affect explicit memory, which involves conscious recall of events and the ability to organize them into a coherent narrative. Childhood adversity has been associated with difficulties in memory integration, emotional learning, and contextual processing, especially when stress-response systems remain highly activated (Teicher et al., 2021; McLaughlin et al., 2020). As a result, children may remember experiences through fragments, sensory impressions, emotional states, or bodily responses rather than through a complete chronological account.

This distinction is important in child welfare and custody settings because younger children may lack the language, emotional safety, or developmental capacity to explain trauma directly. Their distress may instead become visible through changes in behavior before or after visits, transitions, court-related appointments, or contact with particular caregivers. Persistent anxiety, regression, sleep disturbance, somatic complaints, school difficulties, avoidance, aggression, or emotional withdrawal should therefore be considered alongside the child’s attachment history and broader caregiving context.

A trauma-informed approach should assess these responses over time rather than treating them as isolated incidents. Repeated patterns of dysregulation may provide important information about the child’s felt sense of safety, relational trust, and capacity to manage stress. Permanency planning should therefore consider both what children are able to say and how they respond emotionally, behaviorally, and physically across different caregiving situations (Roberts, 2023; Asif et al., 2024).

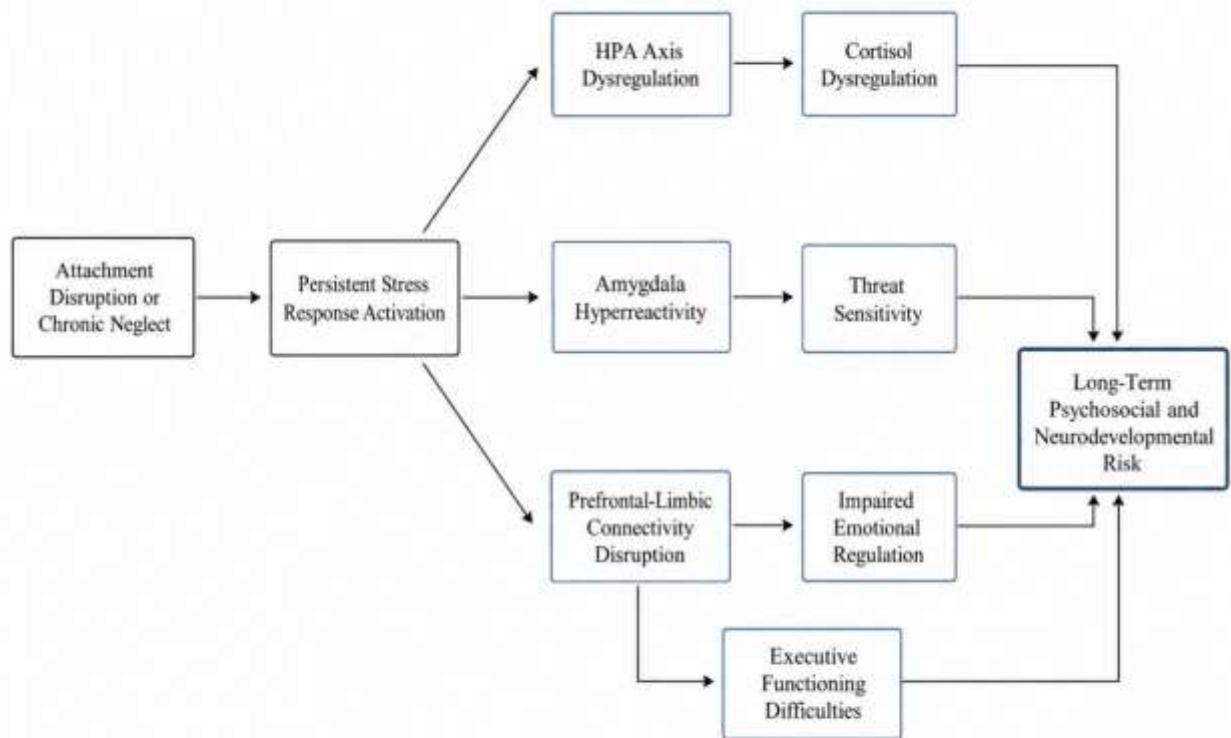


Fig 2: Neurodevelopmental Pathways of Attachment Disruption and Chronic Stress

5. Psychosocial Consequences of Attachment Disruption

5.1 Emotional Regulation and Behavioral Dysregulation

Attachment disruption can affect a child's ability to regulate emotion and behavior. Secure caregiving helps children manage fear, frustration, sadness, and uncertainty through repeated experiences of co-regulation. When caregiving is inconsistent, frightening, or repeatedly interrupted, children may struggle to soothe distress independently or trust that support will be available. Emotional dysregulation may appear as irritability, anxiety, aggression, withdrawal, impulsivity, or rapid shifts in mood (Ford & Courtois, 2021; Spinazzola et al., 2021).

These behaviors often reflect adaptive responses to earlier instability rather than deliberate misconduct. Children who have learned that caregivers may disappear, become unavailable, or respond unpredictably can develop self-protective strategies. Some become controlling because predictability feels necessary for safety; others withdraw because closeness has become associated with disappointment, rejection, or fear. Heightened threat sensitivity may also contribute to aggressive or defensive reactions in situations that adults perceive as ordinary (McLaughlin et al., 2020; Teicher et al., 2021).

In child welfare settings, behavioral dysregulation should therefore be interpreted in relation to the child's attachment history and current caregiving environment. Punitive or narrow interpretations may overlook the child's need for stability, co-regulation, and emotionally responsive care. Children affected by chronic relational adversity require caregivers who can respond with calmness, structure, patience, and consistency rather than further rejection or instability (Bergsund et al., 2023; Kohlhoff et al., 2022).

5.2 Identity Formation and Self-Concept

Stable attachment relationships contribute to the development of a coherent sense of identity. Through repeated interactions with caregivers, children learn whether they are safe, valued, lovable, and worthy of protection. They also develop a sense of belonging within their family, school, neighborhood, culture, and daily routines. These relational experiences shape self-concept and influence how children understand their place within the social world (Siegel, 2012; Crittenden & Landini, 2011).

When a child is removed from a secure placement, the loss can extend beyond separation from a caregiver. The child may also lose familiar routines, school relationships, neighborhood connections, supportive adults, and the sense of home associated with the placement. Such disruption can unsettle the child's identity and create uncertainty about whether relationships are permanent, whether personal needs matter, and whether adults or institutions can be trusted.

Repeated placement changes may further complicate the child's understanding of family, loyalty, safety, and belonging. Research on placement stability shows that continuity of care is linked to better developmental outcomes for children in out-of-home care, particularly where children have histories of adversity and prior disruption (Asif et al., 2024). Permanency decisions should

therefore consider not only the legal status of a placement but also its psychological meaning for the child's identity, attachment security, and sense of belonging.

5.3 Trust, Relationships, and Social Development

Early caregiver relationships shape internal working models that guide children's expectations of closeness, protection, and trust. Children who experience stable caregiving are more likely to approach relationships with confidence and to expect that adults will respond when they are distressed. In contrast, children exposed to inconsistent or disrupted caregiving may expect rejection, abandonment, danger, or emotional unavailability (Granqvist et al., 2020; Crittenden & Landini, 2011).

These expectations can influence peer relationships, school adjustment, and later interpersonal functioning. Children may become overly dependent, avoidant, mistrustful, or highly sensitive to perceived rejection. Some test caregivers repeatedly to determine whether they will remain available, while others avoid emotional closeness because dependence feels unsafe. Such patterns are often shaped by earlier experiences of relational instability rather than by an inherent unwillingness to connect with others.

Child welfare decisions can also influence the child's trust in protective institutions. When a system that initially intervenes to provide safety later removes a child from a stable caregiving environment, the child may experience confusion about the meaning of protection. A bioecological perspective recognizes that development is influenced by ongoing interactions across family, school, community, and institutional systems. Instability within one system can affect the child's wider sense of security and trust in others (McLaughlin et al., 2020; Asif et al., 2024).

5.4 Moral Reasoning and Reflective Functioning

Children develop moral reasoning and reflective functioning through repeated interactions with trusted, emotionally responsive adults. Caregivers help children interpret behavior, understand intentions, recognize interpersonal boundaries, and distinguish safe from unsafe interactions. These relational exchanges support the child's ability to consider personal emotions and the emotional states of others, which is central to empathy, self-regulation, social understanding, and adaptive decision-making (Siegel, 2012; Crittenden & Landini, 2011).

Attachment disruption can interfere with this developmental process. When caregiving messages are inconsistent, frightening, or emotionally confusing, children may struggle to determine what is acceptable, safe, or caring. They may interpret troubling behavior as playful or normal when it occurs within a familiar relationship, particularly where they depend on that relationship for protection or belonging. Developmental trauma research shows that chronic relational adversity can affect emotional understanding, social interpretation, self-organization, and the capacity to regulate responses to interpersonal stress (Ford & Courtois, 2021; Spinazzola et al., 2021).

Reflective functioning is particularly important because it enables caregivers to understand a child's behavior as communication of need, fear, confusion, or distress rather than as simple defiance. Crittenden and Landini (2011) explain that attachment strategies develop in response to danger and that adaptive functioning requires the integration of cognitive and emotional information. In secure caregiving environments, children learn to connect feelings with thought and develop more flexible interpretations of social situations. In unsafe or inconsistent environments, children may suppress distress, misread social cues, or separate emotional experience from conscious reflection.

For child welfare practice, these findings indicate that children's moral reasoning and behavioral responses should be assessed in relation to their attachment history and caregiving context. Stable and reflective caregivers can help children organize confusing experiences, strengthen personal boundaries, and develop more secure expectations of relationships. Conversely, repeated exposure to inconsistent caregiving can undermine the child's ability to evaluate safety, trust adult guidance, and regulate responses during emotionally difficult interactions (McLaughlin et al., 2020; Bergsund et al., 2023).

5.5 Memory, Trauma, and Implicit Responses

Trauma is not always expressed through clear verbal memory. Children may carry painful experiences through implicit memory, bodily reactions, emotional patterns, and behavior. A child may be unable to explain why a person, place, sound, smell, game, visit, or transition causes distress, yet may respond through fear, silence, stomachaches, bedwetting, aggression, avoidance, heightened vigilance, or emotional dysregulation. These reactions can reflect learned associations between particular experiences and perceived danger rather than deliberate resistance or manipulation (McLaughlin et al., 2020; Teicher et al., 2021).

Implicit memory develops early and operates outside conscious awareness. It can shape emotional reactions, expectations of caregivers, and patterns of behavior even when the child cannot provide a detailed verbal account of earlier events. Developmental trauma may therefore appear through physiological arousal, defensive behavior, withdrawal, regression, or distress during transitions. Children with histories of neglect, frightening caregiving, or repeated separation may respond to later situations as though past danger remains present, particularly when current experiences resemble earlier relational losses or threats (Spinazzola et al., 2021; Samson et al., 2024).

High levels of stress can also affect explicit memory, which involves conscious recall of events and the ability to organize them into a coherent narrative. Childhood adversity has been associated with difficulties in memory integration, emotional learning, and contextual processing, especially when stress-response systems remain highly activated (Teicher et al., 2021; McLaughlin et al., 2020). As a result, children may remember experiences through fragments, sensory impressions, emotional states, or bodily responses rather than through a complete chronological account.

This distinction is important in child welfare and custody settings because younger children may lack the language, emotional safety, or developmental capacity to explain trauma directly. Their distress may instead become visible through changes in behavior before or after visits, transitions, court-related appointments, or contact with particular caregivers. Persistent anxiety, regression, sleep disturbance, somatic complaints, school difficulties, avoidance, aggression, or emotional withdrawal should therefore be considered alongside the child's attachment history and broader caregiving context.

A trauma-informed approach should assess these responses over time rather than treating them as isolated incidents. Repeated patterns of dysregulation may provide important information about the child's felt sense of safety, relational trust, and capacity to manage stress. Permanency planning should therefore consider both what children are able to say and how they respond emotionally, behaviorally, and physically across different caregiving situations (Roberts, 2023; Asif et al., 2024).

6. Parental Rehabilitation and the Limits of Procedural Compliance

6.1 Reconsidering the Meaning of Rehabilitation

Parental rehabilitation is central to child welfare decision-making, particularly when courts and agencies must determine whether reunification can occur safely. Rehabilitation is commonly assessed through observable indicators such as treatment attendance, sobriety, housing stability, employment, parenting classes, and compliance with service plans. These indicators are important because they can demonstrate effort, accountability, and progress. However, they do not independently establish whether a parent can provide sustained emotional safety, reflective caregiving, and relational consistency for a child with developmental needs and, in many cases, a history of trauma (Ford & Courtois, 2021; Spinazzola et al., 2021).

A parent may complete required services while continuing to struggle with emotional regulation, responsiveness to the child's distress, decision-making under pressure, or the capacity to maintain stability over time. These concerns are especially significant when children have experienced neglect, caregiving inconsistency, repeated removals, or relational trauma. In such circumstances, reunification is not merely a legal transition. It is a developmental event that can either support recovery or reactivate patterns of uncertainty, fear, and loss (Lecompte et al., 2023; Asif et al., 2024).

A child-centered assessment of rehabilitation should therefore move beyond procedural compliance. It should examine whether the parent has developed the practical and relational capacities needed to provide safe and predictable care. These capacities include emotional availability, consistency, insight into the child's trauma history, ability to manage conflict, willingness to accept responsibility, and demonstrated responsiveness to the child's changing needs. Such assessment is consistent with attachment-based approaches, which emphasize that caregiving quality depends not only on the completion of tasks but also on the caregiver's ability

to provide attunement, co-regulation, and psychological safety (Crittenden & Landini, 2011; Siegel, 2012).

6.2 Addiction, Mental Illness, and Caregiving Capacity

Parental addiction and serious mental health difficulties can affect caregiving capacity when symptoms interfere with judgment, emotional regulation, reliability, or the ability to prioritize the child's needs. Substance dependence, unresolved trauma, mood instability, severe anxiety, psychosis, or chronic dysregulation may reduce a parent's ability to provide predictable routines, interpret the child's emotional signals, and respond sensitively during distress. These difficulties do not remove the need for supportive treatment. They demonstrate why parenting capacity must be assessed carefully and over time rather than inferred from isolated periods of improvement (Ford & Courtois, 2021; van der Kolk et al., 2021).

Children exposed to chronic unpredictability or frightening caregiving can develop difficulties with trust, emotional regulation, threat processing, and relational functioning. When a parent remains unstable, the child may experience the caregiving environment as unsafe even when basic material needs are met. The emotional climate of the home, including the caregiver's reliability, responsiveness, and ability to manage stress, is therefore as important as physical provision (Spinazzola et al., 2021; McLaughlin et al., 2020).

The child's attachment system is highly responsive to caregiver availability. A caregiver who is frequently absent, intoxicated, overwhelmed, emotionally unavailable, aggressive, or unpredictable may be unable to provide the co-regulation needed for healthy development. Without reliable co-regulation, children may be left to manage fear, uncertainty, and distress alone, increasing the risk of behavioral dysregulation, learning difficulties, insecure attachment, and impaired self-concept (Teicher et al., 2021; Samson et al., 2024). Parenting capacity evaluations should therefore assess demonstrated caregiving behavior across time, including the parent's response to stress, relapse risk, conflict, and the child's trauma-related needs.

6.3 Intergenerational Trauma and Recurrent Child Welfare Involvement

Many parents involved in child welfare systems have histories of childhood adversity, disrupted attachment, domestic violence, poverty, addiction, or untreated mental health concerns. These experiences can shape adult emotional regulation, relationship expectations, coping strategies, and parenting behavior. When unresolved, they may contribute to cycles in which children experience neglect, removal, reunification, renewed instability, and later re-entry into care (Ford & Courtois, 2021; Spinazzola et al., 2021).

This pattern should be understood as an intergenerational developmental issue rather than a sequence of isolated parental failures. Adults who did not receive stable and responsive caregiving may have difficulty providing it to their own children. Parents with unresolved trauma may misinterpret distress, become overwhelmed by dependency needs, or react defensively to the

child's emotional behavior. These patterns can be addressed through treatment and sustained support, but they require more than short-term compliance with service plans.

Child welfare practice must recognize parental trauma while also protecting children from further developmental harm. Supportive services should address substance use, mental health needs, trauma histories, parenting skills, and relational functioning. However, compassion for parental suffering should not result in repeated exposure of the child to instability. When reunification is considered, decision-makers should determine whether the parent has achieved sustained recovery and can provide care that is emotionally safe, consistent, and developmentally appropriate.

6.4 Reflective Functioning as a Marker of Parenting Capacity

Reflective functioning is an important marker of parenting capacity because it concerns the caregiver's ability to understand the child as a person with thoughts, feelings, fears, intentions, and needs. A parent with strong reflective functioning can ask what a child's behavior communicates rather than responding only to surface behavior. This capacity supports sensitive caregiving because it enables the parent to respond to distress with curiosity, patience, and emotional attunement rather than anger, rejection, minimization, or withdrawal (Crittenden & Landini, 2011; Siegel, 2012).

In reunification decisions, reflective functioning may provide more meaningful developmental information than service attendance alone. A parent may complete parenting classes without fully recognizing the effects of past neglect, inconsistency, or frightening behavior on the child. By contrast, a parent who can acknowledge the child's experience, understand trauma-related reactions, and respond without defensiveness is more likely to support relational repair and secure caregiving.

Reflective functioning also allows caregivers to tolerate difficult emotions, including the child's fear, anger, withdrawal, or attachment to another caregiver. This is particularly relevant when children in foster or kinship care have formed meaningful bonds with substitute caregivers. Parents who can recognize the value of those relationships and support continuity where appropriate demonstrate child-centered thinking and greater emotional maturity. Parenting capacity evaluations should therefore assess whether the parent can understand the child's internal experience, regulate personal distress, and respond in ways that support safety, trust, and developmental recovery.

6.5 The Child's Developmental Timeframe

A central challenge in child welfare is the difference between the adult's recovery timeframe and the child's developmental timeframe. Adults may require substantial time to recover from addiction, trauma, mental illness, housing instability, or other challenges. Children, however, continue to develop through daily experiences of care, routine, attachment, and emotional belonging. Their developmental processes cannot be paused while adults work toward stability.

Attachment formation, brain development, emotional regulation, identity construction, and social learning occur during sensitive periods of childhood. Prolonged uncertainty can therefore become harmful even when delay is intended to support parental recovery. Children need permanency not only as a legal status but as a lived experience of predictable care and relational safety. Research on out-of-home care has linked placement stability with better developmental outcomes, reinforcing the importance of continuity in permanency planning (Asif et al., 2024).

This does not mean that reunification should be rejected. It means that reunification must be developmentally safe and guided by evidence of sustained caregiving capacity. When a child has formed a secure attachment within a stable placement, disrupting that relationship requires careful assessment of the likely emotional and developmental consequences. A child-centered approach asks whether further delay, transition, or uncertainty supports the child's recovery or exposes the child to renewed harm.

7. Child Welfare, Custody, and Permanency Planning

7.1 The Tension Between Reunification and Attachment Continuity

Child welfare systems operate within a difficult ethical and legal space. Biological family relationships carry personal, cultural, and legal significance, and reunification can preserve family identity and parental rights when it is safe and developmentally appropriate. At the same time, children may form secure attachments with foster parents, grandparents, kinship caregivers, or other substitute caregivers during periods of parental absence or instability. When this occurs, reunification may require disruption of a relationship that has become central to the child's emotional regulation and sense of safety.

The question cannot be resolved by assuming that biological connection alone determines the child's best interests. Nor should it be resolved by dismissing family preservation. Permanency planning should examine the child's actual relational environment, including where the child experiences safety, predictability, belonging, and consistent care. Research on reunification among children with attachment difficulties indicates that transitions back to parental care can be complex and must account for the child's emotional responses, attachment history, and the parent's demonstrated capacity to provide stable care (Lecompte et al., 2023).

A child-centered approach does not oppose reunification. It requires that reunification be assessed according to its likely effect on the child's developmental well-being. Where reunification is supported by sustained parental recovery, consistent caregiving, and a carefully managed transition, it may strengthen family relationships. Where it risks severing an established secure attachment or exposing the child to renewed instability, the developmental cost must receive serious consideration.

7.2 The Developmental Harm of Repeated Removals

Repeated removals can create cumulative developmental harm because each transition requires the child to adapt to new caregivers, routines, rules, schools, neighborhoods, and relational expectations. For children with trauma histories, placement changes may reactivate earlier experiences of loss and reinforce the belief that caregivers are temporary or unreliable. Over time, instability can weaken trust, increase threat sensitivity, and interfere with the child's ability to form secure relationships.

Placement instability can also affect learning and executive functioning. When children are preoccupied with uncertainty or fear of further removal, cognitive and emotional resources may be directed toward vigilance rather than exploration, school engagement, social growth, or age-appropriate development. The emotional consequences may include grief, anxiety, withdrawal, regression, anger, or behavioral dysregulation. Research examining children and young people in out-of-home care has found that placement stability is closely connected with developmental outcomes, demonstrating that continuity should be treated as a core child welfare concern rather than an administrative preference (Asif et al., 2024).

For this reason, permanency planning should not treat placement changes as neutral administrative events. A move may be legally authorized while still producing relational loss and developmental disruption. Decision-makers should assess the child's attachment history, the duration and quality of the current placement, prior removals, trauma symptoms, and likely response to transition before approving a major change in caregiving.

7.3 The Child's Right to Stability, Safety, and Developmental Continuity

A child's right to safety extends beyond protection from immediate physical harm. It includes stable relationships, emotional security, predictable routines, and caregivers who are psychologically available. Children need adults who can provide comfort, establish boundaries, interpret distress, and support healthy development. These conditions are especially important for children with histories of neglect, maltreatment, or repeated separation.

Developmental continuity becomes particularly important after trauma because recovery depends on repeated experiences of safety and attuned care. Children who experience frequent changes in caregivers may not have sufficient relational consistency to rebuild trust and emotional regulation. Attachment-based and relationship-focused interventions have been associated with improvements in child outcomes and caregiver-child relationships, underscoring the importance of stable, responsive caregiving environments (Bergsund et al., 2023; Kohlhoff et al., 2022).

Courts and child welfare agencies should therefore treat stability as a substantive developmental need. Before a child is removed from a stable foster or kinship placement, decision-makers should assess the likely effect on the child's attachment security, emotional functioning, school adjustment, relational trust, and long-term well-being. The potential harm of severing an

established caregiving bond should be weighed alongside the benefits of any proposed reunification or placement change.

7.4 Secure Foster and Kinship Placements as Developmental Resources

Foster and kinship placements are often viewed as temporary arrangements while reunification is pursued. In many circumstances, this is appropriate. However, when a child remains in a stable placement over time and develops a secure attachment to the caregiver, that relationship can become a major developmental resource. A consistent caregiver may support emotional regulation, school continuity, identity formation, social functioning, and the child's sense of home.

Kinship caregivers, including grandparents and other relatives, may offer the additional benefit of preserving family, cultural, and community connections while providing safety and continuity. Foster caregivers can also become central attachment figures when they provide stable, nurturing care over a meaningful period. Research comparing kinship and foster care demonstrates that caregiver-child relationship quality and mental health outcomes are important considerations, regardless of whether the placement is biologically related or non-relative foster care (Hassall et al., 2024).

The relevant question is therefore not simply whether the caregiver is biological, foster, or kinship. It is whether the caregiver provides stable, responsive, and developmentally supportive care. For children who have experienced repeated instability, the caregiver who has become predictable and emotionally available may be central to recovery. Removing that caregiver without sufficient developmental justification may undermine the child's sense of safety and belonging.

7.5 Evaluating Best Interests Through a Developmental Lens

The best-interests standard should be interpreted through a developmental lens. Courts and evaluators should consider attachment security, trauma history, emotional regulation, placement stability, caregiver responsiveness, parental reflective functioning, and the child's expressed sense of belonging. This approach moves beyond biological relatedness, formal service completion, or assumptions that one permanency pathway is automatically preferable.

A developmental best-interests analysis should ask: Who does the child seek when distressed? Which caregiver has provided consistent emotional and practical care over time? How does the child respond before and after visits or transitions? Has the parent demonstrated sustained reflective functioning and emotional stability? Would the proposed move preserve or disrupt the child's attachment system? Does the placement support school continuity, community relationships, identity formation, and psychological safety?

Research comparing permanency outcomes among youth with foster care experience shows that outcomes vary across adoption, reunification, long-term foster care, and aging out. This evidence supports the need for decisions that respond to each child's developmental circumstances rather than rely on a single preferred pathway (Lindner & Hanlon, 2024). The most appropriate

permanency decision is the one that protects the child's safety, supports secure attachment, reduces unnecessary instability, and strengthens long-term emotional, cognitive, and relational development.

8. Toward a Child-Centered Developmental Framework

8.1 Core Principles of the Framework

A child-centered developmental framework recognizes that custody, reunification, and permanency decisions shape more than legal placement. These decisions affect attachment security, emotional regulation, stress-response patterns, identity formation, school adjustment, and the child's capacity to trust caregivers and institutions. For this reason, child welfare decision-making should be guided not only by statutory timelines, parental rights, or service completion, but also by the child's developmental need for safety, continuity, and relational stability (Asif et al., 2024; Teicher et al., 2021).

The first principle of the framework is that secure attachment should be treated as a developmental necessity. A stable caregiver may become the child's primary source of comfort, protection, co-regulation, and emotional meaning. This is especially important for children with histories of neglect, repeated removals, parental inconsistency, or developmental trauma. Research on attachment and trauma indicates that stable, responsive caregiving supports emotional regulation and relational recovery, whereas repeated disruption can intensify insecurity and stress-related difficulties (Spinazzola et al., 2021; Bergsund et al., 2023).

The second principle is that parental rehabilitation should be evaluated through demonstrated caregiving capacity. Service attendance, sobriety, employment, housing stability, and completion of parenting programmes are relevant indicators of progress, but they do not independently establish whether a parent can provide emotionally responsive and consistent care. A developmentally informed assessment should examine whether the parent can regulate distress, understand the child's needs, recognize trauma-related behavior, manage conflict safely, and sustain reliable caregiving over time (Crittenden & Landini, 2011; Ford & Courtois, 2021).

The third principle is that the child's developmental timeframe should carry substantial weight in permanency decisions. Adults may require extended time to recover from trauma, addiction, mental illness, or social instability. Children, however, continue to develop through everyday experiences of care, routine, attachment, and emotional belonging. Prolonged uncertainty may therefore affect developmental functioning even when delay is intended to support parental recovery. Research on out-of-home care has linked placement stability with better child developmental outcomes, reinforcing the importance of timely and stable permanency planning (Asif et al., 2024).

The fourth principle is that the child's lived experience of safety should be examined carefully. Professionals should consider how children respond to caregivers, visits, transitions, placement

changes, and disruptions in routine. Persistent anxiety, regression, somatic complaints, school difficulties, sleep disturbance, withdrawal, aggression, or emotional dysregulation may provide important information about the child's attachment security and stress response. These reactions should be interpreted within the child's developmental history rather than dismissed as ordinary resistance or short-term adjustment difficulties (McLaughlin et al., 2020; Samson et al., 2024).

8.2 Assessment Domains for Courts and Evaluators

A child-centered developmental framework requires courts, custody evaluators, and child welfare professionals to assess permanency decisions through domains that reflect the child's emotional, relational, and developmental needs. The inquiry should not focus solely on whether a parent has complied with a service plan. It should also consider whether the proposed caregiving environment supports attachment continuity, emotional safety, developmental growth, and long-term stability.

Attachment security is the first assessment domain. Evaluators should identify the caregiver to whom the child turns for comfort, reassurance, protection, and co-regulation. This assessment should draw on observed interactions, caregiver history, the child's behavior over time, and the child's responses to separation, reunion, visits, and transitions. Attachment theory and developmental trauma research show that a stable caregiver can become central to a child's emotional regulation and recovery following relational adversity (Crittenden & Landini, 2011; Spinazzola et al., 2021).

Caregiver consistency is the second domain. Courts should assess whether the caregiver has provided predictable routines, emotional availability, school support, protection, and stable daily care. Children recovering from neglect or repeated disruptions often need sustained experiences of safety before trust can be rebuilt. The quality and continuity of caregiving should therefore be evaluated alongside legal status or biological relatedness (Asif et al., 2024; Hassall et al., 2024).

Parental rehabilitation is the third domain. A parent's progress should be evaluated beyond attendance records and procedural compliance. Assessment should examine whether the parent has achieved stable recovery, developed insight into the child's needs, regulated personal distress, accepted responsibility for past harm, and demonstrated an ability to place the child's developmental needs above adult needs. This approach is consistent with research showing that developmental trauma and caregiving instability affect children's emotional and relational functioning across time (Ford & Courtois, 2021; van der Kolk et al., 2021).

Reflective functioning is the fourth domain. A caregiver's ability to understand the child's behavior as an expression of fear, need, confusion, or distress is central to sensitive and responsive caregiving. Reflective functioning helps caregivers respond with attunement rather than reactively, particularly when the child displays trauma-related behaviors such as avoidance, aggression, withdrawal, or emotional dysregulation (Crittenden & Landini, 2011; Siegel, 2012).

Neurodevelopmental risk is the fifth domain. Evaluators should consider whether a proposed reunification, removal, or further placement change may expose the child to renewed stress, attachment loss, or emotional dysregulation. Childhood maltreatment and chronic adversity have been associated with alterations in systems involved in stress regulation, threat processing, memory, and executive functioning, making children with trauma histories particularly vulnerable to repeated instability (Teicher et al., 2021; Samson et al., 2024).

The sixth domain is the child's voice and sense of belonging. Children should not bear responsibility for adult decisions, but their expressed sense of home, safety, trust, fear, grief, and attachment should be taken seriously. For younger children, these experiences may be observed through behavior, affect, play, transitions, and responses to caregivers. For older children, direct statements about belonging, loyalty, stability, and emotional security can provide meaningful developmental information.

Table 1. Child-Centered Developmental Assessment Domains for Permanency Decision-Making

Assessment Domain	Key Developmental Question	Relevance to Permanency Planning
Attachment Security	Who provides the child with reliable comfort, safety, and emotional regulation?	Helps determine whether a caregiver has become central to the child's psychological stability.
Caregiver Consistency	Has the caregiver provided stable, predictable, and attuned care over time?	Indicates whether the child's daily environment supports trust, routine, and developmental continuity.
Parental Rehabilitation	Has the parent demonstrated caregiving capacity beyond service completion or procedural compliance?	Distinguishes formal progress from sustained parenting ability.
Reflective Functioning	Can the caregiver understand the child's feelings, fears, needs, and behavior?	Indicates whether the caregiver can respond sensitively rather than reactively.
Neurodevelopmental Risk	Would removal, reunification, or further transition expose the child to renewed stress or attachment disruption?	Helps courts consider the developmental cost of placement changes.
Child's Voice and Belonging	Where does the child experience home, safety, trust, and relational belonging?	Ensures that the child's lived experience is included in the best-interests analysis.
Relational Continuity	Will the proposed decision preserve or sever important caregiving bonds?	Protects established relationships that support emotional recovery and stability.
Long-Term Developmental Well-Being	Which placement best supports emotional regulation, identity formation, learning, and future relationships?	Maintains focus on the child's developmental trajectory rather than short-term legal resolution.

As shown in Table 1, permanency decisions require a broader developmental inquiry than a compliance-based review alone. The framework asks whether the proposed decision protects the

child's attachment system, preserves meaningful caregiving relationships, reduces exposure to instability, and supports long-term psychosocial functioning. It also enables courts and evaluators to distinguish between adult progress and child-centered safety. A parent may demonstrate improvement, yet the child may still require continuity with a caregiver who has become central to emotional stability. Conversely, reunification may be appropriate when parental rehabilitation has resulted in sustained caregiving capacity and the transition can occur without harmful disruption.

8.3 Integrating Human Development into Child Welfare Practice

A human development approach expands child welfare beyond protection from immediate danger. It asks whether children are being provided with the relational conditions required to develop into emotionally regulated, socially connected, and psychologically secure individuals. These conditions include stable attachment, predictable caregiving, protection from repeated trauma, educational continuity, support for identity development, and relationships that promote trust and belonging (Siegel, 2012; McLaughlin et al., 2020).

This approach does not dismiss the importance of biological family relationships. Family preservation remains important when it supports the child's safety and developmental needs. However, biological connection alone does not determine whether a placement is developmentally protective. In some circumstances, a foster parent, grandparent, kinship caregiver, or other substitute caregiver may become the person through whom the child experiences emotional safety, relational continuity, and developmental repair. That relationship should receive meaningful weight in permanency planning.

Integrating human development into child welfare practice requires a shift in the central question. The issue is not only whether a parent has improved, but whether the child is likely to flourish in the proposed caregiving environment. This requires assessment of attachment security, emotional regulation, caregiver responsiveness, identity formation, school stability, relational trust, and the likely effect of future transitions. The most appropriate permanency decision is therefore the one that best protects the child's developmental pathway and capacity to recover, belong, and grow within a stable relational environment.

9. Clinical and Legal Implications

9.1 Implications for Child Welfare Professionals

Child welfare professionals often make recommendations under conditions of uncertainty, time pressure, limited resources, and competing legal expectations. A developmental framework can support more careful decision-making by directing attention to attachment security, trauma symptoms, caregiver consistency, relational continuity, and the child's response to visits and placement arrangements.

Caseworkers should document not only parental compliance but also the child's functioning across settings and over time. Relevant observations include emotional changes after visits, regression during transitions, school difficulties, sleep disturbances, somatic complaints, avoidance, anxiety, aggression, or withdrawal. These patterns may indicate whether contact or proposed placement changes are supporting the child's well-being or contributing to greater distress. Research on trauma and childhood adversity supports the importance of interpreting these reactions within the child's developmental and relational history (McLaughlin et al., 2020; Samson et al., 2024).

Professionals should also distinguish between ordinary adjustment difficulties and signs of more serious attachment disruption. A child may resist change because transition is difficult, but persistent fear, regression, emotional dysregulation, or distress following contact may indicate that the child's stress-response system is reacting to perceived danger or relational loss. Trauma-informed practice can help professionals interpret these signs more accurately. Roberts (2023) notes that social care professionals often encounter barriers when implementing attachment- and trauma-informed care, highlighting the need for stronger training, supervision, and organizational support.

9.2 Implications for Courts and Custody Evaluators

Courts and custody evaluators should give serious consideration to the developmental consequences of disrupting secure attachments. Legal decision-making appropriately relies on statutory requirements, timelines, parental progress reports, case records, and expert recommendations. However, these sources may not fully capture the child's lived experience of safety, fear, belonging, and relational continuity.

Evaluators should assess the psychological meaning of the child's current placement. A foster parent, grandparent, kinship caregiver, or other long-term caregiver may have become the child's primary source of regulation, protection, and emotional security. When removal from that caregiver is being considered, courts should weigh the likely effect on the child's attachment system, emotional stability, school adjustment, and developmental trajectory. Research on placement stability and caregiver-child relationship quality supports the importance of examining the child's established relationships rather than relying only on placement labels or biological ties (Asif et al., 2024; Hassall et al., 2024).

The best-interests standard should therefore include evidence concerning attachment continuity, trauma history, caregiver responsiveness, parental reflective functioning, and the child's developmental needs. Reunification should not be presumed developmentally safe solely because a parent has completed required services. At the same time, foster or kinship permanency should not be presumed superior without careful assessment. The central legal question is which arrangement best protects the child's safety, stability, and long-term developmental well-being.

9.3 Implications for Parenting Capacity Evaluations

Parenting capacity evaluations should assess whether a parent can provide sustained developmental care. This includes emotional availability, consistency, protection from harm, sensitivity to the child's cues, reflective functioning, relapse prevention, and the ability to support the child's attachment needs. Evaluations should examine demonstrated parenting behavior across time rather than relying solely on a diagnosis, completion certificate, or short period of apparent stability.

This approach is especially important when a child presents trauma-related behaviors such as avoidance, aggression, fearfulness, emotional numbing, withdrawal, or dysregulation. The parent must be able to respond without rejection, anger, minimization, retaliation, or withdrawal. A capacity to understand these behaviors as possible expressions of distress or relational insecurity is essential for safe reunification and relational repair (Crittenden & Landini, 2011; Spinazzola et al., 2021).

Evaluations should also consider the parent's ability to tolerate and support the child's attachment to another caregiver. Children in foster and kinship care may form meaningful bonds with substitute caregivers. A parent who recognizes the value of these relationships and supports continuity where appropriate may demonstrate greater emotional maturity and child-centered thinking. This capacity may be especially relevant where abrupt separation from a long-term caregiver would create additional developmental risk.

9.4 Implications for Intervention

Intervention should strengthen caregiving relationships rather than focus only on correcting individual behavior. Children affected by developmental trauma often require relational repair, co-regulation, predictability, and emotionally responsive caregiving. Parents and caregivers may need support to understand trauma responses, develop reflective functioning, regulate stress, and respond sensitively to the child's distress.

Attachment-based and relationship-focused interventions are particularly relevant in this context. Systematic review evidence indicates that relationship-based interventions can improve outcomes for maltreated children and adolescents, including emotional and relational functioning (Bergsund et al., 2023). Attachment-based parenting interventions have also been associated with positive changes in caregiver-child relational outcomes and attachment patterns, particularly when services address caregiver responsiveness and emotional attunement (Kohlhoff et al., 2022; Wittkowski et al., 2025).

Intervention should also be proportionate to the seriousness and persistence of parental difficulties. When parents experience chronic addiction, severe mental illness, violence, or unresolved trauma, services may need to be intensive, long-term, and closely monitored. Reunification should be

gradual, supported, and guided by the child's responses rather than administrative pressure or adult convenience. A child-centered intervention plan must protect the child from repeated exposure to instability while also offering parents meaningful opportunities to develop the capacity for safe and sustained caregiving.

10. Recommendations

Child welfare policy and practice should give greater consideration to attachment continuity, placement stability, and the child's developmental timeframe when making reunification and permanency decisions. Parental rehabilitation should be assessed beyond treatment attendance, sobriety, housing, or service completion by examining emotional regulation, reflective functioning, consistency, and demonstrated capacity to respond to the child's needs over time (Crittenden & Landini, 2011; Ford & Courtois, 2021). Before removing a child from a stable foster or kinship placement, courts and agencies should conduct a developmental assessment that considers attachment security, trauma history, emotional functioning, school adjustment, and likely response to transition. Child welfare professionals should document children's behavioral, emotional, and physiological responses to visits and placement changes, particularly where younger children may communicate distress through regression, withdrawal, aggression, or somatic complaints rather than verbal disclosure (McLaughlin et al., 2020; Samson et al., 2024). Foster and kinship caregivers should receive trauma-informed training, clinical support, and meaningful involvement in permanency planning, while parents pursuing reunification should receive interventions that address trauma, substance use, mental health, and caregiving capacity. Future research should examine how courts assess attachment security, reflective functioning, and developmental risk, as well as the long-term outcomes of stable placements compared with repeated reunification attempts and re-entry into care (Asif et al., 2024; Roberts, 2023).

11. Conclusion

Child welfare decisions shape children's attachment security, emotional regulation, identity development, and capacity to trust caregivers and institutions after adversity. Reunification remains important when parents can provide safe, stable, and emotionally responsive care, but a child's developmental needs cannot be suspended while adults work toward recovery. This article has shown that parental rehabilitation should be assessed beyond procedural compliance and should include reflective functioning, emotional regulation, caregiving consistency, and responsiveness to the child's internal needs. Evidence from attachment theory, developmental trauma research, and child welfare studies supports the importance of stable caregiving relationships in protecting children from further relational disruption and developmental harm. A child-centered developmental framework does not reject family preservation; rather, it requires that reunification and permanency decisions be evaluated according to whether they protect the child's safety, continuity, attachment relationships, and long-term well-being. The central question for courts, evaluators, and child welfare professionals should be whether the proposed decision

gives the child a realistic opportunity to heal, belong, and develop within a stable and emotionally secure caregiving environment.

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