

## Health Problems of Mother Deprived Toddlers

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### Abstract

**Background:** The optimal development of toddlers requires both support and control from parents. Support refers to the emotional warmth that parents give to their children, as well as their supportive acts with respect to the individual needs and plans of their children. **The aim of the study:** The study aimed to assess the health problems of toddler after mother deprivation and evaluate the effect of mother deprivation on growth and development of toddler. **Research design:** Descriptive design utilized in carrying out of this study. **Subject:** A Convenient sample composed of 100 of toddlers at the outpatient clinics and emergency department of Pediatrics University Hospital. **Tools:** A structured Interviewing Sheet to assess health problems of toddler and toddler physical examination sheet and likert scale sheet. **Results:** 65.2% the studied toddlers with maternal deprivation had health problems, 43.5 % of the studied toddlers with maternal deprivation had moderate growth and development and 36.5% of them had slow growth and development. **Conclusion:** Based on the study finding it concluded that, there are statistical significant differences between child lives with, duration of deprivation from the mother, cause of deprivation of mother, availability of the father with the child and their growth & development. In addition, there is statistical significant difference between growth & development of the studied toddler with maternal deprivation and their health problems. **Recommendation:** Maternal deprivation children need better rearing care, with physical and psychological support, particularly those with fathers.

**Keywords:** Toddler, Growth & Development, Health Problems, Maternal Deprivation.

### Introduction:

The toddler stages that start from 12 months and extend to 36 months of age are characterized by the fast changes. And can be the most exciting and challenging time for parents and pediatricians. The most important developments for toddlers are in language and interpersonal skills, but progress is evident in all areas as development proceeds along the traditional lines of affective, motor, cognitive, and physical growth (Kay, Green & Sharma, 2016).

Attachment theory provides a relevant framework within which to analyze developmental outcomes related to institutionalization because it emphasizes the

important role of the early dyadic parent–child relationship for toddler’s wellbeing. Secure toddlers experience constant availability and comfort from caregivers, and this feeling of confidence in the caregiver is simultaneously reflected in a feeling of confidence in his/her own interactions with the world. This process promotes adaptive social–emotional development (Barlow, van der Voort, Juffer, & Bakermans-Kranenburg, 2014; Groh et al., 2014).

Maternal deprivation may be partial; happens if the separation between mother and child happens or a short time or if the mother can see the child over short periods. Maternal deprivation may be total if a complete separation occurs between the mother and the

child due to abandonment or death of the mother or by divorce (**Barlow, 2016**).

Toddlers have lost their mothers due to separation, abandonment, or death. A major issue that must be addressed in the situation of orphanage reared toddlers is that many of these toddlers have not only been raised without an enduring relationship mother, but have also experienced deprivation of food, clean environments, health care, and sensory experience (**Noel, Francis & Tilley, 2017**).

The complex effects of stress caused by multiple and/or prolonged caregiver separations on attachment relationships for toddlers are compounded in the presence of trauma (**Barlow, 2016**). Attachment theory provides an overarching framework for understanding the significant negative effects of caregiver separations on toddler's socio-emotional development. In the context of trauma, parental separations can have further negative implications on toddler's development (**Neece, Green & Baker, 2012**).

A toddler is helpless, delicate and tender and the mother needs to take special care so that the child grows up to be healthy and strong. Every child should get proper food, ample sleep and rest, regular bathing, suitable clothing and needs to be immunized against Diseases (**Ansari & Winsler, 2016**).

The role of nursing is now more effective than ever. As the nurses start to bring their services and health promotion and disease prevention messages into communities where people live and work. But this is not new as nursing has a long honorable history in serving people at their homes, work and their communities (**Yetka, 2014**).

The role of parents and family is very important at this important stage in a child's life. They should be keen to encourage him emotionally, mentally and emotionally. , and give him / her full support so that he can get rid of the fear, which afflicts him whenever he / she thought to take a step forward. The child begins

his first steps with some fear of falling to the ground, so he is keen to stick to the things surrounding him, such as walls, furniture (**Negrao et al., 2014**).

### Significance of the Study

Life in a single parent family or broken home can be stressful for both the child and the parent. Such families are faced with challenges of inadequate financial resources (**Children Defense Find, 2004**). If children from unstable homes are to be compared with those from stable homes, it would be seen that the former have more social, academic and emotional problems (**Schultz, 2006**).

### Aim of the study:

This study was aimed to assess health problems of toddler after mother deprivation and evaluate the effect of mother deprivation on growth and development of toddler.

### Research questions:

1. What are the health problems of toddler after mother deprivation?
2. What is the effect of mother deprivation on growth and development of toddler?

### Subjects and methods:

**The subject and methods of the current study discussed under the following four (4) designs:**

1. Technical Design
2. Operational Design
3. Administrative Design
4. Statistical Design

### 1. Technical Design:

### Research design

A descriptive design was used to conduct this study.

**Settings:**

The study was carried out at the outpatient clinics and emergency department of Pediatrics Hospital affiliating to El-Mansoura University .

**Subjects:**

The Convenient sample composed of 100 of all toddlers male and female who were frequently at outpatient clinics and emergency department in Pediatrics University Hospital. They were chosen to participate in the current study according to the following criteria:

- Toddler age (1-3 years) after mother deprivation.
- Male and female.

**Exclusion Criteria:**

- Toddler with any congenital anomalies.
- Toddler with any chronic disease.

**Tools of data collection**

Data collected through used the two tools:

**First tool: A structured Interviewing Sheet:** this tool was designed by the researcher and written in simple Arabic language based on scientific literature review (**National Infant & Toddler Child Care Initiative 2010**) to gather data in relation to the following parts:

**Part I. Interviewing Questionnaire:** It was designed by the researcher after reviewing the current available literature to collect:

- Socio-demographic data which contains: age, sex, child and siblings.
- Data related to toddler life condition: which contains: residential area, number of his /her house room and number of family members.
- Data related to toddler vaccinations.
- Nutrition status.

- **Toddler health problems which contains:** it consist of (24 items) under seven subscales saturated by all the items which contains:

- Physical health problem (12items)
- Psychosocial health problem (6items)
- Physical growth problems (6items)

**Second tool: Toddler physical examination sheet:** it was developed by the researcher to assess toddler physical condition, which contains:

- Vital signs
- Body mass index
- General appearance

**Toddler likert scale sheet:** Researcher developed the tool consist of (82 items) under seven subscales saturated by all the items, which contains:

- Physical development (20 items)
- Language development (9 items)
- Positive psycho- cognitive development (20 items)
- Negative psycho- cognitive development (20 items)
- Motor development (13 items).

**Content and face validity and reliability**

Content validity of the tools was reviewed by a panel of four experts in community health nursing. Internal consistency reliability was assessed in the present study and evaluated whether all items on an instrument measure the same variable. Modifications of tools were done according to panel judgment. Reliability of the tools were tested which showed satisfactory level of reliability (0.76 and 0.84) respectively.

## 2. Operational Design:

The operational design for this study consisted of three phases, namely preparatory phase, pilot study, and fieldwork.

### Preparatory Phase

This phase included reviewing of literature related health problems of toddler after mother deprivation and evaluates the effect of mother deprivation on growth and development of toddler. This was served to develop the study tools for data collection. During this phase, the researchers also visited the selected place to get acquainted with the personnel and the study settings. Development of the tools was under supervisors' guidance and experts' opinions were considered.

### Pilot Study

Pilot study was carried out on 10% of total number of the study sample 12 toddlers, in order to test the applicability of the constructed tools and the clarity of the included questions related to health problems and growth and development of toddler after mother deprivation. The pilot has also served to estimate the time needed for each subject to fill in the questions. According to the results of the pilot, some corrections and omissions of items were performed as needed. The pilot participants were not included in the main study sample.

### Fieldwork

To carry out the study, an approval was obtained from the medical and nursing director of the outpatient clinics and emergency department in Pediatrics University Hospital. A letter was issued to them from the Faculty of Nursing, Ain-Shams University, explaining the aim of the study in order to obtain their permission and cooperation. Data were collected actually conducted for a period of six months by way of 3 days per week, 4 hours per day started in December 2017 and ended in January 2018. The researcher attended to

Pediatrics University Hospital after taking permission for 3 days / week till the end of six months.

The researcher first met with the toddler/caregiver in the previously mentioned setting, explained the purpose of the study after introducing herself. The toddler/caregiver assured that information collected treated confidentially, and it used only for the purpose of the research. Then, individual interviewing was done after obtaining caregiver consent to participate.

## 3. Administrative Design:

Approval will be obtained through on issued letter from the form the Dean of Faculty of Nursing, Ain Shams University to directors of the previously mentioned setting. The researcher then met the hospital director and explained the purpose and the methods of the data collection.

## Ethical Considerations:

Verbal approval was obtained from the toddler/caregiver before inclusion in the study; a clear and simple explanation was given according to their level of understanding, physical and mental readiness. They secured that all the gathered data was confidential and used for research purpose only.

## 4. Statistical Design:

Data collected from the studied sample was revised, coded and entered using. PC. Computerized data entry and statistical analysis fulfilled using the statistical package for social sciences (SPSS) version 20. Data presented using descriptive statistics in the form of frequencies, percentages. Chi-square test (X<sup>2</sup>) used for comparisons between qualitative variables. The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

- P value <0.05 was considered significant.

- P value <0.001 was considered as highly significant.
- P value >0.05 was considered insignificant.

### Results:

**Table (1):** shows that 40.9% the studied toddlers with maternal deprivation were ranged between ages two to less than three years old with mean  $2.1 \pm 0.4$ . Concerning to the child arrangement in their family this table reveals that, 45.2% of them were arranged as first child.

**Figure (1):** displays that 66.1 % the studied toddlers with maternal deprivation were females, while 33.9% of them were males.

**Figure (2):** shows 65.2% the studied toddlers with maternal deprivation had health problems, while 34.8% of them had not health problems.

**Figure (3):** shows that 43.5 % of the studied toddlers with maternal deprivation had moderate growth and development, 36.5% of them had slow growth and development, while 20% of them had normal growth and development.

**Table (2):** shows that there is statistical insignificant difference gender of the studied toddler with maternal deprivation and their health problems. Meanwhile there are statistical significant differences ages, arranging of the studied toddler with maternal deprivation in their family and their health problems.

**Table (3):** shows that there are statistical significant differences child lives with, duration of deprivation from the mother, cause of deprivation of mother, availability of the father with the child and their health problems.

**Table (4):** shows that there are statistical significant differences gender, ages, arranging of the studied toddler with maternal deprivation and their growth & development.

**Table (5):** shows that there are statistical significant differences child lives with, duration of deprivation from the mother, cause of deprivation of mother, availability of the father with the child and their growth & development.

**Table (6):** shows that there is statistical significant difference between growth & development of the studied toddler with maternal deprivation and their health problems.

**Table (1): Distribution of the studied toddler with maternal deprivation according to their socio-demographic characteristic (n=115).**

Items	No	%
<b>Age in years</b>		
1<2	30	6.1
2<3	47	<b>40.9</b>
≥ 3	38	33.0
<b>Mean ±SD</b>		<b>2.1±0.4</b>
<b>Child arrangement in their family</b>		
First	52	<b>45.2</b>
Second	30	26.1
Third	19	16.5
Fourth	12	10.4
Fifth and more	2	1.7

Figure (1): Distribution of the studied toddler with maternal deprivation according to their gender (n=115)

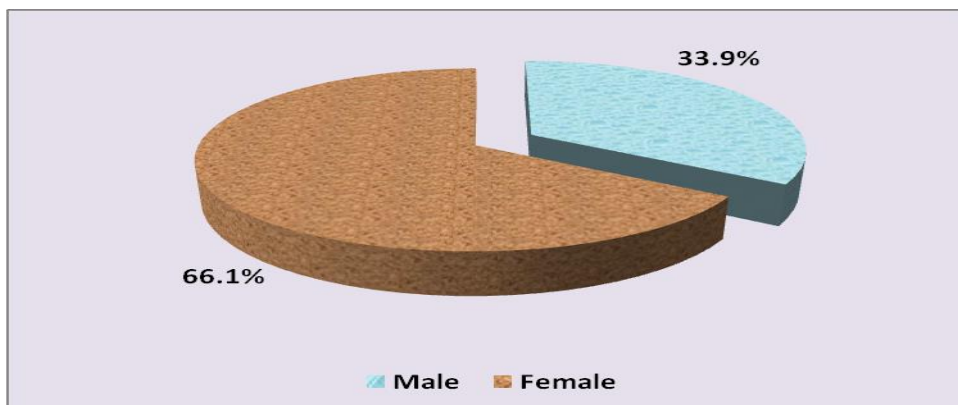


Figure (2): Distribution of the studied toddler with maternal deprivation according to their total health problems

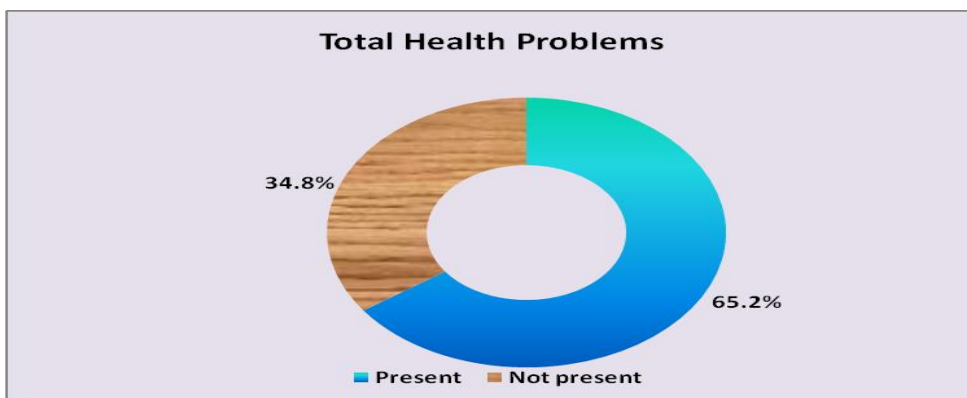
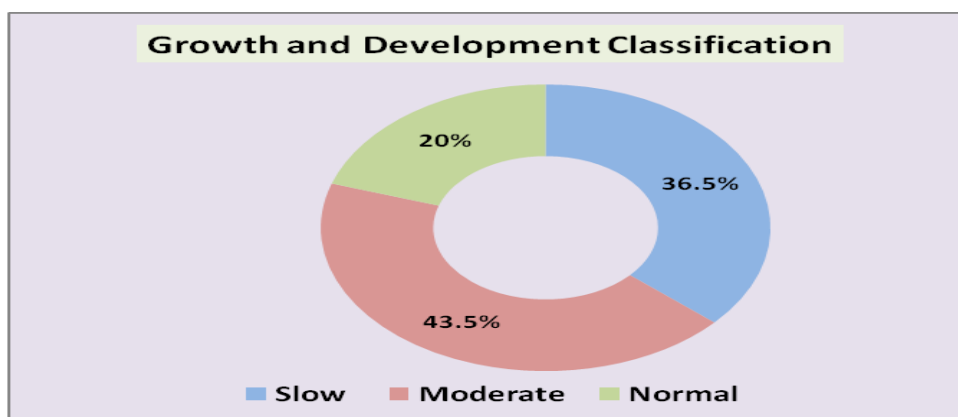


Figure (3): Distribution of the studied toddler with maternal deprivation according to their total growth and development classification



**Table (2): Relation between characteristics of the studied toddler with maternal deprivation their health problems**

Items	Health Problems				X2	P Value
	Present		Not present			
	No.	%	No.	%		
Gender						
Male	35	46.7	14	35.0	1.45	0.22
Female	40	53.3	26	65.0		
Age in years						
1<2	25	33.3	5	12.5	15.14	**0.001
2<3	29	38.7	9	22.5		
≥ 3	21	28.0	26	65.0		
Child arrangement						
First	25	33.3	27	67.5	12.85	*0.01
Second	23	30.7	7	17.5		
Third	15	20.0	4	10.0		
Fourth	10	13.3	2	5.0		
Fifth and more	2	2.7	0	0.0		

**Table (3): Relation between deprivation status of the studied toddler with maternal deprivation and their health problems**

Items	Health Problems				X2	P Value
	Present		Not present			
	No.	No.	No.	No.		
Child lives with						
Father	42	56.0	16	40.0	18.1	**0.001
Grand mother	7	9.3	17	42.5		
Grandfather	18	24.0	4	10.0		
Uncle	6	8.0	2	5.0		
Aunt	2	2.7	1	2.5		
Duration of deprivation from the mother in year						
Less than one year	36	48.0	7	17.5	12.35	*0.01
1<2	26	34.7	10	25.0		
2<3	9	12.0	15	37.5		
≥ 3	4	5.3	8	20.0		
Cause of deprivation of mother						
Divorce	29	38.7	15	37.5	8.56	*0.01
Death	36	48.0	11	27.5		
Travel	10	13.3	14	35.0		
Availability of the father with the child						
Regular	32	2.6	16	40.0	7.42	*0.02
Irregular	35	46.7	12	30.0		
Not present at all	8	10.7	12	30.0		

**Table (4): Relation between characteristics of the studied toddler with maternal deprivation their growth & development.**

Items	Growth & Development						X2	P Value
	Slow		Moderate		Normal			
	No.	%	No.	%	No.	%		
Gender								
Male	10	23.8	30	60.0	9	39.1	12.36	**0.002
Female	32	76.2	20	40.0	14	60.9		
Age in years								
1<2	12	28.6	15	30.0	3	13.0	9.43	*0.04
2<3	19	45.2	11	22.0	8	34.8		
≥ 3	11	26.2	24	48.0	12	52.2		
Child arrangement								
First	21	50.0	28	56.0	3	13.0	17.0	*0.03
Second	13	31.0	10	20.0	7	30.4		
Third	5	11.9	6	12.0	8	34.8		
Fourth	3	7.1	5	10.0	4	17.4		
Fifth and more	0	0.0	1	2.0	1	4.3		

**Table (5): Relation between deprivation status of the studied toddler with maternal deprivation and their growth & development**

Items	Growth & Development						X2	P Value
	Slow		Moderate		Normal			
	No.	%	No.	%	No.	%		
Child lives with								
Father	24	57.1	26	52.0	8	34.8	17.26	*0.02
Grand mother	4	9.5	9	18.0	11	47.8		
Grandfather	7	16.7	12	24.0	3	13.0		
Uncle	5	11.9	2	4.0	1	4.4		
Aunt	2	4.8	1	2.0	0	0.0		
Duration of deprivation from the mother in year								
Less than one year	9	21.4	23	46.0	11	47.8	26.25	**0.0002
1<2	8	19.0	20	40.0	8	34.8		
2<3	15	35.7	6	12.0	3	13.0		
≥ 3	10	23.8	1	2.0	1	4.4		
Cause of deprivation of mother								
Divorce	19	45.2	15	30.0	10	43.5	10.70	*0.03
Death	10	23.8	28	56.0	9	39.1		
Travel	13	31.0	7	14.0	4	17.4		
Availability of the father with the child								
Regular	10	23.8	20	440.0	18	78.2	24.74	**0.0001
Irregular	18	42.9	25	50.0	4	17.4		
Not present at all	14	33.3	5	10.0	1	4.4		

**Table (6): Relations between growth & development of the studied toddler with maternal deprivation and their health problems.**

Health Problems	Growth & Development						X2	P Value
	Slow		Moderate		Normal			
	No	%	No	%	No	%		
Not present	8	19.1	13	26.0	19	82.6	29.47	<b>**&lt;0.0001</b>
Present	34	80.9	37	74.0	4	17.4		



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**Discussion:**

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Toddlers with maternal deprivation face many difficulties such as poverty, poor physical health, attachment disorders, inadequate social skills, and mental health difficulties. Added to this is the loss of one or both parents, which is difficult for the toddlers. It makes them more vulnerable to psychological problems, and the effects may not manifest until many years afterward (**Cummings and Valentino, 2015**).

Regarding general characteristics of the studied sample, the current study found that the almost half the studied toddlers with maternal deprivation were ranged between ages two to less than three years old. Concerning to the toddler arrangement in their family these findings revealed that, slightly less than half of them were ranged as first toddler. These findings are not supported by that of **Kimberly, et al., (2011)**, who studied the early mother-toddler separation, parenting, and toddler well-being in early head start families reported that , most toddlers in the study sample were between two to three years of age or older.

Moreover these findings were not agreement with that **Wilfred et al., (2012)**, who studied the toddlers' transition to out-of-home day care, mentioned that, during the five years the greatest attrition occurred in the first year following random assignment, the majority of the toddlers were at age one year.

From the researcher point of view this result might be due to the quality of the care and the responsiveness of the alternate caregiver predict much of the variability in how toddlers respond to separations

Regarding the total health problems of the studied toddler with maternal deprivation the current findings show that, two thirds the studied toddlers with maternal deprivation had health problems. Similarly to that of **Fluke et al., (2012)**, who studied the systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care mentioned that,

toddlers who skip these events or who spend less than their richer counterparts lose face and risk becoming socially excluded.

Similarly, **Coley et al., (2013)** Physical activity and healthy eating are examples of healthy behaviours that contribute to toddler's well-being. Conversely, substance abuse and aggression are risky behaviours which can have a negative effect on toddler's health and well-being. The researcher believes that, the toddlers of most poor people were exposed to the repercussions of their family's has spent more than it could afford on such ceremonies while the toddlers were young, the potential negative consequences can be large.

Regarding the growth and development of the studied toddler with maternal deprivation the current findings, almost half of the studied toddlers with maternal deprivation had moderate growth and development, more one third of them had slow growth and development. These findings finding was similar that of **Haimi and Lerner, (2016)**, reported that, the changes in positive and negative mood, explorative/investigative interest and interaction with peers were linear over time, while dynamic interaction with caregivers showed change, starting relatively higher, dropping, while negative mood and dynamic interaction with caregivers decreased.

Regarding to the Relation between characteristics of the studied toddler with maternal deprivation their health problems the current findings illustrates that, there is statistical insignificant difference gender of the studied toddler with maternal deprivation and their health problems.

Meanwhile there are statistical significant differences ages, arranging of the studied toddler with maternal deprivation in their family and their health problems. These findings were highly supported with the findings that of **Brett et al., (2015)**, who studied the using cross-species comparisons and a neurobiological framework to understand early social deprivation effects on behavioral

development reported that, the boys had poorer psychosocial quality of life than girls, a finding explained perhaps by the effects of less frequent father-toddler contact on gender-specific identity traits.

These findings were highly supported with the findings that of **Domonoske and Gonzales, (2018)**, demonstrated that, the boys had poorer psychosocial quality of life than girls, a finding explained perhaps by the effects of less frequent father-toddler contact on gender-specific identity traits.

Regarding to the relation between deprivation status of the studied toddler with maternal deprivation and their health problems the current findings illustrates that, there are statistical significant differences toddler lives with, duration of deprivation from the mother, cause of deprivation of mother, availability of the father with the toddler and their health problems. In other findings conducted by that of **Humphreys et al., (2018)**, who studied the evidence for a sensitive period in the effects of early life stress on human those relatively brief interventions can prevent toddlers from developing more severe problems after the loss of a parent, such as traumatic grief and mental health problems. Studies have shown positive effects for both toddlers and remaining caregiver's health.

The researcher beliefs that, this depend mostly on the parents, their conflict-solving abilities, management of anger and loss as well as their awareness of the toddler's feelings in order to be more understanding and supportive.

These findings were that of **Haimi and Lerner, (2016)**, found that when first entering care, toddlers in this study did not show frequent signs of strong positive affect most of the time they hardly showed any signs of positive mood at all.

Regarding to the relation between characteristics of the studied toddler with maternal deprivation their growth & development the current findings illustrates that,

there are statistical significant differences gender, ages, arranging of the studied toddler with maternal deprivation and their growth & development.

These findings were in accordance with that of **Embury (2013)**, examined the relationship between the demographic variables age, gender, and trauma levels and resilience scores of toddlers found that, age differences were minimal and appeared primarily for a subscale within the emotional reactivity score, where younger males reported more impairment in a subscale of emotional reactivity.

Regarding to the relation between deprivation status of the studied toddler with maternal deprivation and their growth & development the current findings illustrates that, there are statistical significant differences toddler lives with, duration of deprivation from the mother, cause of deprivation of mother, availability of the father with the toddler and their growth & development .

In the same line that of **Huang et al. (2015)** indicated that when parents have higher knowledge of infant and toddler development, they show higher levels of parenting skills which showed that there was a significant statistical relationship between parent-toddler interaction and parents' knowledge about parenting.

Regarding to the relations between growth & development of the studied toddler with maternal deprivation and their health problems the current findings illustrates that, there is statistical significant difference between growth & development of the studied toddler with maternal deprivation and their health problems. These results were supported by **Helder et al. (2016)** in a longitudinal study in the USA, where the length of stay in with maternal deprivation was inversely related to toddler mental health status.

These findings were in an agreement with that of **Dozier, Zeanah, and Bernard, (2013)**, who studied the toddlers in foster care,

found that, not only the number of partners living together with the mother and the toddler but also the number of mother's dating partners has a significant impact on externalizing problems in toddlers.

The researcher believes that, may have been correlated with separation, there are other characteristics that future research should examine in order to strengthen the causal interpretation about the role of separation in predicting toddlers behavior.

### Conclusion:

Based on the study finding it concluded that almost two thirds of the studied toddlers with maternal deprivation had physical health problems and psychosocial health problems. In addition, almost two thirds of the studied toddlers with maternal deprivation had slow mental cognitive development, and more than one quarter of them had moderate mental cognitive development and moderate language development. Slightly more than half of the studied toddlers with maternal deprivation had moderate motor development; more than one third of them had slow motor development. Moreover, almost half of the studied toddlers with maternal deprivation had moderate growth and development; more than one third of them had slow growth and development.

Moreover, there are statistical significant differences child lives with, duration of deprivation from the mother, cause of deprivation of mother, availability of the father with the child and their growth & development. In addition, there is statistical significant difference between growth & development of the studied toddler with maternal deprivation and their health problems.

### Recommendations:

Based upon the results of the current study the following recommendations suggested:

Maternal deprivation children need better rearing care, with physical and psychological support, particularly those with their fathers.

- Regular periodic psychological assessment of these children shall do for early detection and proper management of any mental ailments.

Improvement in quality of life as more time elapses after the divorce may interpret as a process of accepting the family modification.

- Outpatient clinics shall provide services on educational programs on parenting regarding the different aspects of parents' perception and acceptance of parenting.

Intervention studies are proposed to deal with these behavioral problems using various approaches pertaining to the structure and function of the orphanage

More focus on developing and implementing systems for these most vulnerable toddlers.

Further research is required including how best to support younger bereaved children.

### References:

- Ansari, A., & Winsler, A. (2013):** Stability and sequence of center-based and family childcare: Links with low-income children's school readiness. *Children and Youth Services Review*, 35(2), 358-366. doi: <http://dx.doi.org/10.1016/j.childyouth.2012.11.017>
- Barlow J, et al (2016):** Review: Attachment and attachment-related outcomes in preschool children – a review of recent evidence. *Child and Adolescent Mental Health* 21:. 1,11–20
- Brett, Z. H., Humphreys, K. L., Fleming, A. S., Kraemer, G. W., & Drury, S. S. (2015):** Using cross-species comparisons and a neurobiological framework to understand early social deprivation effects on behavioral development. *Development and Psychopathology*, 27(2), 347–367. doi:10.1017/S095457 9415000036

- National Infant & Toddler Child Care Initiative** (2010): Child Care Development Fund administrators in their efforts to effect systems-wide improvements in infant and toddler child care. Project of the Federal Child Care Bureau at ZERO TO THREE.
- Coley, R. L., Votruba-Drzal, E., Miller, P. L., & Koury, A. (2013):** Timing, extent, and type of child care and children's behavioral functioning in Kindergarten. *Developmental Psychology*, 49(10), 1859-1873. doi: 10.1037/a0031251
- Cummings, E. M., & Valentino, K. (2015):** Developmental psychopathology. In W. F. Overton, P. C. M. Molenaar, R. M. Lerner, W. F. Overton, P. C. M. Molenaar & R. M. Lerner (Eds.), *Handbook of child psychology and developmental science, Vol. 1: Theory and method* (7th ed.). (pp. 566-606). Hoboken, NJ, US: John Wiley & Sons Inc.
- Domonoske, C., & Gonzales, R. (2018):** What we know: Family separation and "zero tolerance" at the border. National Public Radio. Retrieved from <https://www.npr.org/2018/06/19/621065383/what-we-know-family-separation-and-zero-tolerance-at-the-border><https://www.npr.org/>
- Fluke JD, Goldman PS, Shriberg J, Hillis SD, Yun K, Allison S, Light E (2012):** Systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care. *Child Abuse Negl* 36:722–731.
- Groh A, Roisman G, Booth-LaForce C, Fraley R, Owen M, Cox M, (2014):** Stability of attachment security infancy to late adolescence. *Monographs of the Society for Research in Child Development*.;79:51-66.
- Haimi M, Lerner A (2016):** The Impact of Parental Separation and Divorce on the Health Status of Children, and the Ways to Improve it. *J Clin Med Genom* 4: 137. doi:10.4172/jcmg.1000137
- Humphreys, K. L., King, L. S., Sacchet, M. D., Camacho, M. C., Ordaz, S. J., Colich, N. L., & Gotlib, I. H. (2018):** Evidence for a sensitive period in the effects of early life stress on human hippocampal volume. Manuscript submitted for publication
- Kay, C., Green, J., & Sharma, K. (2016):** Disinhibited attachment disorder in UK adopted children during middle childhood: Prevalence, validity and possible developmental origin. *Journal of Abnormal Child Psychology*, 1–12.
- Neece, C.L., Green, S.A., & Baker, B.L. (2012):** Parenting stress and child behaviour problems: A transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities*. 117(1), 48-66.
- Negrao M, Pereira M, Soares I, Mesman J. (2014):** Enhancing positive parent-child interactions and family functioning in a poverty sample: A randomized control trial. *Attachment & human development*.;16:315-28.
- Noel, V. A., Francis, S. E., & Tilley, M. A. (2017):** An Adapted Measure of Sibling Attachment: Factor Structure and Internal Consistency of the Sibling Attachment Inventory in Youth. *Child Psychiatry & Human Development*, 48(5), 1-8. doi: <https://doi.org.ccl.idm.oclc.org/10.1007/s10578-017-0742-z>.
- Scully, A. (2014):** A lift in the wellbeing of infants in childcare makes childcare an economic service – in some situations wellbeing is less. A submission to Childcare and Early Childhood Learning Productivity Commission.
- Wilfried Datler,a Katharina Ereky-Stevens,a Nina Hover-Reisner,a and Lars-Erik Malmberg, (2012):** Toddlers' transition to out-of-home day care: Settling into a new care environment, *Infant Behav* , 35(3): 439–451. doi: 10.1016/j.infbeh.
- Yetka Keramati Sarah, (2014):** Attachment: Bringing childhood behavior theory to real life, *Texas Child Care quarterly* / / VOLU ME 37, NO. 4 / [childcarequarterly.com](http://childcarequarterly.com).