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Rescuing Dependent Children from the Perils of Attachment Disorder: Analyzing the Legislative Intent of California Welfare and Institutions Code Section 361.5

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Throughout Stevie's life, his relationship with his mother has been disorganized, resulting in severe attachment issues between mother and son. She has so often failed to provide stability, protection, and comfort to Stevie that, even at his young age, he believes that he must take care of himself in order to survive.

While his mother receives her second period of reunification services, Stevie is beginning to bond with the other children in the foster home and his foster parents, who have demonstrated an interest in adopting Stevie. His relationship with his caretakers is positive and he is becoming more comfortable and more attached to them each day he spends in their home.

By the eighteen-month review hearing, Stevie has been out of his mother's custody for more than twenty months, and he has become increasingly bonded to his foster parents. His relationship with his mother becomes further strained because visitation with her takes away from Stevie's time with his foster parents and the secure relationship he has with them. Stevie clings to his foster parents at visitation drop-offs and does not engage in activities with his mother during the visitation period. He becomes positively attached to his foster parents because they provide him with a stable and happy home.

After the eighteen-month review, Stevie is reunified with his mother because she has completed the reunification services ordered by the court. Stevie's positive attachment with his foster parents is broken and he must start from scratch to build a new relationship with his biological mother.

A year later, Stevie finds himself in a similar situation and must again be removed from his mother's custody. Stevie is likely to come in and out of the dependency system for a significant portion of his life.

Due to the confidential nature of dependency cases, Stevie's story is not based on a specific case. However, the facts are analogous to thousands of other dependency cases. In 2005, there were approximately 3.3 million referrals made nationally to CPS.¹ Nine hundred thousand of those cases were substantiated, which translates to 12.1 substantiated cases of abuse or neglect per 1000 American² children.³ Seventy-five percent of cases involve parents who have no prior history of abuse or neglect.⁴ The San Francisco dependency system is overflowing with children. In October 2012, alone, CPS received 537 referrals of children being abused or neglected from

1. WILLIAM W. HAY, JR. ET AL., CURRENT DIAGNOSIS & TREATMENT: PEDIATRICS 209 (McGraw Hill Medical, 19th ed. 2009).

2. Here, I refer to all children living in the United States, regardless of their immigration and citizenship status.

3. HAY, JR. ET AL., *supra* note 1.

4. Rita Brhel, *Latest Research on Long-Term Effects of Child Abuse*, THE ATTACHED FAMILY (May 4, 2010), <http://theattachedfamily.com/?p=2504>.

neighbors, teachers, and other mandated reporters.⁵ Approximately 42% of the children found in the dependency system are developmentally delayed—they do not reach developmental milestones at the expected times.⁶ Some children are considered to be developmentally impaired, meaning they have a lifelong disability.⁷

There are many problems with the dependency system, ranging from unmotivated social workers and lawyers, to a sharp decrease in overall funding. However, the California Legislature has implemented a dependency system where inefficiency remains the biggest problem. These inefficiencies of the dependency system legislation have negative and long-term effects on the children within the system.

This Note addresses the legislative intent behind California Welfare and Institutions Code section 361.5, the importance of the health and protection of dependent children, and the connection between that intent and children's health. Section II of this Note will discuss the national history of child protection and the specific legal processes of the California dependency system. It will discuss Welfare and Institutions Code section 361.5 and its legislative intent. Section III will discuss John Bowlby's attachment theory, as well as the different theories explaining how one develops an attachment disorder and different attachment classifications. Additionally, Section III will focus on the long-term effects of an attachment disorder, such as substance abuse, alcoholism, homelessness, and violence. Finally, Section IV will discuss why the primary legislative intent of reunification is not sufficiently protective and should be changed to the best interest of the child standard, specifically by reducing the maximum amount of time that a parent can receive unification services. This change would have a positive effect on those children who have been placed in the dependency system because of abuse or neglect. This section will conclude that the Legislature needs to be cognizant of the hurtful and long-term effects section 361.5 has had on dependent children and that the Legislature should revise this legislation to allow a maximum of twelve months of reunification services for parents of dependent children, a reduction of six months to one year.

5. *October 2012 Monthly Report: Referrals and Placements Summary*, SAN FRANCISCO COUNTY, <http://www.sfhsa.org/3991.htm> (last modified Dec. 16, 2012).

6. *Assuring the Safety, Permanence and Well-Being of Infants and Toddlers in the Child Welfare System*, ZERO TO THREE POLICY CENTER 1 (January 2007), http://main.zerotothree.org/site/DocServer/Jan_07_Child_Welfare_Fact_Sheet.pdf?docID=2622 [hereinafter *Assuring the Safety*]; *Developmental Disabilities [sic]*, GUARDIANADLITEM.ORG 1, http://guardianadlitem.org/Practice_Manual_files/PDFs/Ch20_Developmental_Disabilities.pdf (last visited Jan. 16, 2014) [hereinafter *Developmental Disabilities*].

7. *Developmental Disabilities*, *supra* note 6.

II. CHILD PROTECTION

A. HISTORY OF CHILD PROTECTION WITHIN THE UNITED STATES

Prior to the development of organized child protection in the United States, children were protected sporadically under the law,⁸ as there were no statutes that explicitly authorized intervention, although the courts generally had the authority to stop egregious abuse.⁹ In 1875, after learning about the daily abuse of Mary Ellen Wilson, Etta Wheeler¹⁰ attempted to rescue Wilson from her guardians.¹¹ Wheeler approached multiple agencies, including the police and charities, to determine a way to intervene in Wilson's life.¹² Wheeler eventually approached Henry Bergh, the founder of the American Society for the Prevention of Cruelty to Animals.¹³ Shocked to learn that there were no governmental agencies or private organizations protecting children, Bergh and Elbridge Gerry, Bergh's lawyer, founded the New York Society for the Prevention of Cruelty to Children (NYSPCC), the first charity entirely devoted to child protection.¹⁴ By 1922, more than 300 non-governmental child protection organizations had been created in cities around the United States.¹⁵

Chicago became the first city to establish a juvenile court and, by 1919, forty-five states had followed suit.¹⁶ Today, the child protection system is intertwined with the juvenile court.¹⁷ By the 1970s, governmental child protective services were located throughout the nation.¹⁸ Initially, the majority of foster care systems moved children from home to home to avoid children becoming attached to their caregivers.¹⁹ Foster parents who were interested in adopting a child were discouraged from doing so until all of the child's defects and issues were discovered.²⁰

Throughout the history of the child protection system, the central paradigm has been family preservation.²¹ Unfortunately, the expansion of

8. John E.B. Myers, *A Short History of Child Protection in America*, 42 FAM. L. Q. 449, 449 (2008), available at http://www.americanbar.org/content/dam/aba/publishing/insights_law_society/ChildProtectionHistory.authcheckdam.pdf.

9. *Id.* at 450.

10. Etta Wheeler was a social worker who brought the first child abuse case in the United States. *Id.* at 451–52.

11. *Id.* at 451.

12. *Id.*

13. *Id.*

14. *Id.* at 451–52.

15. *Id.* at 452.

16. *Id.*

17. *Id.*

18. *Id.* at 454.

19. TERRY M. LEVY & MICHAEL ORLANS, ATTACHMENT, TRAUMA, AND HEALING: UNDERSTANDING AND TREATING ATTACHMENT DISORDER IN CHILDREN AND FAMILIES 13 (1998).

20. *Id.*

21. Myers, *supra* note 8, at 459.

child protective services has not protected more children, but instead has increased the number of dependency cases.²²

B. CALIFORNIA DEPENDENCY PROCESS

In California, there are numerous procedural steps in the juvenile dependency system. When a child is removed from a parent's care, a petition detailing the reasons why a dependency proceeding is necessary for the safety of the child must be filed under Welfare and Institutions Code section 300.²³ A detention hearing is then held, at which the parent or parents learn about the allegations and the court determines the custody status of the child.²⁴ If the court determines that there is prima facie evidence that the child comes within section 300, the court will order the child detained.²⁵

Next, the court will next hold a jurisdictional hearing to determine whether the child comes under the jurisdiction of the court.²⁶ At that hearing the court determines whether the allegations of abuse or neglect are true, based on a preponderance of the evidence standard.²⁷ If the court makes a jurisdictional finding, it holds a dispositional hearing to address issues of the child's placement and the services to be provided to the parent or parents.²⁸ The court must determine, based largely on reports by social workers, if the child should be returned home or placed out of the home.²⁹ Every six months after the dispositional finding is made, the court holds a review hearing to see what progress is being made and what aspects of the reunification services need to be improved.³⁰ Each step of the process has the ultimate goal of family reunification.³¹

C. CALIFORNIA WELFARE & INSTITUTIONS CODE SECTION 361.5

Welfare and Institutions Code section 361.5 states:

for a child who, on the date of initial removal from the physical custody of his or her parent or guardian, was three years of age or older, court-ordered services shall be provided beginning with the

22. Myers, *supra* note 8, at 462.

23. *Juvenile Dependency Flow Chart*, JUDICIAL BRANCH STATISTICAL INFORMATION SYSTEM MANUAL (Jan. 1, 2012), http://www.courts.ca.gov/documents/Dependency_Flow_chart.pdf; Gabrielle Ann Tetreault, *Juvenile Dependency Court - Child Protection Services and California Law*, AVVO, <http://www.avvo.com/legal-guides/ugc/juvenile-dependency-court---child-protection-services-and-california-law> (last visited Jan. 16, 2014). All statutory references are to the Welfare and Institutions Code, unless otherwise noted.

24. Tetreault, *supra* note 23.

25. *Juvenile Dependency Flow Chart*, *supra* note 23.

26. *Juvenile Dependency Flow Chart*, *supra* note 23; Tetreault, *supra* note 23.

27. Tetreault, *supra* note 23.

28. *Juvenile Dependency Flow Chart*, *supra* note 23; Tetreault, *supra* note 23.

29. *Juvenile Dependency Flow Chart*, *supra* note 23.

30. Tetreault, *supra* note 23.

31. *Juvenile Dependency Flow Chart*, *supra* note 23.

dispositional hearing and ending twelve months after the date the child entered foster care[.]³²

When a child is under three years of age, reunification services will be given for six months from the dispositional hearing and no longer than twelve months from the date the child entered foster care.³³ Additionally, the court can extend reunification services to eighteen months after original removal from his or her parent if it can be shown that there is a substantial probability the child will be returned home.³⁴ In the majority of dependency cases, eighteen months is the maximum amount of time a parent can receive for reunification services.³⁵

California Welfare and Institutions Code, Division 2, which focuses on children,³⁶ was added in 1987 by the California Legislature and became operative in 1989.³⁷ Section 300 states that the savings created by families participating in voluntary (not court-ordered) family services will be used to “promote services which support family maintenance and family reunification plans, such as client transportation, out-of-home respite care, parenting training, and the provision of temporary or emergency in-home caretakers and persons teaching and demonstrating homemaking skills.”³⁸ Since the passage of this legislation, the goal of the Legislature has been to reunify children with their parent or parents.

When section 361.5 was added in 1996, it read “when any child is removed from his or her parents due to abuse . . . reasonable services must be provided for twelve months in an effort to reunify the family.”³⁹ Originally, section 361.5 provided a maximum of eighteen months for reunification of a child of any age.⁴⁰ The Legislature believed that this legislation would reduce the number of children in long-term foster care and would reduce the costs incurred by child welfare services.⁴¹ During an Assembly Committee meeting on January 17, 1996,⁴² the Legislature specifically detailed the aims of the section. Specifically, the county must offer reunification services which focus on “treat[ing] or ameliorat[ing] the

32. CAL. WELF. & INST. CODE § 361.5(a)(1)(A) (West 2013).

33. *Id.* § 361(a)(1)(B).

34. *Id.* § 361(a)(3)-(4). Under very limited and exceptional circumstances a parent may receive twenty-four months of services.

35. Reunification services include drug treatment rehabilitation, psychiatric treatment, anger management classes, and family counseling.

36. *Welfare and Institutions Code - WIC*, LEGINFO.LEGISLATURE.CA.GOV, <http://leginfo.ca.gov/faces/codes.xhtml> (last visited Jan. 16, 2014).

37. As seen in the history of section 300 of the California Welfare and Institutions Code. S. 243, 1st Sess., (Cal. 1987); CAL. WELF. & INST. CODE § 300 (West 2013).

38. CAL. WELF. & INST. CODE § 300 (West 2013).

39. Assemb. 1524, 1st Sess., at 1 (Cal. 1996), available at http://www.leginfo.ca.gov/pub/95-96/bill/asm/ab_1501-1550/ab_1524_cfa_960123_103423_asm_comm.html.

40. *Id.*

41. *Id.* at 3.

42. *Id.* at 1.

conditions leading to the child's removal from the home."⁴³ Additionally, on August 30, 1996, the Legislature stated that the potential fiscal effect of this bill would be savings of about 50% of the federal funds, 20% of the (California) General Fund, and 30% of the county funds because the number of adopted children will reduce the amount of services the government needs to provide.⁴⁴

Twelve years after the effective date of section 361.5, the Legislature amended this section again.⁴⁵ One of the amendments allowed the court to extend reunification services to twenty-four months instead of the original eighteen months.⁴⁶ Before passing this amendment, the Legislature listened to, and ultimately agreed with, the different organizations that argued that it would be beneficial to extend the amount of time given to parents to complete reunification services.⁴⁷ For example, the Children's Law Center of Los Angeles (CLC) said the Legislature's obvious intent was to preserve the family.⁴⁸ The CLC believes that a child is best served when reunited with his or her original family.⁴⁹ Additionally, Los Angeles Dependency Lawyers, Inc. (LADL) stated that parents sometimes need more time because they do not always understand the full impact of their behavior.⁵⁰ According to the Human Services Committee, expansion of the reunification services in 1% of dependency cases would save the county \$60,000 from 2008-2009 and savings would continue to increase with the years.⁵¹ The increase of time given to parents by this amendment clearly illustrates that the Legislature is primarily interested in helping parents reunify with their children.

California courts have reiterated the legislative intent behind section 361.5 in numerous cases. In *In re Allison J.*, the court stated that it offers reunification services to parents when their children are removed from their custody in order to further the goal of family preservation.⁵² In fact, the requirement of reunification services for the parents and the child demonstrates the Legislature's preference for maintaining the family relationship.⁵³ In *In re Santos Y.* and *In re Nolan W.*, the court focused on a parent's right to raise his or her children and contemplated that the ultimate

43. Assemb. 1524, 2d Sess., at 1 (Cal 1996).

44. Assemb. 1524, 3d Sess., at 1 (Cal. 1996).

45. Assemb. 2341, 1st Sess., at 1 (Cal. 2008).

46. CAL. WELF. & INST. CODE § 361.5(a)(4) (West 2013).

47. Assemb. 2341, 1st Sess., at 5-6 (Cal. 2008), available at http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_2301-2350/ab_2341_cfa_20080329_204544_asm_comm.html.

48. *Id.* at 5.

49. *Id.*

50. *Id.* at 6.

51. Assemb. 2341, 5th Sess., at 2 (Cal. 2008).

52. *In re Allison J.*, 190 Cal. App. 4th 1106, 1112 (2010).

53. *In re Ethan N.*, 122 Cal. App. 4th 55, 63 (2004).

penalty for a parent who does not complete reunification services is termination of parental rights.⁵⁴

The courts clearly relied on the Legislature's reasoning when applying the law. Although the reasoning behind the statute is well-intended and understandable, the primary goal falls short and fails to focus on what should be most important—the welfare of the child.

III. CHILDREN AND ATTACHMENT DISORDERS

California brings hundreds of children per month into the dependency system.⁵⁵ Many of these children experience multiple placements, ranging from foster care to group homes. The instability of a child's home when he or she is involved in the dependency system has significant long-term effects on the development of the child. Attachment theory describes the interaction and dynamics of relationships between humans, specifically the child/parent relationship.⁵⁶

A. HISTORY OF ATTACHMENT THEORY

Many studies have been conducted with different scientific perspectives on attachment theory. From the psychoanalytic perspective, Anna Freud and René Spitz⁵⁷ began researching children in the 1940s.⁵⁸ One of their focuses was on a child's behavior when he or she was removed from his or her parents during war and placed in an institution.⁵⁹ As one of the first known studies to discuss the relationship between a child and his or her parent, this study intrigued many researchers. Margaret Mahler⁶⁰ studied the influence of close and strong relationships in young children.⁶¹ D.W. Winnicott⁶²

54. *In re Santos Y.*, 92 Cal. App. 4th 1274, 1300 n.14 (2001); *In re Nolan W.*, 45 Cal. 4th 1217, 1235 (2009).

55. As demonstrated by the fact that fifty-five children were brought into the dependency system in October 2012 in San Francisco alone. SAN FRANCISCO COUNTY, *supra* note 5.

56. R. Chris Fraley, *A Brief Overview of Adult Attachment Theory and Research*, ILLINOIS.EDU, <http://internal.psychology.illinois.edu/~rcfraley/attachment.htm> (last visited Jan. 16, 2014).

57. Anna Freud was the founder of child psychoanalysis and the daughter of Sigmund Freud. René Spitz was an Austrian-American psychoanalyst. *The Enduring Legacy of Freud - Anna Freud*, BBC NEWS (Sept. 7, 2013), <http://www.bbc.co.uk/news/health-23965388>; METHODOLOGICAL THINKING IN PSYCHOLOGY: 60 YEARS GONE ASTRAY? 245 (Aaro Toomela & Jaan Valsiner eds., 2010).

58. T. BERRY BRAZELTON & BERTRAND G. CRAMER, *THE EARLIEST RELATIONSHIP: PARENTS, INFANTS, AND THE DRAMA OF EARLY ATTACHMENT* 87 (1990).

59. *Id.*

60. Margaret Mahler was a Hungarian physician whose main interest was normal childhood development. She also developed the Separation-Individuation Theory of Child Development. Richard Brodie, *Margaret Mahler and Separation-Individuation Theory*, CHILD DEVELOPMENT MEDIA, INC., <http://www.childdevelopmentmedia.com/margaret-mahler-and-the-separation-individuation-theory.html> (last visited Mar. 10, 2014).

61. BRAZELTON & CRAMER, *supra* note 58, at 88.

62. D.W. Winnicott was an English pediatrician and psychoanalyst who was influential in the field of object relations theory. Lawrence Hartmann, *Winnicott: Life and Work*, 160 AM. J. PSYCHIATRY 2255, 2255 (2003).

focused on the importance of the interaction between a mother and child to the development of the child.⁶³ Ethological studies⁶⁴ have shown a connection between the levels of competency a child has and the child's ability to adjust under specific circumstances.⁶⁵ Robert Hinde⁶⁶ opined that it was not just the interactions between a mother and a child but the quality of those interactions that can have a significant effect on the child.⁶⁷ Learning theory has also added to the theory of attachment. Multiple studies have demonstrated the effect that positive motivations have on a child's learning ability.⁶⁸ Finally, infant interaction studies emphasized the effect of babies and children on parents, meaning that a baby's actions can make a parent become more protective or nurturing.⁶⁹ The conclusions of these diverse studies have formed the basis for the development of attachment theory.

John Bowlby⁷⁰ became the first scientist to use the term "interaction."⁷¹ He believed that a child's interaction with his or her mother is about more than simply oral gratification.⁷² In addition, he was the first scientist to observe that childhood experiences as well as inner emotional forces can affect an individual's development and actions in the long term.⁷³ The child eventually internalizes this model, which Bowlby called "The Model of Attachment."⁷⁴ The internalization of this model allows a child to eventually help him or herself and feel worthy of help from others.⁷⁵ Separation between a mother and a baby can be traumatic because it deprives the baby of his or her biological necessities.⁷⁶ Every person has an internal master plan that is created from the experiences and relationships that occurred during his or her childhood.⁷⁷

63. BRAZELTON & CRAMER, *supra* note 58, at 89.

64. Ethology is the scientific and objective study of animal behavior. *Ethology*, MERRIAM-WEBSTER.COM, <http://www.merriam-webster.com/dictionary/ethology> (last visited Mar. 10, 2014).

65. BRAZELTON & CRAMER, *supra* note 58, at 89.

66. Robert Hinde is a prominent scientist in the ethological field. Emeritus Royal Society Research Professor Robert Aubrey Hinde, <http://www.zoo.cam.ac.uk/directory/robert-hinde> (last visited Mar. 10, 2014).

67. BRAZELTON & CRAMER, *supra* note 58, at 91.

68. BRAZELTON & CRAMER, *supra* note 58, at 92.

69. BRAZELTON & CRAMER, *supra* note 58, at 95.

70. John Bowlby was a British psychologist, psychiatrist and psychoanalyst most interested in child development. Inge Bretherton, *The Origins of Attachment Theory: John Bowlby and Mary Ainsworth*, in ATTACHMENT THEORY: SOCIAL, DEVELOPMENTAL, AND CLINICAL PERSPECTIVE 45, 45–46 (Susan Goldberg et al. eds., 1995) [hereinafter *Bretherton*].

71. BRAZELTON & CRAMER, *supra* note 58, at 88.

72. BRAZELTON & CRAMER, *supra* note 58, at 88.

73. MARSHALL H. KLAUS ET AL., BONDING: BUILDING THE FOUNDATIONS OF SECURE ATTACHMENT AND INDEPENDENCE 193 (1995).

74. *Id.*

75. *Id.*

76. LEVY & ORLANS, *supra* note 19, at 14.

77. KLAUS ET AL., *supra* note 73, at 193.

Following Bowlby's discovery and creation of "The Model of Attachment," Mary Ainsworth⁷⁸ studied a mother's responses to her baby's actions.⁷⁹ Ainsworth developed the Ainsworth Strange Situation, a mechanism to test Bowlby's ideas, by allowing observers to figure out where, on the spectrum of securely attached to avoidant, the relationship between a mother and her baby is located.⁸⁰

The application of "The Model of Attachment," and the subsequent developments, has increased the awareness of the negative effects that little to no contact with a parent may have on a child, as well as the positive impacts of secure attachment.

B. CAUSES OF ATTACHMENT DISORDER

There are three different contributors to attachment disorder—environment, child, and parent. Certain factors play a more important role than others.⁸¹ The first set of contributors is the environment. Environmental factors include community violence and poverty.⁸² However, high stress caused by family disorganization and chaos as well as multiple out-of-home placements with multiple caregivers are stronger factors that contribute to the development of an attachment disorder.⁸³ Second, the child's contributions are things that the child cannot control, but are related to his or her birth.⁸⁴ For example, family history of mental illness, substance abuse, antisocial personality, or premature birth are biological factors that contribute to a child's attachment disorder.⁸⁵

Third, parental contributions to a child's attachment disorder are extensive, including abuse and/or neglect and ineffective or insensitive care.⁸⁶ Other parental factors range from depression—unipolar, bipolar, postpartum, severe, chronic—to biological and/or emotional psychological disturbances.⁸⁷ Teenage parenting, substance abuse, and intergenerational attachment difficulties, such as unresolved family-of-origin issues, history of separation, loss, maltreatment, and prolonged absence, may also contribute to a child's attachment disorder.⁸⁸ All of these parental contributions are factors seen in cases involved in the dependency system. In fact, they are usually the reasons why CPS must become involved in a case.

78. Mary Ainsworth was an American-Canadian developmental psychologist known for her emotional attachment work. *Bretherton, supra* note 70, at 46–47.

79. KLAUS ET AL., *supra* note 73, at 193.

80. KLAUS ET AL., *supra* note 73, at 193; *Bretherton, supra* note 70, at 45.

81. LEVY & ORLANS, *supra* note 19, at 84.

82. LEVY & ORLANS, *supra* note 19, at 84.

83. LEVY & ORLANS, *supra* note 19, at 84.

84. LEVY & ORLANS, *supra* note 19, at 84.

85. LEVY & ORLANS, *supra* note 19, at 84.

86. LEVY & ORLANS, *supra* note 19, at 84.

87. LEVY & ORLANS, *supra* note 19, at 84.

88. LEVY & ORLANS, *supra* note 19, at 84.

C. ATTACHMENT CLASSIFICATIONS

There are four main categorizations of attachment: secure attachment, avoidant attachment, resistant or ambivalent attachment, and disorganized or disoriented attachment.⁸⁹ Secure attachments “with a primary caregiver form the foundation for a child’s social, emotional, and cognitive development.”⁹⁰ When there is a secure attachment between the parent and baby, the baby has the confidence to explore his or her surroundings when the caregiver is available.⁹¹ In addition, after a short separation between the parent and the baby, the reunion is positive and welcomed.⁹² Secure attachment, in the first two years of life, exemplifies two behavioral characteristics: “(1) the ability of the child to find and be reassured by well-known caregivers[,] and (2) the willingness of the child to explore and master the environment when supported by the presence of a caregiver.”⁹³ Secure infants are easily calmed by parents and will continue to explore within a short time of being soothed.⁹⁴ These babies are comfortable with exploring because, through experience, they know that their parent will address their needs and be available to them.⁹⁵

Avoidant attachment is demonstrated when a baby is not interested in the parent and does not exhibit distress when he or she is separated from his or her parent.⁹⁶ Avoidant babies seem to be calm, but studies have demonstrated, through measurement of stress hormones and heart rates, that they are very distressed when their parent leaves the area.⁹⁷ These children become independent at a very young age because they know that their parent or parents are not going to fulfill their needs.⁹⁸ In addition, the child has learned to avoid the parent because of the parent’s humiliation, rejection, or harshness towards the child.⁹⁹

A child with resistant or ambivalent attachment characteristics tends to be angry or passive, especially towards his or her parent or parents.¹⁰⁰ He or she is unable to settle down and is inconsistent in his or her behavior towards

89. SUSAN GOLDBERG, INTRODUCTION, IN ATTACHMENT THEORY: SOCIAL, DEVELOPMENTAL, AND CLINICAL PERSPECTIVE 1, 11 (Susan Goldberg et al. eds., 1995) [hereinafter GOLDBERG]; RUTH P. NEWTON, THE ATTACHMENT CONNECTION 15 (2008).

90. Margaret Smariga, *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know*, ZERO TO THREE POLICY CENTER 3 (July 2007), http://main.zerotothree.org/site/DocServer/Visitation_with_Infants_and_Toddlers_in_Foster_Care.pdf.

91. GOLDBERG, *supra* note 89, at 11.

92. GOLDBERG, *supra* note 89, at 11.

93. KLAUS ET AL., *supra* note 73, at 195.

94. NEWTON, *supra* note 89, at 16.

95. NEWTON, *supra* note 89, at 16.

96. GOLDBERG, *supra* note 89, at 11.

97. NEWTON, *supra* note 89, at 16.

98. NEWTON, *supra* note 89, at 16.

99. NEWTON, *supra* note 89, at 23.

100. GOLDBERG, *supra* note 89, at 11; NEWTON, *supra* note 89, at 17.

the parent.¹⁰¹ The child remains close to the parent, just in case the parent will give the child the attention he or she needs.¹⁰² When his or her mother secures the child, the child will cling to his or her mother and refuse to be put down.¹⁰³

A child has a disorganized or disoriented attachment when the child reacts to his or her parent's presence with out-of-the-ordinary behaviors such as trance-like freezing or anomalous postures.¹⁰⁴ There is no pattern or consistency in disorganized children, and their behaviors are products of their individual life experiences.¹⁰⁵ Disorganization in a child's attachment can have severe effects on his or her brain organization.¹⁰⁶

D. LEARNED ACTIONS ASSOCIATED WITH THE DIFFERENT TYPES OF ATTACHMENT DIAGNOSIS

Depending on the type of attachment associated with the child/parent relationship, the child tends to learn different things. Secure children learn that they are "competent, loveable, cooperative and capable."¹⁰⁷ Because secure children have their needs met by their parents, they can confidently explore and engage in positive interactions with others.¹⁰⁸ Additionally, they learn how to regulate their emotions, allowing for successful positive relationships in the future, which they realize are well-deserved.¹⁰⁹ The results of a Minnesota study demonstrated that secure children are enthusiastic, flexible, and willing to put in more effort towards work than children of other attachment types.¹¹⁰ Teenagers with secure attachment are more comfortable in mixed-gender situations and are considered more competent by their teachers.¹¹¹

Avoidant and resistant or ambivalent attachment children learn differently than those with secure attachment. These children create defense mechanisms that restrict them from exploring and interacting with others.¹¹² They feel that their efforts will be unsuccessful. The absence of support from their parents makes the children lack confidence.¹¹³ Avoidant children are more likely to become bullies while ambivalent children cling to their teachers and are the bullies' victims.¹¹⁴ The aforementioned Minnesota

101. GOLDBERG, *supra* note 89, at 11.

102. NEWTON, *supra* note 89, at 24.

103. NEWTON, *supra* note 89, at 17.

104. GOLDBERG, *supra* note 89, at 11.

105. NEWTON, *supra* note 89, at 24.

106. NEWTON, *supra* note 89, at 24.

107. NEWTON, *supra* note 89, at 27.

108. NEWTON, *supra* note 89, at 26–27.

109. NEWTON, *supra* note 89, at 27.

110. NEWTON, *supra* note 89, at 27.

111. NEWTON, *supra* note 89, at 28.

112. NEWTON, *supra* note 89, at 28.

113. NEWTON, *supra* note 89, at 28.

114. NEWTON, *supra* note 89, at 29.

study illustrated that ambivalent children spent more time with their teachers instead of developing relationships with other children.¹¹⁵

Disorganized children constantly feel they are in potential danger and are frightened of their parents.¹¹⁶ These children have trouble figuring out how they are going to survive.¹¹⁷ They develop personal strategies and coping mechanisms in order to reduce fear, including aggression, withdrawal, and distraction.¹¹⁸ They accept everything that happens to them without argument because they believe that they cannot change anything in their lives.¹¹⁹ They avoid intimate relationships with others because they are distrustful.¹²⁰

Signs of harmful attachment disorders in children include lack of affectionate interactions, inappropriate affection with unfamiliar adults, and controlling behavior towards a parent.¹²¹ When they need support, these children tend to ignore their parents while being excessively clingy; this behavior limits children's exploration.¹²² Children with attachment disorder also demonstrate intense anger.¹²³

Many of the children in the dependency system suffer from an attachment disorder.¹²⁴ The impact of disorganized attachment on children when they are younger is extensive. However, the long-term impact of this disorder is even more significant and becomes visible in many aspects of an adult's life.

E. THE LONG-TERM EFFECTS OF ATTACHMENT DISORDER

A child's relationships during his or her critical years of attachment create the strength for future social, emotional, and cognitive development.¹²⁵ When infants are removed from their parents and placed into foster care, they are more likely to be abused and neglected than older children, which means that these children are spending the most crucial developmental time in another unstable home.¹²⁶ When a removal or a placement change is done at a particularly crucial period in a child's development or it is done improperly, the ability to form secure attachment

115. NEWTON, *supra* note 89, at 29.

116. NEWTON, *supra* note 89, at 30.

117. NEWTON, *supra* note 89, at 30.

118. NEWTON, *supra* note 89, at 30.

119. NEWTON, *supra* note 89, at 30.

120. NEWTON, *supra* note 89, at 30.

121. LEVY & ORLANS, *supra* note 19, at 83.

122. LEVY & ORLANS, *supra* note 19, at 83.

123. LEVY & ORLANS, *supra* note 19, at 83.

124. Up to eighty-two percent of maltreated infants have unhealthy attachments to their caregivers. Smariga, *supra* note 90, at 2.

125. Smariga, *supra* note 90, at 3.

126. *Assuring the Safety*, *supra* note 6.

becomes severely compromised.¹²⁷ For a child, any change in a primary caregiver can be traumatic.¹²⁸

A long-term effect is a change that is the result of a present action that extends over a long period of time.¹²⁹ The effect of little to no attachment in childhood does not end when the problems cease, but instead culminates in adulthood.¹³⁰ Children who have dealt with negative patterns of attachment in their childhoods are likely to demonstrate insecure patterns of attachment in adulthood.¹³¹ In a 1993 survey by David Alexander,¹³² 13% of childhood victims of abuse stated that they felt preoccupied with their thoughts, while 16% of them felt dismissive and 53% felt fearful.¹³³ That same survey also demonstrated that children who did not experience secure attachment were likely to acquire a number of personality disorders, including antisocial personality disorder and borderline personality disorder, which incorporate specific ingrained behaviors.¹³⁴ Stressful life experiences, like separation from a parent's home, are considered significant contributors to adjustment disorders.¹³⁵

A long-term inability to regulate biological and psychological emotions, behaviors, and impulses is one of the major consequences of lack of attachment often found in children who are abused or neglected.¹³⁶ The more a child is abused or neglected during childhood, the more likely it is for that child to smoke cigarettes and use other paraphernalia, be physically inactive, and become obese.¹³⁷ A child's internal model is based on a child's ability

127. *Transitions*, ADVOKIDS.ORG, <http://www.advokids.org/transitions.html> (last visited Jan. 9, 2014).

128. *Id.*

129. *Long-Term*, MERRIAM-WEBSTER.COM, <http://www.merriam-webster.com/dictionary/long-term> (last visited Feb. 19, 2014); *Effect*, Merriam-Webster.com, <http://www.merriam-webster.com/dictionary/effect> (last visited Feb. 19, 2014).

130. Dante Cicchetti & Sheree L. Toth, *Child Maltreatment and Attachment Organization: Implications for Intervention*, in ATTACHMENT THEORY: SOCIAL, DEVELOPMENTAL, AND CLINICAL PERSPECTIVE 279, 287 (Susan Goldberg et al. eds., 1995) [hereinafter *Cicchetti & Toth*].

131. *Id.*

132. David Alexander was a senior social science analyst of the General Government Division in Washington, D.C. *Id.*

133. *Id.*

134. *Id.* at 288.

135. Kenneth S. Adam et al., *Attachment Organization and Vulnerability to Loss, Separation, and Abuse in Disturbed Adolescents*, in ATTACHMENT THEORY: SOCIAL, DEVELOPMENTAL, AND CLINICAL PERSPECTIVE 309, 310 (Susan Goldberg et al. eds., 1995). An adjustment disorder is a type of stress-related mental illness that makes routine tasks overwhelming and creates a self-destructive cycle. *Diseases and Conditions: Adjustment Disorder*, MAYOCLINIC.ORG, <http://www.mayoclinic.org/diseases-conditions/adjustment-disorders/basics/definition/con-20031704> (last visited Mar. 10, 2014).

136. LEVY & ORLANS, *supra* note 19, at 57.

137. Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 AM. J. PREV. MED. 245, 248 (1998), available at http://www.iowa.aces360.org/uploads/1/0/9/2/10925571/relationship_of_childhood_abuse_and...1998.pdf.

to regulate emotions and responses to external stress. A child's disorganized attachment can lead to "1) disturbances in sense of self (e.g., sense of alienation and separateness, body image distortion); 2) inability to control impulses (e.g., physical and sexual aggression, self-mutilation); and 3) relationship disturbances (e.g., lack of trust and intimacy, perception of others as threatening)."¹³⁸ Furthermore, disorganized attachment has been linked to alcoholism, drug use, depression, physical, sexual and emotional abuse, and neglect towards children.¹³⁹

Many of the children in the dependency system experience some type of domestic violence. Those children who witness or are the victims of domestic violence within the home are more likely to be involved in abusive relationships as adults.¹⁴⁰ Sociologists Murray A. Straus and Richard J. Gelles¹⁴¹ claim that boys who see the male in their home hit their mothers are three times more likely to hit their wives than boys who live in non-violent homes.¹⁴² Boys who have witnessed domestic violence come to believe that it is an appropriate response to anger and frustration.¹⁴³ In addition, Straus and Gelles claim that girls who experience domestic violence believe that it demonstrates love and are more likely to be abused as adults.¹⁴⁴ Feelings of guilt, low self-esteem, shame, and stress are common in children who experience domestic violence.¹⁴⁵ Exposure to domestic violence within the home can also create behavioral and emotional issues, including substance abuse, running away from home, sexual promiscuity,¹⁴⁶ eating disorders, and frequent illness.¹⁴⁷ Domestic violence disrupts employment, education, and economic stability, all of which contribute to a child's health.¹⁴⁸ Multiple studies done by John Briere and Carol E. Jordan (2009),¹⁴⁹ MacDonald et al. (2006), and Paolucci et al. (2001) demonstrate the connection between sexual child abuse and negative

138. LEVY & ORLANS, *supra* note 19, at 57–58.

139. NEWTON, *supra* note 89, at 30.

140. DOMESTIC VIOLENCE: OPPOSING VIEWPOINTS 11 (Tamara L. Roleff ed., 2000) [hereinafter DOMESTIC VIOLENCE].

141. Murray Straus is the co-director of the Family Research Laboratory and former president of the National Council on the Family Relations. *Biographical Summary—Murray A. Straus*, PUBPAGES.UNH.EDU (last visited Mar. 10, 2014). Richard J. Gelles is a writer and chair of the Child Welfare and Family Violence in the School of Social Policy and Practice at the University of Pennsylvania. *Richard James Gelles*, WWW.SP2.UPENN.EDU (last visited Mar. 10, 2014).

142. DOMESTIC VIOLENCE, *supra* note 140, at 11.

143. DOMESTIC VIOLENCE, *supra* note 140, at 11.

144. DOMESTIC VIOLENCE, *supra* note 140, at 11.

145. DOMESTIC VIOLENCE, *supra* note 140, at 12.

146. CATHERINE ITZIN ET AL., DOMESTIC AND SEXUAL VIOLENCE AND ABUSE: TACKLING THE HEALTH AND MENTAL HEALTH EFFECTS 75 (2010).

147. DOMESTIC VIOLENCE, *supra* note 140, at 11.

148. ITZIN, *supra* note 146, at 74.

149. John Briere is the director of the Psychological Trauma Program at LAC-USC Medical Center. Carol E. Jordan is the director of the University of Kentucky's Center for Research on Violence Against Women.

long-term mental health outcomes including dysphoria, an emotional state characterized by anxiety; depression; dissociation; detachment from one's immediate surroundings; sleep disorders; Post-Traumatic Stress Disorder (PTSD); suicidal ideation; thoughts or preoccupation with suicide and parasuicide; suicide attempts or gestures; and self-harm where there is no result in death.¹⁵⁰

Studies have shown that adults who are abused as children are more likely to continue the cycle of violence within their own families.¹⁵¹ In 1993, J.E. Oliver¹⁵² concluded that one-third of adults abused as children go on to become abusive towards their own children.¹⁵³ These adults see violence towards their children as the proper way to deal with interpersonal conflicts.¹⁵⁴ This increases the likelihood that the cycle of violence will continue when these children become adults.¹⁵⁵

Child abuse depletes the trust that was embedded in the child/parent relationship. Mental health issues, resulting from child abuse, may also aggravate or worsen poor attachment to a parent. Results from a 2004 study conducted by John Briere demonstrate that childhood abuse can be found in approximately 35% to 70% of the histories of female mental health patients.¹⁵⁶ According to a 2007 study done by Dr. Brian Draper, men and women who have survived child abuse are two-and-a-half times more likely to have poor mental outcomes in their lives and are four times more likely to feel constantly unhappy later in life.¹⁵⁷ A study based on the National Co-Morbidity Survey demonstrated that these children are also two-and-a-half times more likely to fight major depression and are six times more likely to acquire PTSD.¹⁵⁸ The United States Adverse Childhood Experience study done by physician Vincent J. Felitti and others reported that children who have experienced abuse and/or neglect four or more times in their childhoods are twelve times more likely to have at least one suicide attempt than those who had positive attachment relationships in their childhood.¹⁵⁹

150. ITZIN, *supra* note 146, at 74.

151. Alister Lamont, *Effects of Child Abuse and Neglect for Adult Survivors*, NATIONAL CHILD PROTECTION CLEARINGHOUSE (April 2010), <http://www.aifs.gov.au/nch/pubs/sheets/rs20/rs20.html>.

152. J.E. Oliver was a member of the Unit of Clinical Epidemiology at the University of Oxford. J.A. Baldwin & J.E. Oliver, *Epidemiology and Family Characteristics of Severely-Abused Children*, 29 BRIT. J. PREV. SOC. MED. 205, 205 (1975).

153. *Lamont, supra* note 151.

154. *Lamont, supra* note 151.

155. *Lamont, supra* note 151.

156. *Impacts of Child Abuse*, ASCA, <http://www.asca.org.au/about/resources/impact-of-child-abuse.aspx> (last visited Jan. 12, 2014).

157. *Id.*

158. *Lamont, supra* note 151.

159. *Lamont, supra* note 151.

T.L. Simpson and W.R. Miller¹⁶⁰ showed that when children experience consistent child abuse (four or more adverse experiences), they are seven times more likely to self-diagnose as alcoholics, five times more likely to use illicit drugs, and ten times more likely to inject drugs than those adults who did not experience negative attachment relationships in their childhood.¹⁶¹ This propensity for drug abuse could be due to the fact that these adults have the tendency to self-medicate in order to deal with their problems.¹⁶² The National Institute on Drug Abuse has reported that approximately two-thirds of the people in drug treatment programs have experienced abuse during their childhoods.¹⁶³

Adults with a childhood history of abuse or who consistently witnessed abuse as a child are significantly more likely to be violent or be involved in criminal activity.¹⁶⁴ They tend to internalize this type of behavior as the appropriate response for conflict resolution and/or stress.¹⁶⁵ In fact, these children are eleven times more likely to be arrested as a juvenile and 2.7 times more likely to be arrested for criminal behavior as an adult.¹⁶⁶

Seventy-two percent of a sample of homeless adults in the United States admitted to experiencing one or more adverse childhood events.¹⁶⁷ Because negative attachment relationships lead to poor conduct in school, one likely result is difficulty in obtaining a secure job, possibly leading to homelessness.¹⁶⁸

Each one of these long-term effects can exacerbate another long-term effect. The impacts of negative attachment, including biological, psychological, and social effects, remain with a child for his or her entire life. Recognition of the lifelong impacts of negative attachment should compel the Legislature to refocus and strengthen the dependency statute to benefit the children the system was created to protect.

IV. THE LEGISLATURE SHOULD CHANGE THE INTENT BEHIND WELFARE AND INSTITUTIONS CODE SECTION 361.5

As seen in Section II, the primary focus of the Legislature when it created section 361.5 was the preservation and reunification of the family,

160. T.L. Simpson and W.R. Miller are both psychologists dealing with substance abuse and physical abuse.

161. See T.L. Simpson & W.R. Miller, *Concomitance Between Childhood Sexual and Physical Abuse and Substance Abuse: A Review*, 22 CLINICAL PSYCHOL. REV. 27 (2002).

162. Lamont, *supra* note 151.

163. *Child Welfare Information Gateway, Long-Term Consequences of Child Abuse and Neglect*, U.S. DEP'T OF HEALTH AND HUMAN SERVS. (2013), https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf.

164. Lamont, *supra* note 151.

165. Lamont, *supra* note 151.

166. *Child Welfare Information Gateway*, *supra* note 163.

167. Lamont, *supra* note 151.

168. Lamont, *supra* note 151.

and it remains so currently.¹⁶⁹ This, however, should not have been the main focus of the Legislature when it passed section 361.5. In fact, if the Legislature changed the primary goal of the legislation from reunification to serving the best interest of the child, the dependency system would be significantly more beneficial to the children within it.

Certainly, having stable families is important for society. As a public policy, promotion of stable families conveys the notion that the government wants families to be healthy, strong, and productive. Stability within the household promotes those aspects of the family that society finds beneficial. The Welfare and Institutions Code sections that focus on child dependency were created in order to help increase the number of stable homes within California. However, the dependency process contributes to the perpetual cycle of dependent children becoming parents of dependent children within the dependency system.

Numerous factors that contribute to a child developing an attachment disorder are the same factors that result in a child becoming a part of the dependency system. For example, attachment disorders are created through imbalance within a child/parent relationship and other factors that make a parent's attention to his or her child minimal or nonexistent. Similarly, a child enters the dependency system because his or her parent is too preoccupied with other issues such as substance abuse or mental health to take appropriate and necessary care of the child. Because these factors overlap, it is clear that children within the dependency system are highly likely to suffer from attachment disorders. Suffering from attachment disorders, as seen above, can lead to those characteristics that become the reason for Child Protective Services removing children from parents' homes.

The amount of time the dependency process allows for completion of parental reunification services is far too long to be beneficial to the health of the child. If a parent obtains reunification services for eighteen months, the child remains in foster care or a group home away from his or her parent for a minimum of a year and a half. For those who receive twenty-four months of services, a child spends more than two years away from a stable home. Even if the parent is allowed visitation with the child, the continued inconsistency and adjustments that the child must make on a daily basis become overwhelming for him or her. The child realizes and is continuously reminded that the parent is not going to be around when he or she needs the parent. This need for constant adjustment does not give the child the opportunity to create a relationship with the foster parent or any other person who is interested in taking care of the child when the biological parent fails to reunify with the child. Not only does the long period of time that the child must spend without his or her parent create instability, it also makes it

169. *See supra* Section II.

impossible for the child to form secure attachments and build other positive relationships with loving adults during that time.

The failure to have positive relationships within their early life experiences leaves children susceptible to the long-term effects of an attachment disorder. As discussed in Section III of this paper, those effects are extensive and serious, and tend to exacerbate and magnify issues found in adulthood. The long-term effects of an attachment disorder, such as violence within the household, drug abuse, and alcoholism, are common reasons why CPS removes children from their parents' homes. However, by prolonging the separation between the parent and the child during the time the parent receives reunification services, the likelihood of a child developing an attachment disorder, and by extension the negative long-term effects associated with an attachment disorder, increases and contributes to the perpetual cycle of participation in the dependency system. By enacting section 361.5 with reunification as its primary goal, the Legislature incorrectly gave the dependency courts discretion to extend the amount of time parents have to complete their reunification services. These time extensions may be beneficial to the parents, but they are detrimental to the children who should be the real focus of the dependency system. The extensions only continue the instabilities in the children's relationships.

In addition, visitation with the parent makes the circumstances even more confusing for the child. The child might feel guilty for feeling closer to a foster parent or simply confused about when he or she should expect someone to take care of him or her. These feelings again lead to symptoms of an attachment disorder, similarly increasing the likelihood that these children will grow up to be parents within the dependency system. Decreasing the amount of time that parents are given to complete reunification services will allow children to bond positively with a caregiver and find a stable home. This would promote and create more mentally, emotionally, and physically healthy children, which in turn will create stable and safe future homes. When there are stable and safe homes, fewer children will be neglected and abused, and therefore fewer will enter into the dependency system.

The Legislature needs to reduce the time provisions in section 361.5, allowing parents of dependent children to receive a maximum of twelve months of services instead of eighteen or twenty-four months. By making this change, the Legislature will have changed the primary intent of this legislation from reunification to serving the best interest of the child. Decreasing the time provisions set out in the statute is one specific way that children will be able to benefit from the dependency system. Certainly, reunifying children with their parents is important. That is why this Note does not suggest that the Legislature eliminate the entirety of the dependency system. However, unless the Legislature is more concerned about the best interest of the child than reunification, it will perpetuate a vicious cycle.

Reducing the time allotted for parents to complete their reunification services not only allows for the dependency system to continue to work without changing the steps in the California dependency system, but also allows dependent children to have an opportunity for a stable family. With the time reduction, children will have a decreased risk of developing any severe attachment disorder and the long-term effects that come with it.

If the Legislature were to change the time provisions found in section 361.5, it would not only help children within the dependency system, but it would actually reduce the costs to each county within California. These costs include payments made to foster homes and group homes, as well as the extensive amount spent on social services such as drug and alcohol rehabilitation programs and mental health programs for children and parents. Prevent Child Abuse America's 2001 report estimated that the direct costs for maintaining the child welfare system as well as the health and mental health systems, judicial system, and law enforcement connected to the dependency system total \$24 billion.¹⁷⁰ Indirect costs, including criminal activity, domestic violence, and loss of employment, can easily total \$69 billion.¹⁷¹ There is a clear relationship between the number of children in the dependency system and the county's expenditures on those services. By reducing the time parameters set out in the statute and changing the statute's legislative intent, the Legislature can help minimize the perpetual cycle that traps children in the dependency system. By doing this, California's counties will see positive effects of that change, not only with the creation of healthy children and families, but also through decreased costs in the dependency system.

Although the Legislature's goal of family preservation is an important one, it should be secondary to the safety and health of children. Section 361.5 allows abusive and neglectful parents too much time to attempt to reunify with their children. This long period of time creates instability and confusion within children's lives, increasing the likelihood that the children will develop an attachment disorder, which can result in long-term problems such as drug and alcohol abuse and violent actions. These long-term problems are also the primary reasons why minors enter the dependency system. Therefore, the cycle continues. If the Legislature refocuses its intent regarding this statute and consequently changes the time parameters, the children within the dependency system could benefit significantly.

V. CONCLUSION

The dependency system was created to fulfill the goal of protecting children who experience physical and emotional abuse and neglect. The Legislature created Welfare and Institutions Code section 361.5 primarily to

170. *Child Welfare Information Gateway*, *supra* note 163.

171. *Child Welfare Information Gateway*, *supra* note 163.

promote family reunification and, secondarily, to protect children. Attachment theory, created by John Bowlby, has demonstrated that a disorganized attachment relationship, created through instable relationships between a child and his or her parent, can produce significant negative long-term consequences, ranging from emotional to social effects. The time parameters given by the statute perpetuate the cycle of children turning into the adults who cause their children to enter the dependency system. Not only will amendment of the statute promote healthy children and families, it will also reduce costs incurred by the State of California. Therefore, the Legislature should refocus the intent of the statute and adopt the best interest of the child standard.

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