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Research article

Change trajectories of aggressive behavior among children in long-term residential care

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ARTICLE INFO

ABSTRACT

This study examined change trajectories of aggressive behaviors among children in long-term residential care in Israel and identified various child-, family-, and placement-related predictors of the change trajectories. Records of 799 children (average age at the beginning of the four years = 10.4, 33.1% female) in their first four consecutive years in care were analyzed using the TRF aggressive behavior subscale (Achenbach, 1991) to measure the outcome variable. Children's and parents' characteristics and placement-related factors were used to explain variance in change trajectories. Latent Class Growth Analyses identified four aggressive behavior trajectories: 'stable-low' levels of aggressiveness over time (45% of the children), 'stable-high' levels (13%), 'improvement' (20%), and 'deterioration' (22%). Predictors of less resilient trajectories (i.e., stable-high or increasing aggressiveness) included mothers' difficulties and disabilities, children's attendance of special education classes, more intensive type of care, and non-immigrant status. The Attachment Theory, Life Course Perspective theories, and the General Strain Theory are used to interpret some of the findings of the study. Identifying the factors that predispose children to certain patterns of change may help direct resources to children at risk of having high or increasing levels of aggression while in residential care.

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1. Introduction

Residential care for children at-risk often has a negative image; it is used as a last resort in many Western countries for children and youth removed from their parents' homes (Dozier et al., 2014; King, 2013; Lyons, Terry, Martinovich, Peterson, & Bouska, 2001). Such an attitude towards residential care for children is echoed by the United Nations Convention on the Rights of the Child (1989) and by a significant portion of the child welfare literature (see for review, Dozier et al., 2014; Kendrick, 2013; King, 2013). Residential care for children is also one of the most expensive components in the array of welfare services for children and adolescents (King, 2013; Lyons et al., 2001), which lessens even further its attractiveness. Despite the strong negative perception of residential care for children, there is little rigorous empirical research examining the trajectories through which changes in children's behaviors and functioning while in residential care occur (see for discussion, Hussey & Guo, 2002; Little, Kohm, & Thompson, 2005; Lyons et al., 2001; Proctor, Skrinker, Roesch, & Litrownik, 2010), especially in non-US facilities (see Benbenishty, 2016).

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The current study examined the change trajectories of aggressive behavior among approximately eight hundred young people who stayed for four consecutive years in residential care settings (RCSs) in Israel. The study identified the various child-, family-, and placement-related predictors of these trajectories. Examining trajectories of aggressive behaviors among children is of special importance as they are among the most robust predictors of adolescent deviance, delinquency, and crime (Broidy et al., 2003; Haaspalo & Tremblay, 1994; Huesmann, Eron, & Dubow, 2002; Haaspalo and Tremblay, 1994; Wasserman, Miller, Pinner, & Jaramillo, 1996).

Children in residential care were found to show elevated levels of externalizing behaviors, such as aggressive behavior, compared with those who live with their biological families (Attar-Schwartz, 2008; Cameron & Guterman, 2007; Connor, Doefler, Toscano, Volungis, & Steingard, 2004). This high vulnerability is usually explained through the children's family histories, which often include improper parental care and child maltreatment. In addition, staying in a multi-caregiver setting, with a large number of other children with similar needs, and often experiencing instability has been shown to increase vulnerability (e.g., Barter, Renold, Berridge, & Cawson, 2004). There is a great variation in outcomes among young people in residential care, including in their aggressive behaviors (Attar-Schwartz, 2008, 2009; Bell, Romano, & Flynn, 2013; Hagaman Trout, Chmelka, Thompson, & Reid, 2010). While some children are in the clinical range of functioning, others, despite the adversities children in care often experience, exhibit resilience in various domains (see Bell, Romano, & Flynn, 2015; Legault, Anawati, & Flynn, 2006). Resilience is often conceptualized as a process of positive adjustment, despite experiences of adversity, which is supported or constrained by social-ecological factors (Masten, 2011).

Research that examined possible risk factors associated with adjustment difficulties among youth in care used mainly cross-sectional designs that identified groups of children at risk (e.g., by gender, ethnic affiliation, or cause for referral) for poorer outcomes (e.g., Compas et al., 1997; Hukkanen, Sourander, Bergroth, & Piha, 1999; Legault et al., 2006; Pinchover & Attar-Schwartz, 2014; Vorria, Rutter, Pickles, Wolkind, & Hobsbaum, 1998). These studies identified specific subgroups at more severe risk in this already high-risk population. For example, boys have been found to show more externalizing difficulties, such as aggressive, delinquent, acting-out, anti-social, and violent behaviors, than girls, while girls have been found to show more internalizing difficulties (e.g., Attar-Schwartz, 2008; Compas et al., 1997; Glisson, Hemmelgarn, & Post, 2002). In addition, negative outcomes have been found to be linked to family psychopathology, the presence of mental disorder or special education needs, and a history of abuse and neglect (see Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Bruskas, 2008; Stouthamer-Loeber, Loeber, Wei, Farrington, & Wikstrom, 2002, Stouthamer-Loeber, Wei, Loeber, & Masten, 2004).

Longitudinal studies of children in care can help identify the extent to which children change while in care, and to predict, which children are more likely to make positive gains while in care. However, aside from general descriptive and cross-sectional analyses of children in care, and compared to well-developed research on behavioral change trajectories among children in the general population (e.g., Bongers, Koot, Van Der Ende, Verhulst, 2003; Bongers, Koot, Van Der Ende, Verhulst, 2004; Broidy et al., 2003; McFadyen-Ketchum, Bates, Dodge, & Pettit, 1996), there is relatively little research that explains the significant variance in the progress of children in residential care (in terms of behavior change or any other functioning or service outcomes) during their placement period (e.g., Bell et al., 2015; Hussey & Guo, 2002, 2005; James, Landsverk, & Slymen, 2004; Lyons et al., 2001; Proctor et al., 2010; Villodas, Litrownik, Newton, & Davis, 2016; Wulczyn, Kogan, & Harden, 2003).

The handful of studies examining trajectories of change in out-of-home care have addressed various outcomes. Some studies focused on placement pattern trajectories (e.g., James et al., 2004; Rubin et al., 2004; Wulczyn et al., 2003), such as identifying stable and unstable placement trajectories (Villodas et al., 2016). Other studies examined change trajectories in children's emotional and behavioral functioning (e.g., Bell et al., 2015; Lee & Thompson, 2009; Lyons et al., 2001; Proctor et al., 2010). Those studies have examined an array of aspects of children's development, such as clinical psychopathology (e.g., Lyons et al., 2001) and externalizing and internalizing behaviors (e.g., Bell et al., 2015; Hussey & Guo, 2005; Lee & Thompson, 2009; Proctor et al., 2010). Some studies showed that some groups did show improvement over time while others stayed stable (either at a low, medium, or high level) or showed deterioration (e.g., Bell et al., 2015; Lyons et al., 2001; Proctor et al., 2010). For example, in their study of 97 children in a single RCS in Cleveland, Ohio, Hussey and Guo (2005) found that children generally showed improvements in internalizing and critical pathology problem domains but mostly remained the same on measures of externalizing behaviors and total problems scores. Following a sample of 313 children living in family foster care for four years, Bell et al. (2015) found that a large percentage of the children followed resilient trajectories (moderate-high descending, low-stable, or no problems) of conduct problems (64%) and emotional functioning (59%), others showed ascending or stable moderate levels of such difficulties.

Some studies have attempted to identify the characteristics associated with various behavioral or placement outcome change trajectories among children in care. For example, in their study of 57 consecutively admitted US residential treatment children studied over five-year period, Hussey and Guo (2002) found that younger age, female gender, less severe psychopathology, and lower IQ were associated with levels of psychopathology increasing over time. Other studies of children in care, or among maltreated children not in care, have identified additional factors related to parents—such as positive parenting, fewer anti-social personality symptoms and fewer risk-taking behaviors (such as substance abuse) among parents—that were linked to children being more resilient in terms of behavioral change (e.g., Bell et al., 2015; Jaffee et al., 2007).

Studies examining patterns of change in children and youth in the general population show significant variability in children's patterns of change in behavioral measures, in general, and in aggressive behavior, in particular. For example,