

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

The relation between dimensions of maltreatment, placement instability, and mental health among youth in foster care

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ARTICLE INFO

Keywords:

Maltreatment
Foster care
Youth
Mental health
Placement instability

ABSTRACT

Youth in foster care with maltreatment experiences often demonstrate higher rates of mental and behavioral health problems compared to youth in the general population as well as maltreated youth who remain at home. Previous research has demonstrated that dimensions of maltreatment (type, frequency, and severity) and placement instability are two prominent factors that account for high rates of psychopathology (e.g., depression, anxiety, and disruptive behavior disorders). The present study sought to clarify the relation between maltreatment and mental health among youth in foster care by studying both the isolated dimensions of maltreatment and cumulative maltreatment, and to determine whether the effects of maltreatment on mental health operated indirectly through placement instability. Information on youth in foster care's ($N = 496$, $M_{age} = 13.14$) mental and behavioral health, maltreatment history, and placement changes were obtained from state records and primary caregivers. Using a SEM framework, the results suggest that maltreatment and placement instability each independently relate to mental and behavioral health problems. Further, none of the maltreatment types predicted greater placement instability in the current models. These findings suggest that placement stability is critical for mental health for youth in foster care, regardless of the type, severity, or frequency of their maltreatment experiences. Results also indicated that, although cumulative maltreatment predicted both internalizing and externalizing symptoms, maltreatment frequency and severity had direct relations to externalizing symptoms only. These findings underscore the utility of comprehensive maltreatment assessment, encouraging researchers and clinicians to assess and carefully consider the relation between maltreatment dimensions and outcomes.

1. Introduction

For decades, child maltreatment (e.g., neglect, physical, sexual, and emotional abuse) has been considered a major risk factor for multiple forms of psychopathology. A wealth of studies suggest that child maltreatment is associated with increased risk for the onset of the most commonly occurring forms of internalizing (e.g., anxiety and mood disorders) and externalizing (e.g., substance use and disruptive behavior disorders) psychopathology in youth (Carliner, Gary, McLaughlin, & Keyes, 2017; McLaughlin et al., 2012; Oswald, Heil, & Goldbeck, 2010 for review). Youth in foster care, a population exposed to maltreatment that is sufficiently severe to

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<https://doi.org/10.1016/j.chiabu.2018.08.012>

Received 30 April 2018; Received in revised form 12 August 2018; Accepted 17 August 2018
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warrant removal from the home, may be even more likely than other youth exposed to maltreatment to suffer from mental and behavioral health problems (Hambrick, Oppenheim-Weller, N'zi, & Taussig, 2016). Prior research suggests that maltreated youth who are placed in foster care tend to have higher rates of internalizing and externalizing symptoms, compared to maltreated youth who remain in their homes of origin (Ryan & Testa, 2005), and that symptoms increase over time for youth in foster care whereas they do not for youth residing in their homes of origin (Lawrence, Carlson, & Egeland, 2006). A systematic review of the relation between maltreatment and mental health illustrated the high prevalence of clinically significant mental and behavioral health problems among youth in foster care, finding that 36–61% of youth in foster care were in the clinical range for behavior problems, and 32% to 44% met criteria for psychiatric disorders (Oswald et al., 2010).

Although it is clear from the literature that youth in foster care are at-risk for mental health problems compared to maltreated youth who remain in their homes of origin, understanding how the combination of maltreatment and foster care placement affects mental health is more complex. First, the aspects of maltreatment that contribute to internalizing and externalizing symptoms must be examined. In the aforementioned systematic review, results indicated that certain characteristics of maltreatment – namely type, severity, and frequency – uniquely contribute to mental health in foster care populations (Oswald et al., 2010). For example, the impact of maltreatment type can be seen in results showing that foster care youth who have been physically abused tend to display more conduct problems, hyperactivity, and overall behavior problems compared to children who have been neglected (Marquis, Leschied, Chiodo, & O'Neill, 2008). Further, in a sample of youth in residential care, those presenting with clinical levels of anxiety had more severe emotional abuse, sexual abuse, and neglect, but not physical abuse, as compared to youth with subclinical levels of anxiety (Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011).

Although not as widely studied as maltreatment type, multiple studies have demonstrated the importance of taking into account severity and frequency when examining outcomes associated with maltreatment. Severity of maltreatment is often conceptualized as the amount of physical or psychological harm, or possible harm, of the maltreatment experience. The current evidence tends to suggest a positive association between maltreatment severity and mental health problems in foster care youth, such that greater severity is linked with more mental and behavioral concerns (Jackson, Gabrielli, Fleming, Tunno, & Makanui, 2014; Litrownik et al., 2005). For example, McCrae, Chapman, and Christ (2006) examined what factors may explain why some youth with maltreatment demonstrate mental and behavioral concerns. Using mixture modeling, the authors found that abuse severity may be a more important distinguishing or explanatory factor of mental and behavioral concerns, as opposed to chronicity of abuse. Moreover, the relation between maltreatment severity and mental health problems appears to be fairly robust, as Litrownik et al. (2005) found that maltreatment severity, operationalized in four different ways (i.e., overall maximum severity, maximum severity for each type, overall mean severity, and mean severity across two developmental periods), was associated with behavior problems and psychological functioning in children.

In many studies, frequency of maltreatment is defined as the number of times a child experiences maltreatment. As with severity, frequency of maltreatment experiences tends to be positively associated with poor mental health outcomes (English, Graham, Litrownik, Everson, & Bangdiwala, 2005; Van Wert, Mishna, Trocme, & Fallon, 2017). For example, in a large study examining adolescents in urban schools, maltreatment frequency was positively associated with depression and delinquent behavior (Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007). Similarly, in a sample of youth in foster care, results showed that the more often youth were exposed (i.e., greater number of maltreatment and other traumatic events), the greater the odds were for scoring in the clinical range on measures of anxiety, depression, and overall internalizing and externalizing symptoms (Raviv, Taussig, Culhane, & Garrido, 2010). Yampolskaya, Armstrong, and McNeish (2011) also found that maltreatment frequency or chronicity, as opposed to severity, was associated with a higher risk of involvement in the juvenile justice system for youth in out of home care. Thus, more frequent maltreatment, among other risk factors, resulted in significantly more mental health problems.

While there is initial evidence to support the association between type, frequency, and severity of maltreatment to mental health, there are several limitations with regard to the previous methods used to study these relations. First, previous research has tended to exclusively focus on one dimension of maltreatment in each study or the dimensions for each type in isolation. Maltreatment is multidimensional and complex construct comprised of various characteristics (Manly, 2005), and not accounting for the various dimensions simultaneously could lead to inaccurate conclusions (Gabrielli, Jackson, Tunno, & Hambrick, 2017). Jackson et al. (2014) tested the possible unique roles of frequency and severity to understand each variable's role in predicting behavioral functioning in foster youth. To measure severity of maltreatment exposure, each event endorsed by the youth was a priori organized into mild, moderate, and severe categories based on the potential for each event to cause lasting harm or disability, and then weighted in the summing of each event based on the category. Frequency of maltreatment was the sum of the frequency scores for the abuse items endorsed by each child, ranging from never to always. Within an SEM path model, frequency and severity was regressed on externalizing, internalizing, and adaptive behavior. Results showed that more severe maltreatment was related to greater externalizing behavior, and that less severe maltreatment was related to greater adaptive behavior. Maltreatment frequency was not predictive of youths' behavioral functioning. While this is a helpful start, the present study sought to add to this work as very little research to date has examined the unique aspects of each maltreatment dimension simultaneously in relation to mental health outcomes for youth in foster care.

Second, it may also be that what matters is the accumulation or total of youths' maltreatment experiences. Polyvictimization, or exposure to multiple types and multiple events of maltreatment, tends to be the norm in youth samples (Finkelhor, Turner, Shattuck, & Hamby, 2013; Turner, Finkelhor, & Ormrod, 2010). Moreover, there is often considerable overlap between experiences and dimensions of maltreatment (Gabrielli et al., 2017; Manly, 2005). Rather than examine each dimension independently, what may be needed to better understand the link between maltreatment and internalizing and externalizing concerns is to examine this relation by taking into account youths' entire maltreatment experiences using techniques that account for the severity and frequency of each

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