



## Caregiver instability and early life changes among infants reported to the child welfare system<sup>☆</sup>



Cecilia Casanueva<sup>a,\*</sup>, Mary Dozier<sup>b</sup>, Stephen Tueller<sup>c</sup>, Melissa Dolan<sup>d</sup>,  
Keith Smith<sup>d</sup>, Mary Bruce Webb<sup>e</sup>, T'Pring Westbrook<sup>f</sup>, Brenda Jones Harden<sup>g</sup>

<sup>a</sup> RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194, USA

<sup>b</sup> Amy E. du Pont Chair of Child Development, Department of Psychology, University of Delaware Newark, 114 Wolf Hall, Newark, DE 19716, USA

<sup>c</sup> RTI International, 1080 Grandview Drive, Providence, UT 84332, USA

<sup>d</sup> RTI International, 230 W. Monroe, Suite 2100, Chicago, IL 60606-4901, USA

<sup>e</sup> Division of Child and Family Development Office of Planning, Research and Evaluation Administration for Children and Families, U.S. Department of Health and Human Services, 370 L'Enfant Promenade SW, Washington, DC 20447, USA

<sup>f</sup> Office of Planning, Research and Evaluation Administration for Children and Families, 370 L'Enfant Plaza Promenade, SW, 7th Floor West, Washington, DC 20447, USA

<sup>g</sup> Institute for Child Study, Department of Human Development, University of Maryland College Park, 3301 Benjamin Building, College Park, MD 20742, USA

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### ABSTRACT

This study describes the extent of caregiver instability (defined as a new placement for 1 week or longer in a different household and/or with a new caregiver) in a nationally representative sample of infants, followed for 5–7 years. Data were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal study of 5,501 children investigated for child maltreatment. The analysis sample was restricted to 1,196 infants. Overall, 85.6% of children who were infants at the time of the index maltreatment experienced at least one caregiver instability event during their first 2 years of life. Caregiver instability was associated with the child having a chronic health condition and the caregiver being older than 40 years of age at baseline. The levels of instability reported in this study from infancy to school entry are extremely high. Children with more risk factors were significantly more likely to experience caregiver instability than children with fewer risk factors. The repeated loss of a young child's primary caregiver or unavailable, neglectful care can be experienced as traumatic. Some evidence-based programs that are designed to work with young maltreated children can make a substantial positive difference in the lives of vulnerable infants.

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### Introduction

The youngest children are the most vulnerable to child maltreatment (U.S. Department of Health and Human Services [DHHS], 2012b) and to the effects of caregiver instability, given their need for consistent and sensitive caregiving to develop optimally (DHHS, 2012a). A paradox of the child welfare system (CWS) is that although some children must be placed out

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\* Corresponding author.

of home to avoid further harm, interventions that result in changes of caregivers may disrupt children's attachments—the enduring emotional bond between an infant and a caregiver that leads to the child's reliance on an adult (Ainsworth, Blehar, Waters, & Wall, 1978)—and generate trauma because of the loss of primary relationships.

This study aimed to describe the extent of caregiver instability—defined as a new placement for one week or longer in a different household and/or with a new caregiver—by combining information from caseworkers and caregivers about infants involved in maltreatment investigations. A better understanding of this phenomenon will help the CWS identify risk factors for caregiver instability and address these risk factors in a case plan that can enhance caregiver stability and maintain the infant's attachments.

To examine caregiver instability, we used five waves of longitudinal data from the National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the CWS. Although some children in the study (almost 40% of infants studied) were placed out of home by child welfare authorities across the five to seven years, more than half of the children in this study remained in their homes of origin—and of those left at home at the time of the index maltreatment, 35.2% continue to receive CWS services. Consequently, for the purposes of this article, *caregiver instability* does not necessarily refer to formal placement in foster care settings.

We investigated multiple aspects of instability, including timing of caregiver instability experiences and cumulative counts of changes in caregivers from infancy to school entrance, both within and outside the auspices of the CWS. We also examined possible correlates of instability, including child and family factors, and characteristics of the maltreatment investigation. Additionally, we used two indices that count risk factors at the time of the index maltreatment investigation and we describe their association with instability.

The study of caregiver instability among maltreated infants is critical and encompasses several complex issues: (a) because of the loss of the attachment figure, providing a new caregiver can be a source of stress to the infant; (b) a new caregiver can be a healing experience if the new caregiver is able to nurture, protect, and help stabilize the distressed infant; or (c) a new caregiver can be a new source of stress if the caregiver is insensitive to the signs of infant trauma, unable to help regulate the distress, and does not facilitate the development of attachment (Zeanah, Berlin, et al., 2011).

A secure attachment relationship with a caregiver aids in a child's development of emotion regulation and self-confidence, allowing the child to learn to function autonomously and competently (Ainsworth et al., 1978). In contrast, insensitive caregiving (e.g., intrusive, rejecting, frightening behaviors) is associated with insecure attachment relationships, which can be characterized as avoidant, resistant, or disorganized. Each of these insecure patterns of attachment has been linked with internalizing and externalizing problems, with disorganized attachment being the strongest predictor of later externalizing problems (Fearon, Bakermans-Kranenburg, et al., 2010). Caregiver instability threatens the child's developing ability to maintain trust in the attachment relationships, undermining the developmental expectation that the caregiver will be reliably available as a protection from danger. These expectations may result in a host of negative developmental outcomes, including hypervigilance; difficulties in concentrating; recurring play representing the traumatic situation and nightmares; and constriction of the child's motivation to play, explore, and learn from the physical and interpersonal environment (Lieberman, Chu, et al., 2011). Whereas many studies have made the connection between maltreatment, risk factors, toxic stress, and developmental problems, less is known about the pervasiveness of the experience of losing attachment figures among infants in the CWS or the association between risk factors and caregiver instability for these vulnerable children.

### *Placement instability in the child welfare system*

**Infants and toddlers.** Infants and toddlers are overrepresented in the CWS. For example, the 2011 annual report based on data from the National Child Abuse and Neglect Data System (NCANDS) stated that infants aged birth to 1 year old had the highest rate of victimization at 21.2 per 1,000 children of the same age group in the national population (DHHS, 2012c). Among children entering foster care in 2011, 48% were aged birth to 5 years old, with 16% younger than 1 year old (DHHS, 2012a). Very few studies have focused on placement instability (defined as multiple changes in placement known by the CWS) among infants. These studies have reported that compared with older children, infants are at increased risk for entry into foster care, particularly if they are 0–3 months old (Wulczyn, Hislop, & Harden, 2002). In part, the higher risk of foster care placement has been associated with in utero exposure to substances (Goerge & Harden, 1993). To our knowledge, only one previous study, based on data from 11 states between 1990 and 1997, has analyzed the CWS experiences of specific age groups within the population of infants. The study (Wulczyn et al., 2002) found higher risk of reentry to foster care if the age of admission at the first foster placement was over 3 months old, the child was African American (compared with white), and the first placement was in foster care (compared with kin care).

**Children's characteristics.** Previous studies of placement instability have focused mostly on larger age ranges than included in the present study. Among studies of CWS populations that include infants, risk factors for placement instability include type of out-of-home placement (e.g., kin care has been associated with lower numbers of placements compared with foster and group homes [Webster, Barth, & Needell, 2000]), gender (males experienced more placements than females; Webster et al., 2000), and race (some studies report that white children are more likely to have more placements; Webster et al., 2000). Other studies report disproportionately high rates of placements for African American children (Wulczyn et al., 2002), by

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