



Cumulative risk exposure and mental health symptoms among maltreated youth placed in out-of-home care[☆]

Tali Raviv^{*,1}, Heather N. Taussig, Sara E. Culhane, Edward F. Garrido

Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, School of Medicine, University of Colorado Denver, Denver, CO, USA

ARTICLE INFO

Article history:

Received 14 April 2009

Received in revised form 23 February 2010

Accepted 25 February 2010

Available online 6 October 2010

Keywords:

Cumulative risk

Maltreatment

Out-of-home care

Preadolescents

Mental health

ABSTRACT

Objective: Maltreated children placed in out-of-home care are at high risk for exhibiting symptoms of psychopathology by virtue of their exposure to numerous risk factors. Research examining cumulative risk has consistently found that the accumulation of risk factors increases the likelihood of mental health problems. The goal of the current study was to elucidate the relation between cumulative risk and mental health symptomatology. **Methods:** The study consisted of a sample of 252 maltreated youths (aged 9–11) placed in out-of-home care.

Results: Analyses confirmed the high-risk nature of this sample and identified seven salient risk variables. The cumulative risk index comprised of these seven indicators was a strong predictor of mental health symptoms, differentiating between children who scored in the clinical range with regard to mental health symptoms and those who did not. Finally, the data supported a linear model in which each incremental increase in cumulative risk was accompanied by an increase in mental health problems.

Conclusion: This is the first known study to examine cumulative risk within a sample of youths in out-of-home care.

© 2010 Published by Elsevier Ltd.

Introduction

In 2006, 303,000 US children entered out-of-home care, including court-ordered placement with non-relatives, with relatives in kinship care, or in residential treatment (US Department of Health and Human Services, 2008). These children represent an extremely vulnerable segment of society. Children in out-of-home care have high rates of DSM-IV diagnoses (Garland et al., 2001; Harman, Childs, & Kelleher, 2000). The National Survey of Child and Adolescent Well-Being, a large-scale study of children involved in the child welfare system, found that nearly 50% of children aged 2 through 14 who were subjects of maltreatment reports investigated by child welfare agencies exhibited clinical levels of mental health symptoms (Burns et al., 2004). Mental health problems exhibited by these children persist into adulthood, with individuals maltreated as children being 4–5 times more likely than their non-maltreated counterparts to be hospitalized for suicide attempts or serious psychiatric disorders as young adults (Vinnerljung, Hjern, & Lindblad, 2006). These children are also at risk for other adverse outcomes in adulthood, including incarceration, unemployment, and homelessness (Courtney et al., 2005).

[☆] This study was supported by grants from The Children's Hospital of Denver's Research Institute, the Pioneer Fund, the Daniels Fund, and the Kempe Foundation for the Prevention and Treatment of Child Abuse and Neglect. This work was also supported by the Berger Fellowship through the Kempe Foundation awarded to the first author. Federal funding for the study was provided through award numbers 1R21MH067618 and 5R01MH076919 (H. Taussig, PI). The content is solely the responsibility of the authors and does not represent the official views of the National Institute of Mental Health or the National Institutes of Health.

* Corresponding author address: Children's Memorial Hospital, Department of Psychiatry, 2300 Children's Plaza, Box 10, Chicago, IL 60614, USA.

¹ Now at Children's Memorial Hospital, Northwestern University, Feinberg School of Medicine, Chicago, IL, USA.

While children placed in out-of-home care are at elevated risk for mental health problems and adverse life outcomes, variability exists within this population; not all children in out-of-home care develop symptoms of psychopathology. Consequently, it is important to identify the subset of maltreated children who are at the greatest risk for developing mental health problems and those who are most likely to benefit from a prevention program, so resources are used efficiently and program benefits are maximized (Davis, MacKinnon, Schultz, & Sandler, 2003). The current study will use a cumulative risk approach to differentiate between levels of risk for mental health symptoms among maltreated children placed in out-of-home care.

The ecology of maltreatment

Risk factors contribute to the onset, severity, or duration of a disorder (Coie et al., 1993), and are hypothesized to exist and operate across multiple ecological levels (individual, family, sociocultural). Child maltreatment is a major risk factor for psychopathology in and of itself, as maltreatment, by definition, indicates serious malfunction in the environment most proximal to the child (Luthar, 2006). Maltreatment characteristics influence children's outcomes, with exposure to multiple maltreatment types increasing risk for emotional/behavior problems (Lau et al., 2005; Litrownik et al., 2005; Lynch & Cicchetti, 1998; Manly, Cicchetti, & Barnett, 1994). In addition, child maltreatment is associated with increased exposure to other risk factors, including poverty, high-risk neighborhoods, parental psychopathology, substance use, and domestic violence (Masten & Wright, 1998). Exposure to these additional risks predicts poorer outcomes for maltreated youths. For example, maternal alcohol use increases the likelihood that sexually abused female adolescents will exhibit maladaptive outcomes (Chandy, Blum, & Resnick, 1996), and family mobility is associated with poorer adjustment among maltreated youths (Eckenrode, Rowe, Laird, & Brathwaite, 1995).

Although family-related characteristics exert strong proximal influences, children develop in a number of ecological contexts outside of their immediate families (Bronfenbrenner, 1986). These ecological contexts also influence the development of maltreated children (Zielinski & Bradshaw, 2006). Multiple episodes of foster care placement are related to poorer child adjustment (Kurtz, Gaudin, Howing, & Wodarski, 1993). Similarly, transitions in caretakers and residences are related to behavior problems among maltreated adolescents (Herrenkohl, Herrenkohl, & Egolf, 2003). The sociocultural context may also serve to exacerbate the effects of child maltreatment. For example, rates of maltreatment are positively associated with children's reports of community violence, and exposure to community violence increases maltreated children's risk for depression and traumatic stress (Cicchetti & Lynch, 1998).

Of course, children are not simply products of their environmental contexts, and research indicates that personal characteristics of the child are an important class of vulnerability factors in the face of adversity. Child cognitive ability has long been recognized as an important protective factor (Masten et al., 1988). Conversely, research has also demonstrated that low intellectual functioning is associated with increased risk in the face of stress (Luthar, 1991).

Cumulative risk

As demonstrated by the literature reviewed above, risk factors tend to amass within individuals (Masten & Wright, 1998). What often differentiates high-risk children from lower-risk children is the presence of *multiple* adversities in their life histories. Thus, researchers have considered the cumulative effects of these factors in a manner that may better characterize the lives of high-risk children. Cumulative risk indices are typically created by summing the number of hypothesized risk factors (coded as "present" or "absent") in a child's background. A drawback to this strategy is that some information is sacrificed via the dichotomization of continuous measures of risk. For this reason, cumulative risk approaches do not take the place of research that identifies the mechanisms through which specific risk factors operate. However, the cumulative risk strategy permits simultaneous consideration of co-occurring risks, and numerous studies have demonstrated that the *number* of risk factors (cumulative risk) is a better predictor of a variety of developmental outcomes than any *single* risk factor (Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Deater-Deckard, Dodge, Bates, & Pettit, 1998; Fergusson & Horwood, 2003; Gutman, Sameroff, & Cole, 2003). Children with high cumulative risk scores have worse outcomes than those with low cumulative risk scores, regardless of the specific risks that are included in the cumulative risk score (Deater-Deckard et al., 1998; Sameroff, Seifer, Baldwin, & Baldwin, 1993), illustrating the impact of multiple risk exposure on development. Finally, one study found that the cumulative risk score was a better predictor of longitudinal outcomes than was a regression consisting of multiple continuously measured risk variables (Deater-Deckard et al., 1998).

While research examining cumulative risk has consistently found that the accumulation of risk factors increases the likelihood of mental health problems, two different models of the relationship between cumulative risk and outcomes have been supported. In one such model, risk for psychiatric disorder increases dramatically after a certain threshold of risk factors has been reached (e.g., Rutter, 1979). In other words, a multiplicative rather than additive relationship among risk factors exists, with the presence of multiple concurrent stressors increasing risk for the occurrence of mental health problems beyond the summation of their separate effects (Rutter, 1979). Alternatively, a linear model in which changes in emotional/behavioral symptoms mirror increases in risk has been supported (e.g., Appleyard et al., 2005; Sameroff et al., 1993). Identification of the model that best describes the relation between risk factors and mental health outcomes among maltreated youths placed in out-of-home care will shed additional light on whether there is a particular segment of this population (e.g., those who display a certain number of risk factors) that is at particularly high risk for poorer psychological

Download English Version:

<https://daneshyari.com/en/article/345241>

Download Persian Version:

<https://daneshyari.com/article/345241>

[Daneshyari.com](https://daneshyari.com)