



## Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care<sup>☆</sup>



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### ABSTRACT

Out-of-home placement may not always protect children against violence or maltreatment. We investigated the prevalence rates of physical abuse of adolescents in different types of out-of-home care, and compared these with the prevalence of physical abuse in the general population, using findings from the Netherlands' Prevalence study of Maltreatment of children and youth (NPM-2010; Alink et al., 2011). Adolescents ( $N = 329$ ) between 12 and 17 years of age living in residential and foster care reported on their experiences with physical abuse during the year 2010. Twenty-five percent of all participating adolescents experienced physical abuse, which is a nearly three-fold increase in risk compared to the general population. Prevalence rates in residential care, especially in secure care, were significantly higher than in foster care. However, the prevalence of physical abuse in juvenile detention did not differ from either foster care or the general population. Boys reported more physical abuse in out-of-home care than girls. Age, ethnicity, and education did not affect the prevalence of physical abuse. The current findings indicate that children in out-of-home care, and especially in residential care, are not well protected against violence or maltreatment.

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### 1. Introduction

In the United Nations Convention on the Rights of the Child (1989) the 194 ratifying countries state that they will take all appropriate measures to protect a child from all forms of violence, abuse, or neglect by their parents or any other person who takes care of the child. Based on this convention, children who are abused or neglected by their (biological) parents can be placed in out-of-home care in order to protect them from further maltreatment (Jud, Fallon, & Trocmé, 2012). However, it has been suggested that a considerable proportion of children in out-of-home care are abused by their new adult caretakers, especially in residential care (e.g., Gilbert et al., 2008), indicating that children who are placed out of their homes for protection may in reality not be protected against further violence and maltreatment. In the current study we examined the year prevalence of physical abuse of 12–18-year-old children in out-of-home care. It is not known whether the occurrence of physical abuse differs between the various types of out-of-home care. Therefore, we investigated whether there is a difference in prevalence rates between residential and foster care. We then compared our findings to the prevalence in a comparable age cohort of the general

Dutch population, based on findings from the second Netherlands' Prevalence study on Maltreatment of children and youth (NPM-2010; Alink et al., 2011; Euser, Alink, Pannebakker, Vogels, Van IJzendoorn, & Bakermans-Kranenburg, 2013), that used a similar methodology.

#### 1.1. Physical abuse in out-of-home care

Physical abuse is defined here as every form of intentional physical abuse by an adult with or without an object, weapon or substance, and which causes or is liable to cause serious physical or psychological harm to the minor. This definition is based on the definition used in the fourth United States' National Incidence Study (NIS-4; Sedlak et al., 2010). Victims of child physical abuse experience a wide array of short and long-term adverse effects (Gilbert et al., 2008), and these effects may even be more severe for children who are abused in out-of-home care. In the Netherlands, children can be (temporarily) placed in out-of-home care because of maltreatment or other parenting problems at home, severe child behavior problems, or committing an offence. If children are convicted of a crime or awaiting court hearings, they are placed in juvenile detention. Otherwise, if children are placed as a result of a civil procedure, placement in a foster family is generally the preferred option. Children can also be placed in different types of residential care. Group care provides 24-hour care and supervision to children who are placed out of their homes because their development is jeopardized. This type of residential care also includes care settings such as shelters and supervised apartments. Children can be placed in secure care because of more severe parenting problems and/or behavior

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problems of the child. In contrast to group care, children cannot leave the secure care facility without authorization.

Children who are placed in out-of-home care are often damaged by traumatic experiences before the out-of-home placement, and the re-abuse in care thus implicates cumulative harm (Uliando & Mellor, 2012). Even though children are placed out of the home for protection from further violence or maltreatment, several studies have shown that child maltreatment in residential and foster care by adult staff is not uncommon. For instance, a Romanian study showed that 38% of 7–18-year-old children in residential care reported severe physical punishment or beatings in a one-year period (Gilbert et al., 2008). Also, the Finnish Child Victim Survey revealed that 12% of children in out-of-home care, including both residential and foster care, reported experiences of physical violence. Although this is a substantial number of victimized children, the authors also found 20% of children living at home reporting such experiences (Ellonen & Pösö, 2011). They argued that the decreased risk of abuse may be caused by the high standards of substitute care in Finland, where foster parents are carefully selected and social workers in residential facilities are required to have professional qualifications.

In most other studies, physical abuse is found to occur more often in out-of-home care than in biological families. In the United States, the prevalence rate of institutional abuse (40 per 1000 children) was higher than that of familial abuse (18 per 1000 children; Rindfleisch & Rabb, 1984). In addition, 10% of the foster families in Baltimore City were reported for physical abuse between 1984 and 1988, and foster families were seven times more likely to be reported for physical abuse than biological families (Benedict, Zuravin, Brandt, & Abbey, 1994). Similarly, an English study (Hobbs, Hobbs, & Wynne, 1999) showed that children in residential or foster care had a six to eightfold increase in risk of abuse compared to the general population. It should be noted that these different prevalence rates of abuse in out-of-home care in different countries may not be directly comparable, because the out-of-home care systems and reasons for placement may differ substantially between countries.

### 1.1.1. Structural neglect

The higher risk for abuse in out-of-home care may be explained by several factors associated with the care arrangement. First of all, out-of-home care arrangements, especially residential care, have been associated with structural neglect (Van IJzendoorn, 2011). For instance, out-of-home care can be characterized by frequent placement changes (Ryan et al., 2008), and thus by caregivers who are less emotionally involved than a biological parent would be (Van IJzendoorn, 2011). Because of the frequently changing caregivers and peer groups, according to attachment theory (Bowlby, 1969) it is difficult for children in out-of-home care to form stable and continuous relationships (Zegers, Schuengel, Van IJzendoorn, & Janssens, 2008). Moreover, the often large child-to-caregiver ratios in out-of-home care may increase group workers' job stress and feelings of inefficacy, which can increase the likelihood to use violence (Nunno, 1997). Finally, the non-biological relationship between the child and the caregiver in out-of-home care may increase the risk for physical abuse in residential and foster care. According to the parental investment theory, non-biological caregivers may be less motivated to care for a child than a biological parent would be (Daly & Wilson, 1994, but see Van IJzendoorn et al., 2009).

Another factor that may explain the higher risk of abuse in out-of-home care is the fact that children who are placed in these care settings often have prior traumatic experiences such as abuse or neglect before placement, which may lead to problem behaviors such as aggression and provocative behavior (Zegers et al., 2008). If group workers and foster parents are not properly prepared to deal with such challenging behaviors, they can easily escalate. Lack of adequate training, experience and support of group workers and foster parents may then lead to an increased risk of child abuse in these difficult care settings (Nunno, 1997; Uliando & Mellor, 2012). However, in this context we

should note the study by Jaffee, Caspi, Moffitt, Polo-Tomas, and Price (2004), which found that difficult child behavior can elicit corporal punishment, but not physical abuse. Although this study focused on parent–child interactions, the results could also indicate that the risk for abuse in out-of-home care cannot solely be explained by the behavioral problems of the individual children.

Previous studies that examined child abuse in out-of-home care combined the different types of care (Ellonen & Pösö, 2011), or estimated the prevalence in only residential or foster care (Benedict et al., 1994; Rindfleisch & Rabb, 1984), making it impossible to systematically compare the prevalence of abuse in different care arrangements. However, several important differences between the residential and foster care setting may influence the prevalence of abuse. Residential care is often characterized by frequent shifts and instability of caregivers, while a foster family offers a stable caregiver who is available day and night, at least within one placement. Furthermore, children in residential care live in large groups, and children with the most severe behavior problems are often placed in the same group (e.g., Roy, Rutter, & Pickles, 2000; Van IJzendoorn et al., 2011), which may increase their problem behavior. For instance, McCord (2003) showed that a summer camp as treatment for boys from “ghastly” families may do more harm than good. Boys who were sent to summer camp more than twice had worse outcomes than control boys. Rhule (2005) suggested that these negative effects may be caused by the unsupervised contact with other high-risk youth, which may increase (the acceptance of) aggression and other problem behavior (a concept that has also been described by Dishion and Tipsord (2011) as peer contagion). As discussed above, it may be difficult for group workers to deal with such challenging behaviors, which can increase the risk of physical abuse (Nunno, 1997; Uliando & Mellor, 2012).

## 1.2. Measuring child maltreatment

Most studies on child maltreatment in out-of-home care relied on cases reported to official authorities. For instance, Rozenthal, Motz, Edmonson, and Groze (1991) examined 157 cases of physical abuse in overall out-of-home care reported to an advisory committee, and Benedict et al. (1994) examined 201 cases of physical abuse in foster care reported to CPS. It is evident that these reported children may only be the metaphorical tip of the iceberg (Creighton, 2002), and there are likely a large number of undiscovered cases of child abuse not taken into account in these studies. When self-report measures are used, part of the child abuse iceberg that lies under water may become visible. Indeed, recent meta-analytic evidence showed that prevalence rates of physical abuse based on self-report are considerably higher than prevalence rates based on informant studies (Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, & Alink, 2013).

## 1.3. The current study

The main aim of the current study was to systematically examine and compare the prevalence of physical abuse in different types of out-of-home care. We selected a random sample of adolescents in residential and foster care who reported on physical abuse experienced during a 1-year period (2010), while they were living in out-of-home care. Because of the different care settings and the different reasons for placement, we examined differences in prevalence of physical abuse between foster care, group care, secure care, and juvenile detention. In addition, we compared the findings from the present study with the prevalence rate of physical abuse in the same age cohort of the general population. The method of this study is largely similar to that of the NPM-2010 (Alink et al., 2011; Euser, Alink, Pannebakker et al., 2013), in which a representative sample of 1,920 high school students reported on their experienced physical abuse. This enabled us to make a reliable

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