

Predictors of placement instability for sexually abused children served by youth protection services

Lauranne Gendron-Cloutier, B.A.¹, Isabelle Daigneault, Ph.D.¹, and Tonino Esposito, Ph.D.²

¹ Department of Psychology, Université de Montréal, Montreal, Quebec

² School of Social Work, Université de Montréal, Montreal, Quebec

Introduction

- For children placed in out-of-home care, placement instability (PI), i.e., experiencing 4+ placements during one's contact with a child welfare agency, is associated with many deleterious mental health effects (McGuire et al., 2018).
- Children in out-of-home care due to sexual abuse have been found to experience more PI than those who never experienced sexual abuse (e.g., Eggertsen, 2008), justifying the need to understand which factors lead to more PI for this group.
- Factors associated to PI for all placed youth, regardless of reason for placement, include: systemic and political decisions, socioeconomic disadvantages, having many successive caseworkers, being older when placed, having had many maltreatment reports, having behavior problems, and presenting mental health symptoms and disorders (Barber et al., 2001; Esposito et al., 2014; Koh et al., 2014; Konijn et al., 2019; Rock et al., 2015).

Objective

Determine which factors (including mental health disorders) predict a heightened risk & speed of placement instability for sexually abused children.

WHY? Understanding which factors predispose sexually abused children in out-of-home care to experience placement instability can help practitioners and program implementers identify which children may need increased support once placed in order to prevent multiple placement disruptions and their associated deleterious mental health effects.

Methods

Sample: 202 children with a substantiated report of SA between 2001-2010 at a Child welfare agency

Variables:

- **DV:** whether the child experienced placement instability (i.e., minimum 4 placements)
- **Covariates:**
 - Sociodemographic information: sex, age at first placement, SES
 - Mental health diagnosis(es) received pre-placement (internalizing, externalizing, and intellectual disabilities and/or developmental disorders)
 - Type of initial placement setting (kinship care, foster care, or residential care/other)

Analyses: Cox proportional hazard regression

Results

The Cox proportional hazard model was statistically significant: $\chi^2_{(9,202)} = 20.761, p = .014$.

Controlling for all included factors (Table 1):

- Children who had received a diagnosis for an internalizing disorder prior to being placed were 2.5 times more likely to experience subsequent PI.
- Children who were first placed in kinship care were 1.9 times less likely to experience subsequent PI than children who were first placed in foster care.

Table 1. Cox proportional hazard model of PI for sexually abused children at initial placement

	Beta	S.E.	Wald	p	Adj. HR	95% CI	
						L	U
Child Characteristics							
Age at first placement (0-12 years = 0)	.400	.280	2.039	.153	1.492	.862	2.583
Sex (male = 0)	.384	.213	3.242	.072	1.468	.967	2.231
Material deprivation	.000	.004	.006	.936	1.000	.993	1.007
Social deprivation	-.002	.003	.446	.504	.998	.992	1.004
Types of MH diagnoses pre-placement							
Externalizing disorders	-.582	.323	3.235	.072	.559	.297	1.054
Internalizing disorders	.922	.259	12.673	<.001	2.514**	1.513	4.177
Intellectual disability and/or developmental disorders	-.564	.342	2.716	.099	.569	.291	1.113
Type of initial placement setting (kinship care = 0)							
Foster care	.632	.316	3.987	.046	1.881*	1.012	3.498
Residential care or other	.248	.374	.440	.507	1.282	.616	2.669

Note. CI = confidence interval. LL = lower-level. UL = upper-level.

Discussion & Conclusion

- Youth served for sexual abuse and placed in out-of-home care experience a greater risk of PI when they have been diagnosed with internalizing problems (i.e., anxiety, depression, or childhood emotional disorders) and when they are first placed in foster care rather than kinship care. Youths with these characteristics should be targeted to prevent future placement breakdowns.
- Interestingly, although behavioural problems are often linked with PI in samples of children placed in out-of-home care (Konijn et al., 2019), for those who experienced sexual abuse, internalizing disorders appear to be a more important predictor of frequent placement breakdown than externalizing problems.

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