



# Psychopathology, physical complaints and health risk behaviors among youths who were victims of childhood maltreatment: A comparison between home and institutional interventions

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## ABSTRACT

Based on investigations of child maltreatment by Child Protective Services (CPS), several children who are identified receive some kind of individual or familial intervention. However, the literature has shown conflicting results in regard to the later functioning of the children who are target of different protective measures in different settings, compared to other youths who receive no intervention. We assessed childhood adversity, psychopathology, physical complaints and health risk behaviors among youths who received one of two different protective interventions during childhood (home vs. institutionalization group), and we compared them with youths who receive no intervention (comparison group). In total, 216 youths participated, with ages ranging from 14 to 23 years ( $M = 17.05$  years,  $SD = 1.8$  years; 105 males, 111 females), including 136 youths that were contacted based on their CPS records completed during their childhood, and 80 youths from the community without CPS identification.

**Results:** There were no differences between groups in terms of global psychopathology, global index of risk behaviors, and physical complaints. However, additional analyses showed different associations between each type of risk behavior and different interventions applied. Our findings suggest that when the decision is to keep the child at home, families show limitations applying the rules and supervising after CPS intervention. When the decision is to remove the child from home, the results suggest that professionals need to focus on protecting youths from engaging in risky and destructive acts. Families that do not meet the criteria for CPS investigation also need help to protect their children from subsequent risk behaviors.

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## 1. Introduction

The ability of Child Protective Services (CPS) to protect maltreated children has been intensely debated. For instance, [Gregoire and Hornby \(2011\)](#) argued that the child protection system is useless because evidence suggests that the system fails to detect many maltreated children (see also [Sedlak et al., 2010](#)). The CPS system has also been criticized for political reasons ([Costin, Karger, & Stoesz, 1996](#)) and for failing to protect children from many risks, including involvement in violence; bullying; alcohol, tobacco and illicit drug use; and unprotected sex (e.g., [Gregoire & Hornby, 2011](#)). However, [Spinelli and Howard \(2011\)](#) argued that child protection agencies should continue their efforts to identify and protect maltreated children, although their effectiveness must be improved.

Another subject of debate is the effectiveness of the interventions and services that children and their families receive in different settings. The decision to remove a child from the home is one of the applied

interventions, but the decision-making process is complicated for the CPS professionals because they “can never know with certainty whether the course they chose for a given child is the best one, since they cannot possibly know what would have happened to the child had they decided differently” ([Davidson-Arad, Englechin-Segal, & Wozner, 2003, p.734](#)).

The functions of CPS include receiving, screening, and investigating reports of child abuse and neglect from the community to determine whether they meet the criteria defining maltreatment. Additionally, CPS agencies usually receive information from a larger array of child welfare services, which may include foster care, adoption services, and residential care facilities for children (see [Schene, 1998](#) for further explanation). Removal from the home is a decision made with court approval and must occur if the child's safety is in danger, such as in situations of extreme neglect (e.g., refusal or unreasonable failure to provide necessary food, clothing, and shelter, or abandonment), and other types of maltreatment, such as sexual abuse, or when the parents are unable to handle child rearing responsibilities as a consequence of alcohol or drug use. The decision to remove a child from home may also follow the failure of an intervention conducted while the child remained in the home, an increase in risk factors, or non-acceptance or refusal of the interventions that are offered.

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Removing the child from the home should be avoided; such a decision should be the last alternative and only a temporary measure. However, removal from the home can be positive for many maltreated children. Overall, children removed from the home are more likely to have experienced more serious and chronic maltreatment, such as sexual abuse (Tjaden & Thoennes, 1992), than children who remain at home, and the parents of removed children are more likely to be unable to handle child rearing responsibilities (Zuravin & DePanfilis, 1997).

However, the studies that have compared maltreated children who are placed in out-of-home care with those who remain at home have reported contradictory results. Some studies have found no differences among children who received various different CPS interventions. Two studies that compared maltreated children placed in care with those who remained at home showed that they did not differ with respect to juvenile delinquency (Runyan & Gould, 1985) or adult delinquency (DeGue & Widom, 2009). Similarly, a study found no differences in psychological functioning between female victims of sexual abuse who were placed in foster care and those who remained at home (Leifer & Shapiro, 1996). Another study showed few differences in terms of physical development and mental health needs between children who remained with their biological parents, in kinship care, or in foster homes (Leslie et al., 2005). Yet another study of 2453 children aged 4–17 years indicated that placement has little effect on children's cognitive skills or behavioral problems (Berger, Bruch, Johnson, James, & Rubin, 2009).

Other studies have shown that children placed in out-of-home care have more negative outcomes than maltreated children who remained at home. One study evaluated children who entered foster care, children who were maltreated but remained in the home, and children who had not experienced foster care or maltreatment yet had similar at-risk demographic characteristics. The study found that children who were placed in foster care after kindergarten had more behavior problems than those who remained at home (Lawrence, Carlson, & Egeland, 2006). In the same study, it was found that children placed in foster care and children who remained at home were more likely to have psychopathology at 17.5 years of age compared to a control group. Another study examined the prevalence of post-traumatic stress symptoms in a nationally representative sample of 1848 children and adolescents (aged 8–14) who were reported to CPS. The prevalence of post-traumatic stress symptoms was higher for children who were placed in out-of-home care compared with those who remained at home (Kolko et al., 2010). Moreover, a study using a cohort of children who entered foster care in their first year of life showed that those who remained in foster care had the poorest developmental outcomes compared with children who returned home or were adopted (Lloyd & Barth, 2011).

Among the children in out-of-home placements, those placed in institutions may have more negative outcomes than maltreated children who remain at home and children placed in foster homes. A longitudinal study evaluated three groups of Romanian children, including a group of children who were abandoned at birth in an institution and remained at the institution, a group of children who were abandoned at birth in an institution but were subsequently placed in foster care, and a third group of children reared with their biological families (Nelson et al., 2007). The researchers found that the cognitive outcomes of the children who remained in institutions were below those of children reared with families and children placed in foster care.

Conversely, other studies have shown that maltreated children who remain at home have more behavior problems than children placed in out-of-home care (Colton, Aldgate, & Heath, 1991; Polit, Morton, & White, 1989). For instance, a prospective study compared children who returned to their biological families after placement in foster care with children who remained in foster care. The authors concluded that youths who returned to their biological families had more negative outcomes than youths who remained in foster care (Taussig, Clyman, & Landsverk, 2001). Another prospective study

followed children who were removed from the home and placed in alternative care, children who remained at home, and children who remained at home despite a decision to remove them. At six months after the intervention, the results showed that the quality of life of the children who were removed from home was higher than that of the children who remained at home, especially in terms of physical and psychological measures. The type of alternative care also affected the quality of life. The children who were placed in foster care had a better quality of life than children who were placed in institutions (Davidson-Arad et al., 2003). At the fifteen-month follow-up, the quality of life of the children who were removed from home improved significantly compared with the children who stayed at home, whose low quality of life remained the same as that at the first evaluation. Regarding the type of alternative care received, the quality of life of children who were placed in foster care declined, except in the physical domain, where the improvement continued, while the quality of life of the children who were placed in institutions improved in all domains (Davidson-Arad, 2005).

In light of the previous discussion, it is inconclusive whether placement is generally beneficial, harmful, or inconsequential to the development and well-being of maltreated children. Further research into the results of interventions and services that children and families receive in different settings is needed (Davidson-Arad et al., 2003). Additionally, the majority of studies focus on comparisons between home care and foster care, or the reunification with family of origin after removal from the home, and they do not include institutional care.

In Portugal, where this study was conducted, decision making in child welfare cases is guided by what is in the child's best interest, similar to the process in other countries (Britner & Mossler, 2002), and remaining with the family of origin is considered to be in the child's best interest. Removing a child from the home is the last resort. This intervention must be a temporary; legislation requires that children return to their biological families after placement in an institution or foster care. The majority of the children who are removed from their family spend weeks or months in institutions or residential care, but some may be in care for a year or more. Only a small number of children are moved to a foster family. Additionally, similar to what has been found in other countries, a recent study performed in Portugal found that few adverse outcomes were detected among children who were subjects of child protection intervention in childhood (Pinto & Maia, *in press*).

The purpose of this investigation was to compare youths who were identified in childhood by CPS and received one of two different intervention measures: maltreated children who remained with parents and children who were removed and placed in residential institutions. Accordingly, by comparing family intervention to institutionalization, we aim to assess the following: (a) the prevalence of adverse events during childhood using two sources of information (official data and self-reports) and (b) current functioning in terms of global psychopathology, health complaints, and health risk behaviors. We also intend to compare the youths who received attention from CPS in childhood with youths from a similar social class who were not identified as having been maltreated during childhood. Lastly, using only youths with CPS records, we will examine the predictors of actual functioning, separating the contribution of childhood adversity itself from the contributions of the two different protective interventions.

Based on previous research, we expect to find (a) some adversity reported in the comparison groups, although more exposure to adversity in the CPS identified youths is expected; (b) more exposure to adversity in institutionalized youths than in children who remained with their parents; (c) more negative outcomes among the youths with CPS records than those in the comparison group; (d) more negative outcomes for institutionalized youths, due to long periods of institutionalization and the expected increase in exposure to adversity compared to children who remained at home.

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