

Behavioral and Social Outcomes Among Maltreated Children in Therapeutic Group Homes

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Abstract

The current study examined type and magnitude of childhood trauma to assess patterns in problematic outcomes within a therapeutic group home population ages 5-13. High rates of multiple maltreatment and a range of overall maltreatment severity scores emerged. Behavioral and social outcomes associated with type of maltreatment and number of prior foster placements varied by gender.

Introduction

Numerous studies have been conducted to explore effects of differential maltreatment on children's behavioral and psychological outcomes with the goal of improving post-trauma care of these children. However, many children in welfare systems have experienced multiple types and various severities of maltreatment, thus complicating understanding of simple cause and effect patterns resulting from neglect and physical, sexual, and emotional abuse.

While a few studies have assessed outcomes among children living in therapeutic group foster care settings, these have not exclusively examined maltreated children. The current study sought to explore the potential correlations among type, combination, and severity of childhood maltreatment and other traumas as they related to the development of problematic outcomes among victimized children living in group treatment homes.

Because the current study was limited to examination of a small group of children within a single agency, analyses were exploratory. However, based on prior research, it was hypothesized that high rates of multiple maltreatment would be found, and children with more subtypes and higher magnitudes of maltreatment severity would manifest more problem behaviors in general, as well as externalizing and internalizing symptoms. Physically abused children would be more likely to demonstrate externalizing behaviors, while sexually abused girls would be less likely to do so.

Method

Participants

- Information about 28 fostered children was collected from a Northeastern child welfare agency running three suburban group treatment homes.
- Group home staff members were trained in a structured therapeutic model to provide sensitive but effective care to maltreated children.
- The agency also employed various mental health professionals, including clinical social workers, staff psychiatrists, and a nurse practitioner, and offers on-site group and individual therapy to children in the program.
- The participant sample was comprised of 18 girls (64.3%), ages 5-13, and 10 boys (35.7%), ages 7-13.
- Overall, 35.7% were white (N = 10), 42.9% were black (N = 12), 14.3% were biracial (N = 4), and 7.1% were Hispanic (N = 2).

Measures

- The *Maltreatment Classification System* (MCS) coded severity of maltreatment from textual accounts of physical abuse, sexual abuse, emotional abuse, and neglect. Severity scaled from 1 to a maximum of 5. A score of 0 indicated no maltreatment of that type occurred.
- The *Child Behavior Checklist—School Age* (CBCL) assessed specific problem behaviors and syndrome symptoms, scaling the scores in relation to clinical severity, while taking into account age and gender norms.

- The *Social Competence Scale—Parent Version* (SCS), rated children's *Prosocial/Communication* and *Emotional Regulation* skills in social interactions with others with 12 items.

Procedure

- Using the MCS, each child's textual case histories were read and coded to determine individual experience of maltreatment subtypes. Documents assessed included court records, medical documents, intake assessments, and bonding evaluations.
- Additional contextual factors measured continuously included number of prior placements; dichotomous variables included parental history of substance abuse and mental illness.
- 15-20 group home staff assessed children's adaptive and problem behaviors at baseline using the CBCL and SCS.

Analysis

- Bivariate correlations assessed links among all risk factors (e.g., total maltreatment severity, subtype severities, parent history of mental illness) and all outcome variables (e.g., total CBCL score, internalizing and externalizing scores, all subscale scores). Correlations were conducted for the total sample and for both girls and boys separately. No maltreatment subtypes were intercorrelated.

Figure 1. Number maltreatment subtypes.

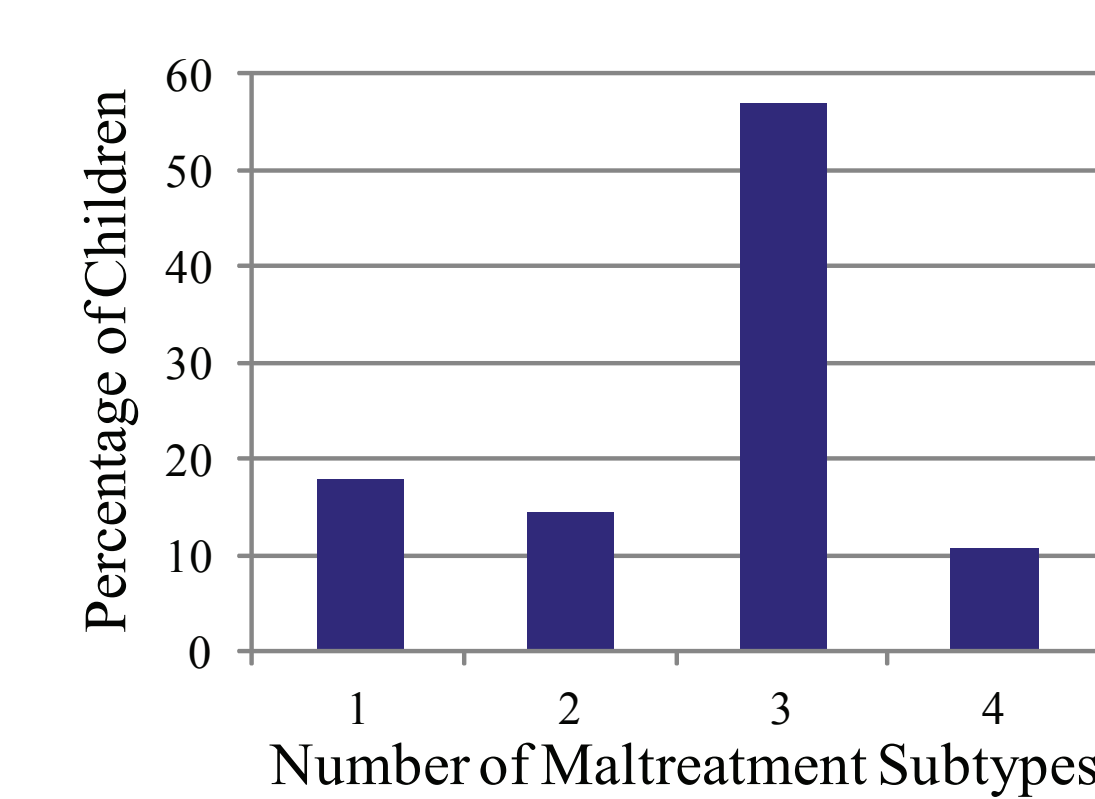


Figure 2. Overall maltreatment severity scores.

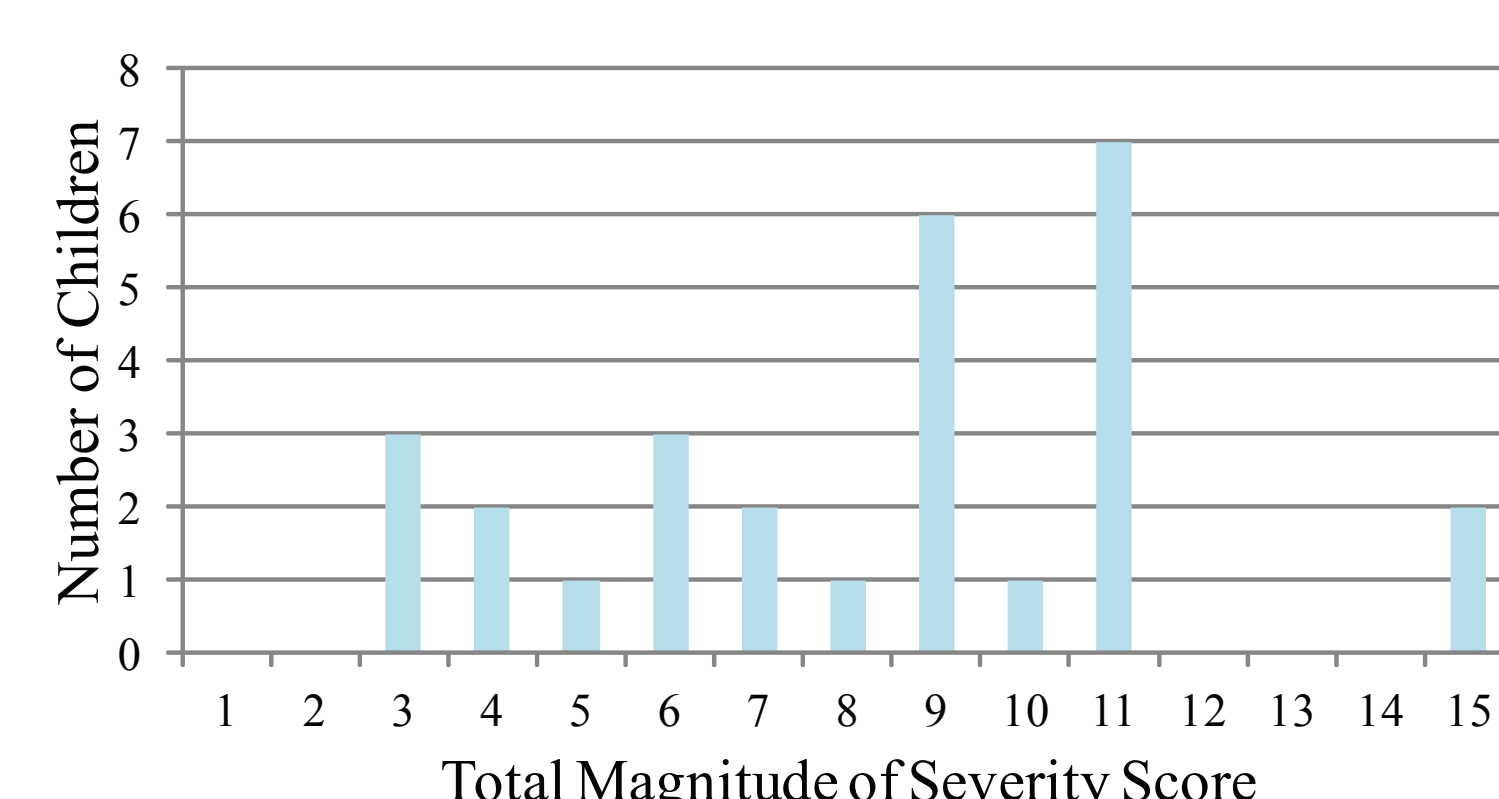


Figure 3. Severities of sexual abuse.

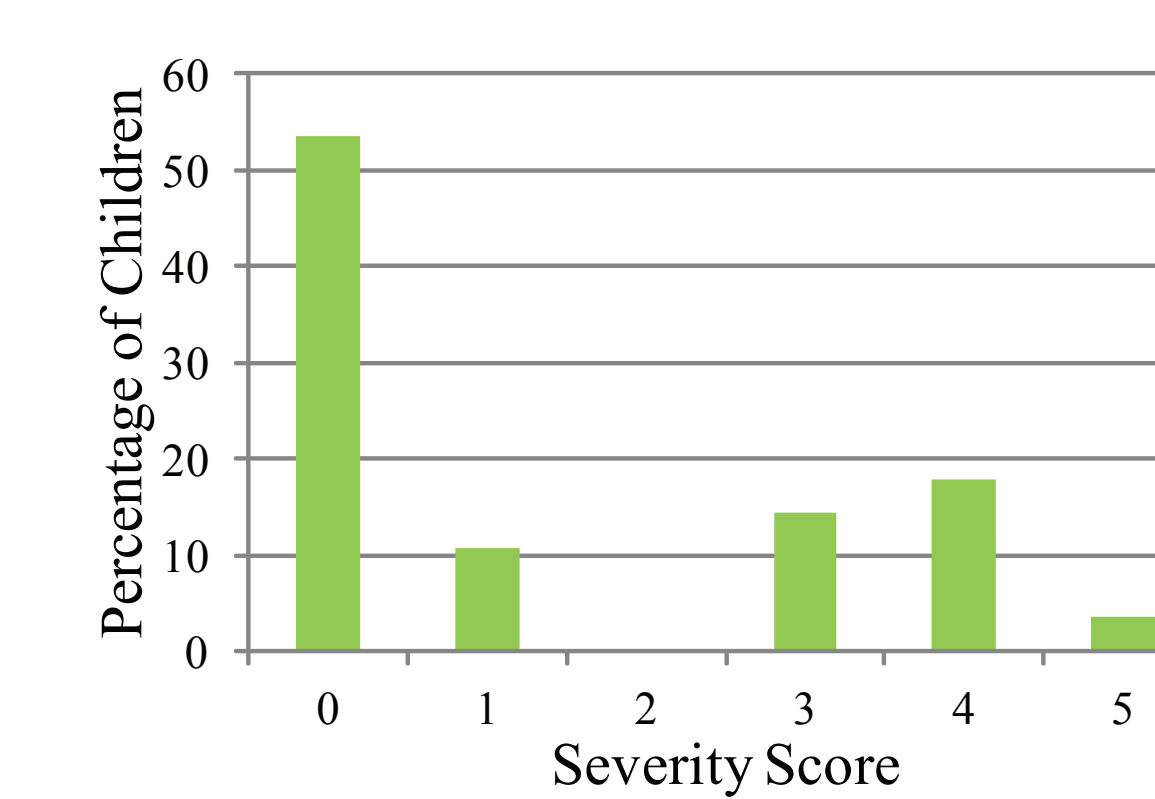


Figure 4. Severities of emotional abuse.

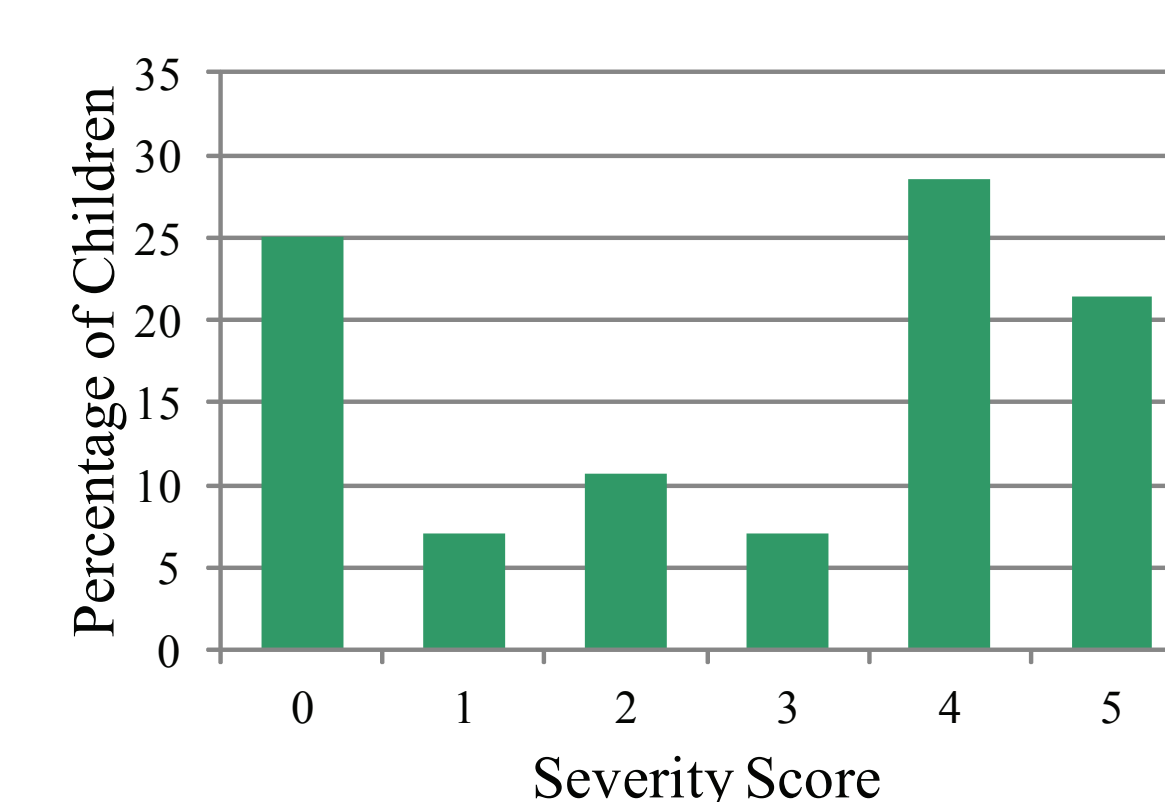


Figure 5. Severities of physical abuse.

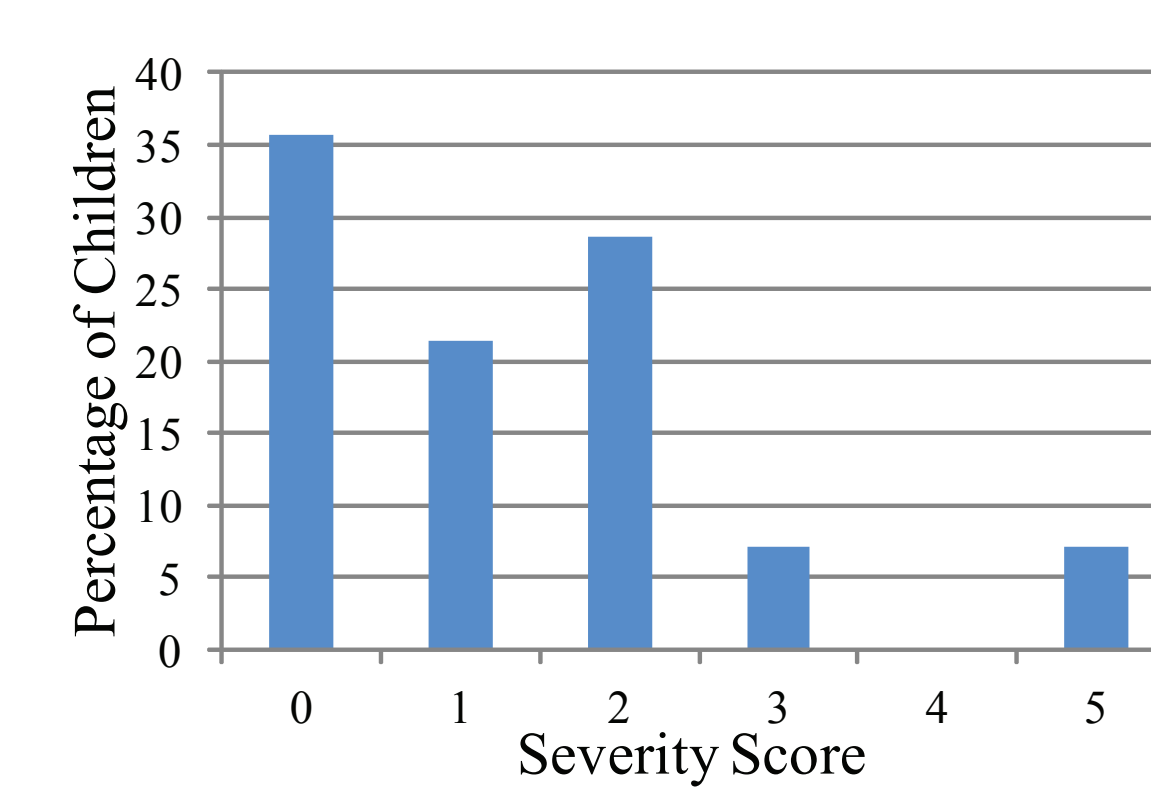


Figure 6. Severities of neglect.

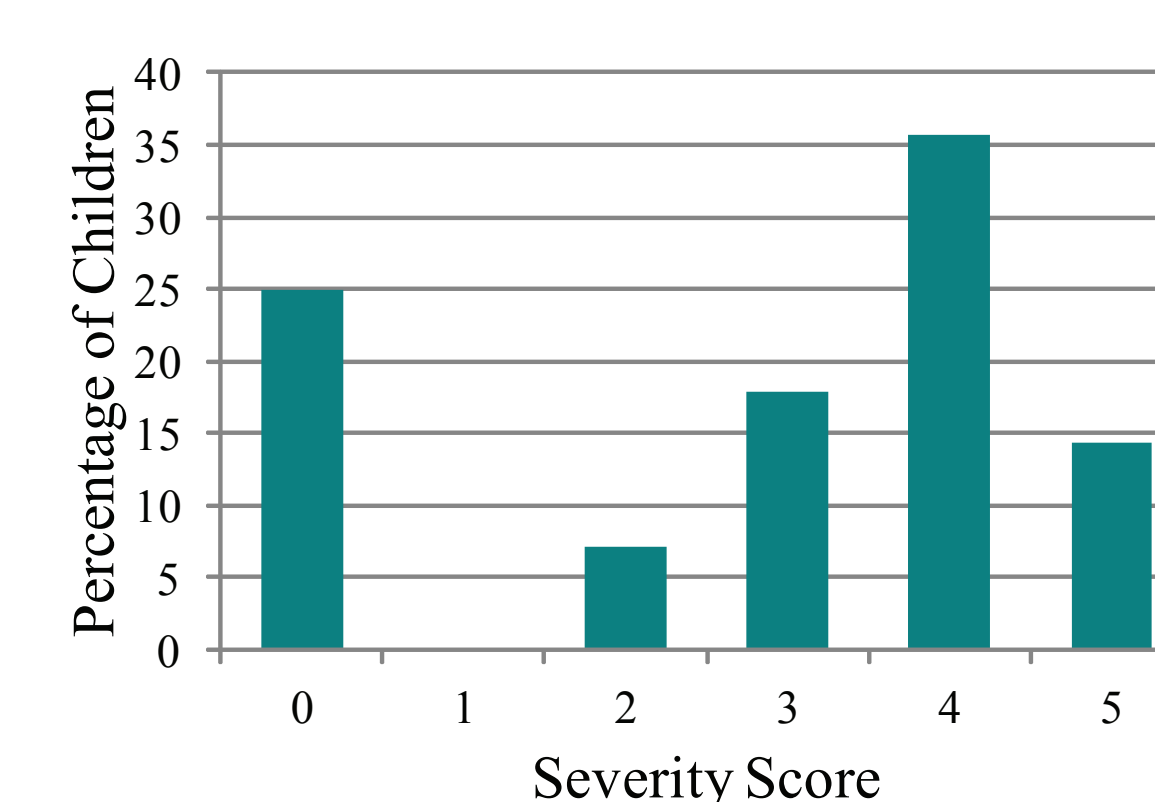


Table 1. Outcomes associated with sexual abuse severity.

	Girls	Boys
Total problem behaviors	N/S	Positively correlated ($r = .86, p < .05$)
Externalizing problems	Negatively correlated ($r = -.62, p < .01$), especially aggression ($r = -.63, p < .01$) and oppositional defiance ($r = -.60, p = .01$)	Positively correlated ($r = .82, p < .05$), especially rule-breaking ($r = .96, p < .01$) and conduct problems ($r = .89, p < .05$)
Social competence	Positively correlated ($r = .59, p = .01$)	Negatively correlated ($r = -.89, p < .05$), especially emotional regulation ($r = -.99, p < .001$)

Results

Descriptive Statistics

- Time spent in group home care ranged from 1-26 months, ($M = 6.18$ months, $SD = 6.03$). Average number of prior placements was 4.57 ($SD = 3.48$), with 85.7% of children ranging from 1-6 previous out-of-home care situations.

- Distributions of number of maltreatment subtypes, total magnitude of severity scores, and severity scores for individual subtypes are seen in Figures 1 through 6.

- 71.4% of children had diagnosed ADHD, 42.9% PTSD, and 39.3% ODD.

Correlational Analyses

- More prior placements predicted boys' heightened rates of anxiety, $r = .79, p = .06$, and social problems, $r = .82, p < .05$; no trends emerged in relation to girls' previous placements.

- Severity of sexual abuse predicted discrete outcomes for boys and girls, as seen in Table 1.

- History of witnessing domestic violence predicted different outcomes by gender. While boys who saw inter-parent aggression were significantly more likely to have ODD, $r = .67, p < .05$, girls manifested lower levels of social competence, $r = -.47, p = .056$, especially prosocial and communicative behaviors, $r = -.53, p < .05$.

- More severely physically abused boys were rated as less likely to demonstrate internalizing behaviors, $r = -.85, p < .05$, especially affective problems, $r = -.93, p < .01$, and withdrawn/depressed behavior, $r = -.82, p < .05$.

Discussion

The large proportion of multiple maltreatment in the current sample supports the trend of higher rates documented among maltreated children in foster care. However, higher overall maltreatment severity was not predictive of more problem behaviors. This result, contradictory to previous research, may reflect the high baseline levels of behavior and psychological dysfunction that necessitate placement in therapeutic group home care, regardless of maltreatment severity, which may also explain the lack of correlation between physical abuse and externalizing problems. On the other hand, the negative effects of prior placements among children in this study support prior research.

The current study's results emphasize the need to examine maltreated populations for influences of maltreatment on behavior that differ by gender, supporting prior research. The outcomes associated with sexual abuse in this sample are particularly notable for their gendered nature. When considering the higher perceived social competence and lower externalizing and aggressive problems for girls, these results suggest that girls who were more severely sexually abused may be more likely to be passive in interactions with others. These girls, who appear to caregivers to be functioning well, could be at high risk of not receiving the therapeutic attention they need to heal. At least among these children, it seems boys are more likely to externalize than are girls after having experienced more severe sexual abuse.

Acknowledgements

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