

Placement Instability as a Risk Factor in Proximal Sexually Inappropriate and Aggressive Behaviors in a Child Welfare Sample

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This study examined the relationship between childhood physical abuse, sexual abuse and placement instability, and sexually inappropriate and aggressive behaviors in a child welfare sample. Sexually Inappropriate Behavior was associated with all independent variables. Sexual Aggression and Child/Male Victims were both associated with Sexual Abuse and Placement Instability. Offense Persistence was associated with Placement Instability. All risk-mitigating factors (i.e., Self-Control, Global Adjustment, and Responsibility for Behavior) were associated only with Placement Instability. The broad and robust influence of placement instability on short-term outcomes of sexually inappropriate and aggressive behavior, as well as the risk mitigating factors, was the most notable finding. Findings underscore the importance of placement stability in the development of young children.

KEYWORDS *physical abuse, caregiver instability, placement instability, sexual abuse*

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Children with sexual behavior problems have often been reported to present with histories of sexual abuse and, to a lesser extent, physical abuse (e.g., Friedrich, Beilke, & Urquiza, 1988; Friedrich, Urquiza, & Beilke, 1986; Gray, Pithers, Busconi, & Houchens, 1999; Hershkowitz, 2014; Silovsky & Niec, 2002). Tarren-Sweeney (2008) has further found that placement instability was an independent predictor of sexual behavior problems in children, noting that most of the children with sexual behavior problems evidenced “psychopathology . . . suggestive of attachment disturbances,” (p. 182). Tarren-Sweeney’s (2008) finding, from a theoretical perspective, is certainly not surprising. A Research Brief from the National Survey of Child and Adolescent Well-Being (Casanueva et al., 2012), based on data gathered on 1,196 children and followed from infancy until the age of 5–7 between 1999 and 2007 stated that:

Placement instability among young children adopted after multiple foster placements has been associated with deficits in inhibitory control and more externalizing, oppositional, and aggressive behaviors compared to both adopted children who had experienced one stable placement and children never placed in foster or adoptive care (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). Thus, multiple changes of caregivers threaten the child’s developing ability to maintain trust in the attachment relationships, shattering the developmental expectation that the caregiver will be reliably available as a protection from danger. (p. 1)

The role of placement instability as a risk factor for externalizing behaviors in children is well documented (e.g., Ackerman, Kogos, Youngstrom, Schoff, & Izard, 1999; Forman & Davies, 2003; James, Landsverk, & Slymen, 2004; Leathers, 2002, 2006; Lewis et al., 2007; Newton, Litrownik, & Landsverk, 2000; Rubin, O’Reilly, Luan, & Locallo, 2007; Terling-Watt, 2001). For instance, Forman and Davies (2003) found that family instability predicted child adjustment after statistically controlling for proximal (i.e., short-term) family characteristics, such as parenting difficulties. Moreover, Lewis et al. (2007) conducted a study involving adopted children who experienced placement instability, adopted children with one stable placement, and children who were never placed in foster care. In this study, Lewis et al. (2007) found that placement instability impeded the development of children’s self-regulation and placed children at increased risk for future problematic outcomes. James et al. (2004) concluded that placement instability is disruptive, invasive, and costly. Indeed, even placement mobility (i.e., when a family moves frequently) may be a risk factor associated with externalizing behaviors, most notably when the children are preschoolers (age 4–6; Fowler, Henry, Schoeny, Taylor, & Chavira, 2014).

Several studies have found placement instability to be associated with distal (i.e., long-term) as well as proximal (short-term) antisocial behavior. Ryan and Testa (2005) examined whether placement instability functioned

more as a risk factor by preceding delinquency or more as an outcome of delinquency. The authors found that placement instability increased risk of delinquency for males, but not for females. Using data from the Minnesota Longitudinal Study of Risk and Adaptation, Simpson, Griskevicius, Kuo, Sung, and Collins (2012) examined how harshness and unpredictability in early childhood (age 0–5) versus later childhood (age 6–16) predicted both sexual and risky behavior at age 23. Simpson et al. (2012) found that youngsters exposed to rapidly changing, unpredictable environments at a younger age engaged in more aggressive and delinquent behaviors in adolescence. Casanueva et al. (2012) examined 1,196 of the 5,501 children in a longitudinal study with regard to caregiver and placement instability. Casanueva et al. (2012) found clear evidence that more risk factors were associated with a greater number of changes in placements and caregivers, remarking that “the repeated loss of a young child’s main caregiver . . . can not only reach the level of toxic stress but can also be traumatic” (p. 5).

Although the association between placement instability and delinquent, antisocial behavior has consistently been documented, the influence of placement instability on externalizing *sexual* behaviors in children has not. Only a paucity of studies has examined the relationship between caregiver and placement instability with proximal sexual behavior problems in young children and adolescents routinely exposed to such instability. Tarren-Sweeney (2008) is one of the few studies that examined a cohort of children in substitutive placement with “multiple adversities” and found placement instability to be an independent predictor of sexual behavior problems.

Sexual behavior problems in youth have more often been associated with a history of sexual victimization (cf. Schwartz, Cavanaugh, Prentky, & Pimental, 2006). Reported rates of sexual victimization histories among adolescents with sexual behavior problems range from 39 to 81% (Friedrich, Beilke, & Uргуiza, 1987; Friedrich & Luecke, 1988; Gale, Thompson, Moran, & Stack, 1988; Goldston, Turnquist, & Kuntson, 1989; Kolko, Moser, & Weldy, 1988; Milloy, 1994). In a meta-analysis of 9,597 youths from 49 studies, 43% of the youth had been sexually victimized (Burton & Schatz, 2003). When younger children with sexual behavior problems were examined (\leq age 12), the rates of those who had been sexually victimized ranged from 65 to 100% (Burton, Nesmith, & Badten, 1997; Friedrich & Luecke; Gil & Johnson, 1994). Burton and Schatz (2003) reported that the rate of sexual victimization among those with sexual behavior problems was almost three times higher than the rate found among 5,811 youth without sexual behavior problems (14.8%). The figure of 14.8% is quite consistent with rates of 10–15% in studies of community samples of non-delinquent youth without sexual behavior problems (Crouch, Hanson, Saunders, Kilpatrick, & Resnick, 2000; Finkelhor, Hotaling, Lewis, & Smith, 1990).

Although a history of physical victimization of children has been more consistently associated with aggressive, delinquent, and violent, externalizing

behaviors (e.g., Alessandri, 1991; Cicchetti, Lynch, Shank, & Manly, 1992; Crittenden, Claussen, & Sugarman, 1994; Haskett & Kishner, 1991; Kaufman & Cicchetti, 1989; Williamson, Borduin, & Howe, 1991), Tarren-Sweeney (2008) noted that the most cited form of maltreatment (other than sexual abuse) associated with sexual behavior problems is physical abuse (e.g., Friedrich, Davies, Feher, & Wright, 2003; Gray et al., 1999; Silovsky & Niec, 2002). Burton and Schatz (2003) found that 38% of 7,261 from 30 studies had also been physically abused. Contact sexual abuse is, arguably, a form of physical abuse. It is impossible to determine, however, the independent contributions of physical and sexual abuse to proximal sexual behavior problems. What is most reliably concluded from the literature on physical victimization, however, derives from studies of youth with histories of physical abuse in the apparent absence of sexual abuse.

In the present study, we examined the comparative impact of all three risk factors—Sexual Victimization, Physical Victimization, and Placement Instability—on proximal Sexually Inappropriate and Aggressive Behaviors in a sample of preadolescents and adolescents, all of whom had been flagged by the Department of Children and Family due to their sexual behavior problems. We further examined the relationship of these three risk factors with several domains of potentially risk-mitigating factors, derived broadly from the literature, targeting self-control, prosocial relationships, and accepting responsibility for behavior.

Although many terms have been used to refer to sexual behavior in children that “deviates” from the norm (e.g., sexualized behaviors, sexually inappropriate behaviors, sexually reactive behaviors, sexual behavior problems), in this study we refer to *sexually inappropriate and aggressive behaviors*, since some of the behaviors examined were, in fact, aggressive. Since this study included data from a 7-year follow-up of these children, outcome variables, including re-offense variables, were examined. Incidence of *re-offense* among the females was too low to include them. Thus, we only report on males in this study.

Based on the literature, we hypothesized that the strongest effects would be from a history of Sexual Victimization on Sexually Inappropriate and Aggressive Behaviors. We hypothesized that a co-occurring history of Physical Victimization would be associated with more aggressive sexual behaviors. We further hypothesized that the strength of the effect of Placement Instability, when examined alone, would be subordinate to the effect of Sexual Victimization. Because placement instability has been associated with a wide range of negative adjustment outcomes in addition to externalizing behaviors, we hypothesized that Placement Instability would have a stronger relationship to those variables (e.g., global adjustment) that have a theoretical, as well as clinical, relationship to the mitigation of risk.

METHOD

Pursuant to The Rosenberg law [G.L.c.119 § 33B], enacted in 1997, the Commonwealth of Massachusetts established a program in 1998 with the principal mandate of examining children and adolescents who had been removed from abusive homes and placed elsewhere, often in foster care. The program, Assessment for Safe and Appropriate Placement (ASAP), was designed to improve the management and care of these children. ASAP was established to assure that children, who are in the care of the Department of Children and Family (DCF), were placed in the least restrictive, most appropriate setting *given the youth's history of engaging in sexually inappropriate/aggressive behaviors*. Approximately 1,400 Commonwealth children and juveniles were referred to the ASAP program. Of those 1,400, approximately 1,100 had been evaluated by certified ASAP examiners at the time of this study and those files were requested. Of the potential sample of about 1,100 cases, research abstracts were created on 884 separate cases. This study is drawn from a sample of 813 cases, the number that had a complete research abstract for coding purposes. This number represented approximately three-quarters of the potential sample ($813/1,100 = 74\%$).

Participants

This study examined 559 male participants, representing all 28 DCF area offices who had received ASAP evaluations between 1998 and 2004. As noted, females were excluded, because the base rates for re-offense were too low. The boys in our sample ranged in age from 3 to 18, with a modal age of 14 and an average age of 12.4 at time of ASAP evaluation. Because of the wide age range in our sample, we divided our participants into two subsamples, pre-adolescents (age 11 or younger), and adolescents (age 12 or older), using the "Age at Time of ASAP Evaluation" variable.

The subsamples consisted of 336 pre-adolescent and 223 adolescent boys with complete information. The pre-adolescent subsample was, on average, 7.8 years of age ($\sigma = 2.3$) when they engaged in their first documented (DSS records) inappropriate sexual behavior and, on average, 11 years old ($\sigma = 3.0$) at time of referral for ASAP evaluation. The adolescent subsample was, on average, 12.4 years of age ($\sigma = 2.6$) when they engaged in their first documented inappropriate sexual behavior and, on average, 14.2 years old ($\sigma = 1.5$) at time of referral for ASAP evaluation. The racial/ethnic composition of the pre-adolescent boys was: 57.7% Caucasian, 12.6% African-American, 15.7% Hispanic, and 14% Asian or Other (Cape Verdean, Portuguese, Bi-Racial). The racial/ethnic composition of the adolescent boys was 62.5% Caucasian, 21.6% Hispanic, 10.3% African-American, and 5.6% Asian or Other.

Design

A 230-variable coding dictionary was created that covered referral and placement history, demographic characteristics, critical antecedent childhood life experiences, familial/parental characteristics, a gamut of presenting behavioral problems and psychological and/or emotional symptoms, and a detailed section covering static and dynamic risk variables. A random sample of 250 youth was coded to pilot the dictionary in order to examine the adequacy of the information gathered for coding each of the variables. The reliability of each of the variables in the dictionary was examined by comparing independent ratings of two coders. Variables in the dictionary were revised or deleted based on this pilot test and the revised dictionary was once again examined for reliability and coverage.

A team of four coders trained on the use of the dictionary rated all 813 research abstracts from June, 2001 to June, 2004. The research abstracts were comprised of documents from the DCF case record. These documents essentially fell into five categories: (1) DCF [ASAP referral, evaluation, service plans, neglect and/or abuse investigations and reports, family history, detailed information on parents, siblings, and placements]; (2) Legal [juvenile court evaluations, police records, Department of Youth Services' notes, Criminal Offender Record Information files]; (3) Residential/Group Treatment Plans [progress notes and reports, incident and behavior reports]; (4) School Reports [academic and progress reports, psychoeducational evaluations]; and (5) Therapy [admission and discharge summaries, inpatient and outpatient treatment notes, medication trials and progress reports, diagnoses]. Research abstracts were created on site by reviewing the extensive DCF records. From the DCF records, we screened out and photocopied all documents needed for coding. The documents were compiled chronologically and redacted. The resulting abstract averaged 100 pages in length.

Follow-Up Procedure

Three sources of outcome data were gathered during the follow-up phase. In addition to retrieving additional post-ASAP information from DCF records and DCF social workers, we reviewed criminal records from the Criminal History Systems Board and Sex Offender Registry Board. All names were cross-checked through their systems, confirming a youth's criminal justice involvement from their Criminal Offender Record Information. The Criminal Offender Record Information files included information regarding charges, arraignment dates, and dispositions.

Sexual "re-offense" (Persistence scale) was defined as any new sexually abusive "hands-on" behavior occurring *after* the ASAP evaluation. For the very young children, "offense" was coded by evidence of highly sexualized, age-inappropriate behavior. Since most of the youth in our sample were *not*

adjudicated, we could not use conventional criminal justice system dispositional markers (e.g., charge, arrest, conviction, or incarceration). In this study, the state mandated ASAP program was our social service intervention equivalent of the state's legal sanction for a sex offense. Follow-up time began on the date of the ASAP evaluation and ended on the date of the last documented information that we had on a particular individual. The follow-up period extended for 7 years, from 1998 to 2005.

Survival functions were estimated using the Kaplan–Meier product-limit method. In the subsample of 336 pre-adolescent boys, 83 pre-adolescent boys (24.7%) re-offended sexually over 7 years). In the subsample of 233 adolescent boys, 31 adolescent boys (13.9%) re-offended sexually over 7 years. Both tests of equality revealed significantly different survival curves for these two age groups (log rank $p < .006$; 2 log(LR) $p < .009$). The vast majority of those who failed did so within the first 24 months (roughly 80% of the preadolescents and 85% of the adolescents). The notable finding was the higher base rate for sexual re-offense among the pre-adolescents (10.8% higher), perhaps attributable to the greater persistence associated with earlier age of onset (e.g., Moffitt, 1993).

Reliability

Inter-rater reliability on all child, family, and developmental history variables was calculated as the percentage of agreement between two independent, “blind coders” (i.e., no identifying information as to who the other coder was) using a random selection of 15% of the first 250 cases, tapering off to a random selection of 12% of all remaining cases (total $n = 120$). Of all coded variables used in the follow-up study, 98% had good to excellent agreement ($>.80$). Inter-rater reliability for items used in the present study is provided in the following section (in parenthesis).

Scale Development

Variables reflecting a range of sexually inappropriate and aggressive behaviors with acceptable inter-rater reliability were selected and reduced using Principal Components Analysis (PCA) with VARIMAX rotation. The resulting scales are described below with the eigenvalue, variance accounted for, scale alpha (α), and the item-total correlation (or correlation range). The factor loading appears in parenthesis following each item. All scales were dichotomous (0,1) or trichotomous (0,1,2). For all dichotomous scales, the sum of the constituent items was used. The sum simply reflects the number of items on the scale that were rated as “present.” For trichotomous scales, the mean of constituent items was used. Z-score standardization was not used, since the scale sum or the scale mean are much easier to understand than z scores when interpreting parameter estimates.

Dependent Variables

PERSISTENCE

The Persistence Scale, with an eigenvalue of 3.32 and accounting for 23.72% of the variance, included four variables: Re-Offense (loading = .855), Grooming Behavior (loading = .691), Continued Sexually Inappropriate Behavior (loading = .873), and Escalation of Sexual Behavior (loading = .789). The scale alpha was .83, and the Item-Total Correlation ranged from .51 to .77. All four variables are dichotomous and coded as 0/1.

SEXUALLY INAPPROPRIATE BEHAVIOR

The Sexually Inappropriate Behavior Scale, with an Eigenvalue 2.23 and accounting for 15.93% of the variance, included five variables: Sexual Touching with Permission (loading = .767), Genital Touching with Permission (loading = .580), Violation of Body Space (loading = .492), Pulling Pants or Skirt Down (loading = .603), and Total Number of Victims (loading = .454). The scale alpha was .59, and the Item-Total Correlation ranged from .30–.39. All variables are dichotomous (coded as 0/1), except for Total Number of Victims, which was re-coded as 0 = 1, $\geq 2 = 1$.

SEXUAL AGGRESSION

The Sexual Aggression Scale, with an Eigenvalue of 1.25 and accounting for 08.90% of the variance, included three variables: Sexual Aggression (loading = .662), Forced Sexual Acts (loading = .696), and Sexually Explicit Orders and Threats (loading = .779). The scale alpha was .62 and the Item-Total Correlation ranged from .40 to .45. Forced Sexual Acts and Sexually Explicit Orders and Threats are dichotomous (coded as 0/1). Sexual Aggression was coded as 0–2 and recoded as 0 = 0, $\geq 1 = 1$.

MALE/CHILD VICTIMS

The Male/Child Victim Scale, with an Eigenvalue of 1.11 and accounting for 07.90%, included two variables: Sexual Acts with a Significantly Younger Child (defined ≥ 4 years) (loading = .728) and Total Number of Male Child Victims (loading = .830) [recoded as 0 = 0, $\geq 1 = 1$]. Sexual Acts with a Significantly Younger Child was coded as 0/1. The scale alpha was .58, and the Item-Total Correlation was .41. Having a male child victim was included in the analysis as it has been regarded as a risk factor for re-offense (Hanson & Bussiere, 1998; Harris, Phenix, Hanson, & Thornton, 2003).

Dependent Variable Scales Assessing Risk Mitigating Factors

Variables reflecting a range of hypothesized risk mitigating factors, intended to capture three domains (self-control, overall social and interpersonal

adjustment, and responsibility for one's behavior), were selected and factor analyzed (PCA). As no independent components emerged, the items were grouped rationally and combined as scales. Inter-rater reliability appears in parenthesis after each item, followed by the Cronbach alpha and the item-total correlation (or correlation range).

SELF-CONTROL

The Self-Control Scale included two variables: Management of Anger and Management of Sexual Urges, both coded as part of the follow-up study. The scale alpha was .76, and the Item-Total Correlation was .62. Management of Anger was coded on a 3 point scale (0–2): 0 = no evidence of inappropriate anger; 1 = anger managed appropriate most of the time, with no more than four instances of inappropriate anger; 2 = anger poorly and inappropriately managed, with five or more instances. Management of Sexual Urges was coded on a 3 point scale (0–2): 0 = well managed expression of sexual urges; all sexual intimate relationships are age appropriate and noncoercive; no evidence of unwanted sexualized touching or hostile/demeaning sexualized remarks; 1 = sexual urges are managed appropriately most of the time, with no more than two instances of inappropriate sexual behavior; 2 = sexual urges are poorly managed. Child engages in inappropriate sexual behavior, frequently gratifying sexual urges in deviant or paraphilic ways; this behavior has been noted on three or more occasions. Examples include chronic masturbation, compulsive use of pornography, and sexual promiscuity. Any instance of coercive sexual behavior was automatically coded as two unless it was the governing/index offense.

ADJUSTMENT

The Adjustment Scale included four variables: Global Adjustment Index, Quality of Peer Relationships, Evidence of Positive Supports, and School Stability. The scale alpha was .86, and the Item-Total Correlation ranged from .55 to .67. Global Adjustment Index was coded on a 5-point Likert scale ranging from 0 to 4. This variable was re-coded as trichotomous: 0 = 0 + 1 (Excellent + Good Adjustment), 1 = 2 (Adequate Adjustment), 2 = 3 + 4 (Poor + Very Poor Adjustment). Quality of Peer Relationships, Evidence of Positive Supports, and School Stability were all coded as part of the follow-up study and are trichotomous (0–2). For Quality of Peer Relationships, 2 = withdrawn from peer contact and socially isolated or no friendships, just “acquaintances,” or most peers are delinquent. For Evidence of Positive Supports, 2 = no known support systems or only negative supports. For School Stability, 2 = highly unstable (with four or more incidents of disobedience or acting out).

RESPONSIBILITY

The Responsibility Scale included two variables, Accepting Responsibility for Offense and Internal Motivation for Change, both coded as part of the follow-up study. The scale alpha was .92, and the Item-Total Correlation was .86. Both variables were coded as trichotomous (0–2). Accepting Responsibility for Offense(s): 0 = accepts full responsibility for sexual and nonsexual offenses without any evidence of minimizing; 1 = accepts some (but not total) responsibility; although occasional minimizing may be present, individual does not deny offending; 2 = accepts no responsibility or there is full denial; coded when there is partial denial and/or significant or frequent minimizing. Internal Motivation for Change: 0 = appears distressed by his offense and appears to have a genuine desire to change; 1 = there is some degree of internal conflict and distress, mixed with a clear desire to avoid the “consequences” of reoffending; 2 = no internal motivation for change; individual does not perceive any need to change; he may feel hopeless and resigned about life in general, or he may deny ever committing offenses and there maintains he does not need to change and/or does not need treatment; scored if motivation to change is solely external (to avoid arrest, incarceration, or residential placement).

For purposes of analysis, all cases rated as “unclear” were re-coded to 1. As stated before, the rationale was that “unclear” implies the presence of data; if the youngster clearly failed to take responsibility or clearly lacked any internal motivation to change, it most likely would have been noted in the record and coded “2.” Thus, the conservative estimate was that the case was closer to a 1 than 0.

Scale Development: Independent Variables

SEVERITY OF SEXUAL ABUSE

Severity of Sexual Abuse was originally coded using a 6-point Guttman scale, ranging from 0 to 5. The inter-rater reliability for this item was .86. For this study, three levels were created: 0 = (entirely noncontact sexual abuse involving peeping, exhibitionism, voyeurism) and unclear cases (there *was* evidence of Sexual Abuse noted in the record, but it was insufficient to rate the abuse reliably; working under the assumption that the abuse must have been at the lower end of the severity continuum not to have been clearly documented, we included these cases as 0); 1 = (contact contact abuse including: fondling, touching, caressing & masturbating genital area with no penetration and no oral sex), 2 = (abuse ranging from penetration with finger, mouth or penis to use of foreign objects, sadistic/humiliating/degrading/demeaning elements present, use of urine/feces, multiple perpetrators at the same time, or forced oral sex after anal penetration). The rationale for including the “unclear” cases was that there

was a documented history of some form of sexual victimization of the child, but the precise nature of the abuse was unclear. The assumption is that the abuse most likely was at the lower end of a severity continuum, since more severe abuse would have more likely have come to attention of DSS caseworkers and prompted an investigation. By contrast, reports that appeared minor would have been noted in the record, but not formally investigated. Group 0 = 359 cases, sample proportion = 53.8%; Group 1 = 145 cases, sample proportion = 21.7%; Group 2 = 163 cases, sample proportion = 24.4%.

SEVERITY OF PHYSICAL ABUSE

Severity of physical abuse was originally coded using a 4-point Guttman scale, ranging from 0 to 3. The inter-rater reliability for this item was .94. For this study, three levels were created: 0 = (no physical injuries ever sustained) & unclear (there *was* evidence of Physical Abuse, but it was insufficient to rate reliably; as noted above, working under the same assumption that the abuse must have been at the lower end of the severity continuum not to have been clearly documented, we included these cases as 0); 1 = (Physical Abuse resulted in cuts, bruises, abrasions); 2 = (Physical Abuse resulted in broken bones, burns, severe contusions or strangulation resulting in unconsciousness).

Group 0 = 234 cases, sample proportion = 35.1%; Group 1 = 107 cases, sample proportion = 16.0%; Group 2 = 326 cases, sample proportion = 48.9%.

PLACEMENT INSTABILITY

Placement instability was originally coded as a continuous variable, reflecting the sum of all (different) living situations, a tally of all of the living situations that the child had been in, regardless of place (e.g., biological family, relatives, foster care placements, residential/group placements, psychiatric hospital, penal facility). This variable was coded for 99.6% of the sample with an inter-rater reliability of .84. The range was 1–47 with a mean of 10.40 ($\sigma = 6.095$; $mdn = 9.00$). The distribution was re-coded to four groups (0–3), three roughly equal and one smaller group reflecting the extreme end of the distribution. The scale mean was 1.22 ($\sigma = 0.97$). Group 0 = 187 cases, sample proportion = 28.0%, # of changes in living situation = 01–06 Group 1 = 213 cases, sample proportion = 31.9%, # of changes in living situation = 07–10 Group 2 = 198 cases, sample proportion = 29.7%, # of changes in living situation = 11–18 Group 3 = 066 cases, sample proportion = 09.9%, # of changes in living situation = 19–47.

RESULTS

Logistic Regression Analyses on Sexually Inappropriate/Aggressive Behavior Scales

The results of the logistic regression analyses for each dependent variable, adjusted for age group, are provided in Table 1, including the parameter estimate, standard error, Wald chi-square p -value, Odds Ratio (OR), and the 95% Wald confidence limits of OR. Age was included as a covariate to adjust for age at the time of ASAP evaluation. The age covariate was binary (preadolescent: <12; adolescent: >12). OR represents the odds that a particular outcome, such as Offense Persistence, will occur given exposure to an adverse life event (Sexual Abuse, Physical Abuse, or Placement Instability), compared to the odds of that outcome occurring in the absence of that adverse life event. When the OR = 1, the adverse life event has no effect on the odds of the outcome occurring. When the OR > 1, exposure to the adverse life event increases the odds of the outcome occurring. The ORs are explained in terms of one-unit increase in the severity of the adverse life event. As previously presented, Severity of Sexual and Physical Abuse each have three levels (0–2) or units, whereas Placement Instability has four levels (0–3). For aid in decoding the meaning of one-unit changes in the scales used in the study, please refer to the Scale Development in the Method Section.

OFFENSE PERSISTENCE

Offense Persistence, reflecting continued sexually inappropriate and aggressive behavior, including the Reoffend variable, was significantly predicted by Placement Instability (OR = 1.26; 95% CL = 1.07 ~ 1.48; $p = .005$). A one-unit increase on the Placement Instability scale would be associated with a 26% increase in the likelihood of persistence of Sexually Inappropriate and Aggressive Behaviors. A one-unit increase in Placement Instability would mean, for example, that going from Group 1 (7–10 placements) to Group 2 (11–18 placements) would increase the odds of persistence by 26%. A two-unit increase in Placement Instability would be associated with a 52% increase in the odds of persistence.

SEXUALLY INAPPROPRIATE BEHAVIOR

The Sexually Inappropriate Behavior scale reflects a range of sexually inappropriate, contact sexual behaviors. Sexually Inappropriate Behavior was significantly predicted by all three independent variables: Sexual Abuse (OR = 1.30; 1.10 ~ 1.53; $p = .0023$), Physical Abuse (OR = 1.18; 1.01 ~ 1.37; $p = .0247$), and Placement Instability (OR = 1.37; 1.18 ~ 1.58; $p < .0001$). This model predicted that a one-unit increase in Sexual Abuse, Physical Abuse, or

TABLE 1 Logistic Regression for Sexually Inappropriate and Aggressive Behaviors

| Dependent Variable | Independent Variable | Estimate | se | <i>p</i> | OR | 95% CI |
|---|--------------------------------------|----------|------|----------|------|-----------|
| Offense Persistence (0,1,2,3,4) | Adolescent (vs. preadolescent) (0,1) | -0.54 | 0.17 | 0.0010 | 0.59 | 0.43 0.81 |
| | Severity of Sexual Abuse (0,1,2) | 0.17 | 0.09 | 0.0700 | 1.18 | 0.98 1.42 |
| | Severity of Physical Abuse (0,1,2) | 0.12 | 0.09 | 0.1800 | 1.23 | 1.00 1.50 |
| Sexually Inappropriate Behavior (0,1,2,3,4,5) | Placement Instability (0,1,2,3) | 0.24 | 0.08 | 0.0050 | 1.26 | 1.07 1.48 |
| | Adolescent (vs. preadolescent) | -0.33 | 0.15 | 0.0282 | 0.72 | 0.54 0.96 |
| | Severity of Sexual Abuse | 0.26 | 0.08 | 0.0023 | 1.30 | 1.10 1.53 |
| | Severity of Physical Abuse | 0.19 | 0.09 | 0.0247 | 1.18 | 1.01 1.37 |
| | Placement Instability | 0.31 | 0.07 | <.0001 | 1.37 | 1.18 1.58 |
| Sexual Aggression (0,1,2,3) | Adolescent (vs. preadolescent) | 0.47 | 0.15 | 0.0019 | 1.60 | 1.19 2.16 |
| | Severity of Sexual Abuse | 0.19 | 0.09 | 0.0265 | 1.21 | 1.02 1.43 |
| | Severity of Physical Abuse | 0.09 | 0.08 | 0.2600 | 1.10 | 0.94 1.28 |
| | Placement Instability | 0.18 | 0.07 | 0.0173 | 1.19 | 1.03 1.38 |
| Child/Male Victims (0,1,2) | Adolescent (vs. preadolescent) | 0.45 | 0.16 | 0.0041 | 1.57 | 1.15 2.13 |
| | Severity of Sexual Abuse | 0.32 | 0.09 | 0.0003 | 1.38 | 1.16 1.64 |
| | Severity of Physical Abuse | 0.05 | 0.08 | 0.5700 | 1.05 | 0.89 1.23 |
| | Placement Instability | 0.18 | 0.08 | 0.0170 | 1.20 | 1.03 1.39 |

Placement Instability would increase the likelihood of sexually inappropriate behavior by 30, 18, or 37%, respectively.

SEXUAL AGGRESSION

The Sexual Aggression scale reflects the degree of force and aggression manifest in the sexual behavior. Sexual Aggression was significantly predicted by Sexual Abuse (OR = 1.21; 1.02 ~ 1.43; $p = .027$) and Placement Instability (OR = 1.19; 1.03 ~ 1.38; $p = .017$). This model predicted that a one-unit increase in Sexual Abuse or Placement Instability would increase the likelihood of sexual aggression by 21 or 19%, respectively.

CHILD/MALE VICTIM

The Child/Male Victim scale reflects the sexual abuse of much younger victims and male victims. Child/Male Victim was significantly predicted by Sexual Abuse (OR = 1.38; 1.16 ~ 1.64; $p = .0003$) and Placement Instability (OR = 1.20; 1.03 ~ 1.39; $p = .017$). This model predicted that a one-unit increase in Sexual Abuse or Placement Instability would increase the likelihood of the sexual abuse of much younger victims and male victims by 38 or 20%, respectively.

Logistic Regression Analyses on Risk Mitigating Factors

The results of the logistic regression analyses for each dependent variable, adjusted for age group, are provided in Table 2, including the parameter estimate, standard error, Wald chi-square value, Odds Ratio, and the 95% Wald confidence limits.

SELF-CONTROL

The Self-Control Scale consisted of two variables, Management of Anger and Management of Sexual Urges. Self-Control was strongly predicted by Placement Instability (OR = 1.46; 1.24 ~ 1.71; $p < .0001$). Neither Sexual Abuse (OR = 1.05; $p = 0.61$) nor Physical Abuse (OR = 1.03; $p = 0.75$) were significant. A one-unit increase in Placement Instability would *decrease* the likelihood of Self-Control by 46%.

RESPONSIBILITY

Responsibility was comprised of two variables, assuming responsibility for one's offenses and internal motivation for change. Responsibility was significantly predicted by Placement Instability (OR = 1.18; 1.02 ~ 1.37; $p = < 0.03$). Responsibility was not predicted by Sexual Abuse (OR = 1.10; $p = 0.29$) nor

TABLE 2 Logistic Regression for Presumptive Risk-Mitigating Factors

| Dependent Variable | Independent Variable | Estimate | se | <i>p</i> | OR | 95% CI |
|---|--------------------------------------|----------|------|----------|------|-----------|
| Management of Anger and | Adolescent (vs. preadolescent) (0,1) | -0.18 | 0.16 | 0.2600 | 0.83 | 0.60 1.15 |
| | Severity of Sexual Abuse (0,1,2) | 0.05 | 0.09 | 0.6100 | 1.05 | 0.87 1.26 |
| Management of Sexual Urges (0-2) | Severity of Physical Abuse (0,1,2) | 0.03 | 0.09 | 0.7500 | 1.03 | 0.87 1.22 |
| | Placement Instability (0,1,2,3) | 0.38 | 0.08 | <0.0001 | 1.46 | 1.24 1.71 |
| Motivation for Change and | Adolescent (vs. preadolescent) | 0.41 | 0.16 | 0.0088 | 1.51 | 1.11 2.05 |
| | Severity of Sexual Abuse | 0.09 | 0.09 | 0.2900 | 1.10 | 0.92 1.30 |
| Accepting Responsibility (0-2) | Severity of Physical Abuse | 0.10 | 0.08 | 0.2100 | 1.11 | 0.94 1.30 |
| | Placement Instability | 0.17 | 0.08 | 0.0286 | 1.18 | 1.02 1.37 |
| Global Adjustment, Positive Supports, Quality of Peers, and School Stability (02) | Adolescent (vs. preadolescent) | 0.13 | 0.15 | 0.3900 | 1.14 | 0.85 1.52 |
| | Severity of Sexual Abuse | -0.14 | 0.08 | 0.1000 | 0.87 | 0.74 1.03 |
| | Severity of Physical Abuse | 0.08 | 0.08 | 0.3200 | 1.08 | 0.93 1.26 |
| | Placement Instability | 0.37 | 0.07 | <0.0001 | 1.44 | 1.25 1.67 |

Physical Abuse (OR = 1.11; $p = 0.21$). A one-unit increase in Placement Instability would *decrease* the likelihood of Responsibility by 18%.

ADJUSTMENT

The Adjustment scale included four variables including evidence of positive support systems, quality of peer relationships, and school stability. Adjustment was strongly predicted by Placement Instability (OR = 1.44; 1.25 ~ 1.67; $p < .0001$). Neither Sexual Abuse (OR = 0.87; $p = 0.10$) or Physical Abuse (OR = 1.08; $p = 0.32$) were significant. A one-unit increase in Placement Instability would *decrease* the quality of overall adjustment by 44%.

Logistic Regression With Age Group Interaction Terms

As noted, all of the aforementioned models were adjusted for age (pre-adolescent: age 3–11 or adolescent: age 12–18) at time of the ASAP evaluation. For all models in which age was significant, the model was re-run incorporating the interaction terms (age \times independent variable). In most cases, the OR for the independent variable was not affected by age. In two cases the interaction was significant ($p < .05$) (i.e., the OR was affected by age).

Table 3 displays only those two models with significant interactions. First, for Sexually Inappropriate Behavior, the OR for *Placement Instability by preadolescent* was 1.72 (95% CL 1.31–2.26) and *by adolescent* was 1.26 (1.07–1.49). That is, Placement Instability was more of a risk factor for Sexually Inappropriate Behavior among preadolescents than among adolescents (OR 1.72 vs. 1.26). Second, for Sexual Aggression, the OR for *Severity of Physical Abuse by preadolescent* was 0.85 (0.64 ~ 1.13) and *by adolescent* the OR was 1.23 (1.02 ~ 1.48). That is, severity of Physical Abuse was not a significant risk factor for Sexual Aggression among preadolescents but it was a significant risk factor for adolescents.

TABLE 3 Logistic Regression With Significant Age Group Interactions

| Dependent Variable | Independent Variable | OR | 95% CL | |
|---|---|------|--------|------|
| Sexually Inappropriate Behavior (0,1,2,3,4,5) | Placement Instability: preadolescent | 1.72 | 1.31 | 2.26 |
| | Placement Instability: adolescent | 1.26 | 1.07 | 1.49 |
| Sexual Aggression (0,1,2,3) | Severity of Physical Abuse: preadolescent | 0.85 | 0.64 | 1.13 |
| | Severity of Physical Abuse: adolescent | 1.23 | 1.02 | 1.48 |

Logistic Regression Incorporating Severity of Sexual Abuse \times Placement Instability

In three models, the ORs for both Severity of Sexual Abuse and Placement Instability were significant. These models were re-run, including the interaction between the two independent variables, and the significance of the interaction term was tested. These simultaneous ORs were calculated by exponentiating the sum of the two regression estimates for Severity of Sexual Abuse and Placement Instability, as their interaction term was not significant. In all three cases, the interactions were *not* significant, indicating that the effects were additive. For Sexually Inappropriate Behavior, when both Severity of Sexual Abuse and Placement Instability were increased by one unit simultaneously, the OR was 1.77. That is, when Severity of Sexual Abuse and Placement Instability are increased by one unit at roughly the same time period, the likelihood of Sexually Inappropriate Behavior increases by 77%. For Sexual Aggression, when both Severity of Sexual Abuse and Placement Instability were increased by one unit simultaneously, the OR was 1.44, increasing the likelihood of Sexual Aggression by 44%. For Child/Male Victims, when both Severity of Sexual Abuse and Placement Instability were increased by one unit simultaneously, the OR was 1.65, increasing the likelihood of victimizing a younger child or a male by 65%.

Table 4 provides a composite of the significant ORs. Offense Persistence, scaled from 0 to 4 in increasing order of reflecting continuity or escalation of behavior, was associated significantly with Placement Instability (scaled 0–3) with OR = 1.27 (95% CL = 1.08–1.49). That is, a one unit increase in Placement Instability increased the likelihood of a one-unit increase in Offense Persistence by 27%. Sexually Inappropriate Behavior was significantly associated with all three independent variables: Severity of Sexual Abuse (OR = 1.30; 1.10–1.53); Severity of Physical Abuse (1.18; 1.01–1.37); and Placement Instability (1.37; 1.18–1.58). That is, the odds of a one unit increase in Sexually Inappropriate Behavior would be increased by 30% with a one unit increase

TABLE 4 Composite of Significant OR Estimates

| | Sexual Abuse | Physical Abuse | Placement Instability |
|--|------------------|------------------|-----------------------|
| Sexually Inappropriate and Aggressive Behaviors: | | | |
| Offense Persistence | ns | ns | 1.27 (1.08–1.49) |
| Sexually Inappropriate Behavior | 1.30 (1.10–1.53) | 1.18 (1.01–1.37) | 1.37 (1.18–1.58) |
| Sexual Aggression | 1.21 (1.02–1.43) | ns | 1.19 (1.03–1.38) |
| Child/Male Victims | 1.38 (1.16–1.64) | ns | 1.20 (1.03–1.39) |
| Risk Mitigating: | | | |
| Self-Control | ns | ns | 1.46 (1.24–1.71) |
| Adjustment | ns | ns | 1.44 (1.25–1.67) |
| Responsibility | ns | ns | 1.18 (1.02–1.37) |

in Severity of Sexual Abuse, by 18% with a one unit increase in Severity of Physical Abuse, and by 37% with one unit increase in Placement Instability. Sexual Aggression was significantly associated with Severity of Sexual Abuse (1.21; 1.02–1.43) and Placement Instability (1.19; 1.03–1.38). That is, the odds of a one-unit increase in Sexual Aggression would be increased by 21% and by 19% with a one unit increase in Severity of Sexual Abuse and Placement Instability, respectively. Finally, Child/Male Victims was significantly associated with Severity of Sexual Abuse (1.38; 1.16–1.64) and Placement Instability (1.20; 1.03–1.39). Similarly, the odds of a one unit increase in offending against a much younger child or a male child would be increased by 38% and by 20% with a one unit increase in Severity of Sexual Abuse and Placement Instability, respectively.

All three scales reflecting risk mitigating factors were significantly associated with Placement Instability: Self-Control—OR = 1.46 (1.24–1.71); Adjustment—OR = 1.44 (1.25–1.67); Responsibility OR = 1.18 (1.02–1.37) (Table 4). The three scales were not significantly associated with Sexual or Physical Abuse. A one-unit increase in Placement Instability *decreased* the likelihood of Self-Control (by one unit) by 46%. A one unit increase in Placement Instability *decreased* the likelihood of better Adjustment (by one unit) by 44%. A one unit increase in Placement Instability *decreased* the likelihood of Accepting Responsibility/Internal Motivation to Change (by one unit) by 18%. Placement Instability is inversely related to outcome. As instability increase, outcome worsens. This was especially evident for the Adjustment and Self-Control scales.

DISCUSSION

This study looked at the relationship of three adverse life experiences to proximal sexually inappropriate and aggressive behaviors in a sample of 559 boys, ranging in age from 3 to 18, who were wards of the child welfare system. The children had been flagged for their sexually inappropriate and aggressive behaviors by the Department of Children and Family and evaluated. Data from extensive file coding prior to the evaluation, as well as up to 7 years after the evaluation, were gathered and coded. These data permitted us to examine the independent and combined contributions of three adverse life experiences in predicting a range of proximal outcomes of sexually inappropriate and aggressive behavior, including outcomes assessed during the follow-up.

The most noteworthy finding, contrary to our primary hypothesis, was the broad and robust influence of Placement Instability in predicting Sexually Inappropriate and Aggressive Behaviors. Placement Instability was significantly associated with all four scales reflecting Sexually Inappropriate and Aggressive Behaviors, and was the only scale that significantly predicted

Offense Persistence. Again, contrary to our hypothesis regarding the influence of a history of Physical Victimization, the Sexual Aggression scale was significantly predicted by Placement Instability and Sexual Victimization but not a history of Physical Victimization. As hypothesized, a history of Sexual Victimization predicted three of the four Sexually Inappropriate and Aggressive Behaviors scales, with the strongest association being with the Child/Male Victim scale. A history of Physical Victimization was significantly associated with only one scale—Sexually Inappropriate Behavior.

Lastly, we hypothesized that Placement Instability would have a stronger relationship to variables that related to the development of social and interpersonal skills (i.e., the greater the child's placement instability, the lower the social and interpersonal competence and the lower the overall level of global adjustment). This proved to be the case. Placement Instability was the *only* independent variable associated with these three scales: Self-Control (Management of Anger & Management of Sexual Urges) (estimates from logistic regression—Sexual Abuse: .05; Physical Abuse: .03; Placement Instability: .38, $p < .0001$); Global Adjustment (Sexual Abuse: -0.14 ; Physical Abuse: .08; Placement Instability: .37 ($p < .0001$); Motivation for Change & Accepting Responsibility (Sexual Abuse: .09; Physical Abuse: .10; Placement Instability: .17 ($p < .03$).

As noted earlier, Tarren-Sweeney (2008) pointed out that the most cited form of maltreatment associated with sexual behavior problems is physical abuse. That is not reflected in the results from this study. Beyond the obvious consideration that prior studies have not included placement or caregiver instability as a risk factor, the sample in the present study has a very high base rate, not just for physical abuse but for *severe* physical abuse. Slightly under half of the sample ($n = 326$, 48.9%) were rated at the *highest level of severity* for physical abuse, and three-quarters of the sample were rated at the two highest levels of physical abuse. Notably, however, Tarren-Sweeney reported the same base rate of physical abuse (49.4%) and also found that physical abuse was *not* associated with sexual behavior problems.

Jones Harden, Whittaker, Hancock, and Wang (2010) did not find support for their hypothesis that fewer placements would be associated with better developmental outcomes for pre-school children. They speculated that the negative effects of multiple placements may emerge in later childhood. They further noted that in their study the children were moved a limited number of times ($M = 1.87$) and that the negative impact of placement change may occur at a higher rate, such as 3–5 times.

In the present study, the average number of placement changes was much higher ($M = 10.4$ with a median = 9.0). Drawing a somewhat closer age comparison to the Jones Harden et al. (2010) study, the average number of placement changes among just our pre-adolescents (age 1–11) was even higher ($M = 10.88$, $\sigma = 6.21$) than the group average. The average number of placement changes among our adolescents was 9.96 ($F = 3.16$, $p = .076$).

Thus, it certainly would appear that magnitude of instability is a significant methodological, as well as substantive (psychological), issue. The further speculation of Jones Harden and her colleagues that the negative effects of multiple placements may emerge in later childhood was, for the most part, not supported by our findings. All of our models were adjusted for age at time of ASAP evaluation (the age at which they were first flagged by the Department of Children and Youth for their sexually inappropriate and aggressive behaviors). We re-ran all models in which the age covariate was significant. With only two exceptions, the OR for the independent variable was not affected by age. With the first exception, the model for Sexually Inappropriate Behavior, we found the opposite, namely the OR for Placement Instability for the preadolescents was 1.72 compared with an OR of 1.26 for the adolescents. In other words, Placement Instability was a greater risk factor for Sexually Inappropriate Behavior among preadolescents than among adolescents. The second exception was our only finding that supported the speculation that the negative effects of multiple placements may emerge in later childhood. In that model, for Sexual Aggression, the OR for Severity of Physical Victimization for preadolescents was 0.85 and the OR for adolescents was 1.23. Stated otherwise, severity of Physical Victimization was a significant risk factor for adolescents but was not a significant risk factor for Sexual Aggression among preadolescents.

A principal finding from this study (the strong association between Placement Instability and self-control) is supported by many prior studies demonstrating a relationship between unstable caregiving and impaired inhibitory control (e.g., Brophy, Taylor, & Hughes, 2002; Lewis et al., 2007; Ryan & Testa, 2005; Schachar & Logan, 1990). Lewis et al. (2007) found that adopted children who experienced placement instability performed worse on an inhibition task and were rated as more oppositional than children who were adopted in a stable placement and children who were never placed in foster care. Lewis et al. (2007) concluded, "Young children rely on their caregivers to act as regulators of emotion and behavior until they develop their own self-regulatory abilities. Our findings suggest that this development is likely to be compromised when children experience placement instability. Poor inhibitory control, in turn, places children at a significant disadvantage in trying to regulate their behavior in social contexts," (p. 1424). A consequence, of course, is that deficits in inhibitory control increase the risk of externalized behaviors that are sanctioned at home, at school, or by the criminal justice system, contributing to a cycle of social alienation and adverse emotional states, encouraging further externalization.

A number of studies have documented the relationship between Placement Instability and serious externalizing behaviors (Jonson-Reid & Barth, 2000; Kurtz, Gaudin, Howing, & Wodarski, 1993; Leathers, 2002; Ryan & Testa, 2005). Jonson-Reid and Barth (2000) tracked the path of children in supervised foster or group care to prison, finding that children experiencing

multiple placements, multiple times in supervised care, and multiple supervisions by probation were at higher risk for committing serious or violent offenses in adolescence. In the present study, Placement Instability was the *only* adverse childhood experience that was significantly associated with *all* four scales assessing some facet of externalized sexually inappropriate and aggressive behavior. Moreover, Placement Instability was the *only* adverse childhood experience that was significantly associated with *all* three of the risk-mitigating scales.

One of the few studies that has examined Placement Instability and “sexual behavior problems” in a large sample of young (pre-adolescent) children in the child welfare system was performed by Tarren-Sweeney (2008). Tarren-Sweeney, who made the theoretical leap from placement instability to hypothesized mechanisms that included malattachment, also found that placement instability was an independent predictor of sexual behavior problems. The finding from his study that placement instability and a history of sexual victimization were independently associated with sexually inappropriate and aggressive behaviors, and additive in their affect, supports the findings from our earlier study on adult sexual offenders (Prentky et al., 1989). Further comparisons with Tarren-Sweeney, however, are limited by methodological and sample differences. Contact and penetrative child sexual victimizations were collapsed into a single category in Tarren-Sweeney, whereas the 3-point scale in this study separated contact from penetration. Related, child sexual victimization was noted in 10.2% of Tarren-Sweeney’s sample, compared with 48.3% of the sample in this study. Lastly, there can be no direct comparison between Placement Instability as measured in this study (a simple count of the number of changes in placement) and placement instability in the Tarren-Sweeney study (a ratio of time in present placement/time in care).

Limitations

The principal mission of this study was to explore the comparative influence of three childhood risk factors—placement instability, sexual victimization, and physical victimization—on a range of sexually inappropriate and aggressive behaviors and a number of factors hypothesized to mitigate risk. Our findings in this study, like many studies before, reveal the critical importance of placement stability in the evolving development of young children, as well as the remarkable temporal stability of the “lessons learned” about relationships down the road in adolescence.

As with all research, our study is subject to limitations. Most notably, our findings, as with most studies, are sample dependent. Our sample was entirely male and predominantly (roughly 60%) Caucasian. Additionally, the children and juveniles in our sample had a very high base rate of child abuse, and, in particular, an exceptionally high base rate of changes in placement. To what extent our findings regarding placement instability replicate at lower levels of

placement instability remains to be seen. Moreover, as we previously noted, we used a simple metric (changes in placement) as a measure reflecting putative failure in the child's upbringing that potentially undermined healthy development.

We have tried to be scrupulously careful about not using the word "prediction" offhandedly in this paper, in part because of our profound conviction that no single domain of human experience, including placement instability, is wholly responsible for "predicting" outcomes. In posing the question of what "predicts risk," we take note of what Stouthamer-Loeber et al. (1993) long ago observed—what insulates against risk or increases coping ability in the face of risk may be very difficult to disentangle from what aggravates risk. The outcome of any one child is a profoundly complex coalescence of endogenous factors interacting with a multitude of exogenous conditions. As "bad outcomes" can only be understood as an exquisitely complex response to an admixture of co-occurring, interactive life experiences, the influence of a history of unstable caregivers cannot be understood in isolation, any more than the impact of a history of sexual or physical abuse can be understood in isolation. Many writers have asserted the same caveat that placement instability (or its equivalent) does not *alone* predict outcome (e.g., Burk & Burkhart, 2003; Rich, 2006; Tarren-Sweeney, 2008).

CONCLUSION

Policy and law have long been guided by the principle "in the best interests of the child" (Goldstein, 1998). When children are removed from their biological parent(s) due to abuse and/or neglect, the good faith intention is to place the child in a safe environment. The trade-off between trauma from separation and multiple placements and trauma from abuse and neglect in family of origin often presents two equally undesirable options, one known and one unknown. High risk, toxic environments undermine healthy development, whether they are known or unknown. The presence of a stable but nonprotective biological caregiver, in the presence of severe abuse, may be experienced as a profound betrayal of trust and engender extreme anger at the nonprotective caregiver. Alternatively, the seemingly endless disruptions from ongoing changes in placement, unknown at the beginning of placement, may portend an equally dire outcome. As Association for Treatment of Sexual Abusers noted in its Fact Sheet on Children with Sexual Behavior Problems (2014), "Behavior problems, including sexual behavior problems, are the primary reasons why foster parents request that children be removed, and placed in another home, putting these children at risk for further behavior problems, as well as creating attachment difficulties." Although the prepotent guiding principle should be "do no harm" (Badeau, 2004), it appears that the weight in decision-making, in practice not in principle, typically favors

placement (Badeau). The risk that accompanies such practice is caregiver instability, and with instability, a host of potentially deleterious short as well as long-term outcomes.

Researchers and policy makers have been decrying the problem of child abuse for decades, and politicians occasionally respond with legislation (e.g., the 2011 Child and Family Services Improvement and Innovation Act [P.L. 112-34], reauthorizing Title IV-B of the Social Security Act). According to the American Academy of Child & Adolescent Psychiatry (2005), however, the number of foster care placements has increased dramatically over the past 10 years. Similarly, the Children's Defense Fund (2012) reported that, "More than 750,000 children each year in America are abused or neglected, one every 42 seconds . . . Child maltreatment costs the United States more than \$284 million every day – nearly \$104 billion each year, in direct and indirect costs" (p. 1). As Wulczyn, Kogan, and Harden (2003) observed, "The deleterious impact of multiple placements on children in foster care has been a salient topic in child welfare policy and programmatic debates for decades" (p. 212). Further, as Jones Harden et al. (2010) remarked, "Permanency is a central tenet of current child welfare policy and programmatic approaches. Emphasis on it emanated from a long line of research suggesting that multiple transitions were hazardous to children's well-being" (p. 72). Although the problem has been described as a public health crisis, it has failed to translate into an orchestrated campaign of the scope that effectively reduced tobacco use in America. Such a *good faith* national campaign to promote child well-being by insuring a stable, secure home environment (à la Biglan, Flay, Embry, & Sandler, 2012) would seem incontrovertible.

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