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Placement Instability in the Foster Care System: A Study Framed by Attachment Theory

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PLACEMENT INSTABILITY IN THE FOSTER CARE SYSTEM:
A STUDY FRAMED BY ATTACHMENT THEORY

By

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ABSTRACT

The purpose of the study was to examine the relation between prior maltreatment history and placement instability among pre-teen children in the foster care system and perceptions of mother-child relationship when children were age 14. Using the LONGSCAN data set, children were 50.5% females, and the majority self-identified as African American (58.8%). A majority of the biological mother sample self-reported as either single (40.7%) or married (33.2%), and a majority (53.4%) of mothers reported an annual income of $24,999 or less in 2010. Increased placement instability was linked with children’s perception of lower relationship quality and was associated with lower recent involvement with mothers. A history of prior maltreatment also was associated with child perception of lower relationship quality and higher recent involvement with mothers. Recent involvement was also found to moderate the effect of placement instability and prior maltreatment on children’s perception of relationship quality with mothers. Despite limitations of the current study, findings can inform foster care practice to bring stability into the lives of the children affected by maltreatment and frequent placement changes.
CHAPTER ONE
INTRODUCTION

When child welfare staff investigate abuse and neglect allegations and safety concerns become an issue, the primary task is to prevent further maltreatment from occurring. However, through the unintended stress that accompanies instability (i.e., changes in: primary caregivers, friends, schools, residence, etc.) further harm can be caused. The number of children in the U.S. foster care system as of September 30, 2010 is estimated at 408,425 (Child Welfare Information Gateway, 2012). This represents a significant decrease since 1999 when the number was estimated at 567,000 (Child Trends Data Bank, 2012). Although fewer children are in care, such children do not experience placement stability. In fact, placement instability has remained a prevalent issue, and with increased time in care children are more prone to experience more instability (Children’s Bureau, 2012). The search for permanency, although with good intent, can cause further placement instability and lessen the chance of youth attaining relational permanency and hinder their willingness to engage in relationships (Stott & Gustavsson, 2010).

While children in the foster care system wait to be reunited with their families or go through the adoption process, the number of out-of-home placements a child experiences varies widely. Children experiencing more placements are more vulnerable, which can later affect the way they cope with daily issues (Atwool, 2006). Vulnerability is defined as “lacking a coherent strategy for managing relationships, feelings or experiences” (Atwool, 2006, p. 320). In general, children with prior foster care involvement are more likely to re-enter foster care after reunification (Barth, Guo, & Caplick, 2007). More specifically, Kimberlin, Anthony, and Austin (2009) found that children with health, mental, or behavioral problems, African American
children, and both infants and teenagers are at risk of re-entry into the foster care system after reunification which causes more instability.

Rubin, O’Reilly, Luan, and Localio (2007) used data from 92 counties nationwide, and extrapolated that one in three children in the foster care system will fail to receive a long-lasting placement and may experience frequent moves and transfers to group homes and residential treatment homes. Perry (2006) reported that even though all types of foster care placements involve some type of removal from the home, some placements provide continuity (e.g., relative foster care placements), whereas others (e.g., emergency shelters) are characterized by constant placement instability. Although findings vary from study to study, children in foster care commonly experience multiple placements. For example, Palmer (2006) reported that 77% of the 184 children in foster care experienced two to eight placements. Pecora et al. (2005) reported that at least 70% of children in foster care in the Northwest experience four or more placements, and in a study conducted in Arizona, Stott (2012) reported that children in foster care experience two to sixteen or more placements from the time they enter to the time they exit foster care.

Not unexpectedly, placement instability is associated with negative social and emotional child outcomes. For example, children experiencing increased disruption report higher levels of attachment problems (Palmer, 1996) and weaker relationships to caregivers (Rosenfeld, Pilowsky, Fine, & Thorpe 1997, as cited in Perry, 2006, p. 373). If attachments are the basis of subsequent adaptive functioning (Sroufe & Waters, 1977; Haight, Kagle, & Black, 2003), then placement instability can be expected to affect children in the foster care system and later in life. For example, children in the foster care system experienced or were found to have experienced decreased social network support (Perry, 2006), decreased behavioral well-being (Rubin et al.,
and increased likelihood of substance use and risky behaviors (e.g., alcohol intoxication and marijuana use) (Stott, 2012).

Correlates of placement instability have been examined. Zuravin and Depanfilis (1997) found that children with a prior history of maltreatment, from low-income families, with younger mothers, mothers with substance abuse problems, and evidence of developmental limitations were more likely to experience placement instability. Others found that older children, those with prior maltreatment, and those who were in emergency foster care shelters as opposed to more stable placements were more likely to suffer placement instability (Connell, Vanderploeg, Flaspohler, Katz, Saunders, & Kraemer-Tebes, 2006).

Dozier, Stovall, Albus, and Bates (2001) reported that when individuals have a time of need and their caregiver is available, they expect him/her to be available in the future when needed. McWey (2004) found that the more losses a child experiences, the more likely he/she is to have avoidant attachment and the longer the placement, the stronger the avoidant attachment. Theoretically, the length and quality of a child relationship with a caregiver is affected by separation, and the ability to attach to one’s parent is related to the ability to later form bonds with others (McWey & Mullis, 2004).

Children in foster care often experience an unwillingness to form trusting and meaningful familial relationships (Samuels, 2008). Haight et al. (2003) suggested that children with insecure attachments are at greater risk of subsequent behavioral problems, conflicts with caregivers, and weakened peer relationships. On the contrary, children in the general population with secure attachments show competent problem-solving skills (Matas, Arend, & Sroufe, 1978), demonstrate independent and confident behaviors with teachers as preschoolers (Sroufe, 1983),
and engage in confident behaviors with peers when school aged (Elicker, Englud, & Sroufe, 1992, as cited in Dozier et al., 2001, p. 1467).

Few studies of placement stability and parent-child attachment have been performed. The Longitudinal Studies of Child Abuse and Neglect Assessment (LONGSCAN) has been used to investigate several topics, such as (a) mental health adjustment of children upon removal (Leslie, Landsverk, Horton, Ganger, & Newton, 2000), (b) caregiver substance abuse problems with children in out-of-home care (Besinger, Garland, Litrownik, & Landsverk, 1999), and (c) changes in placement and child problem behaviors (Newton, Litrownik, & Landsverk, 2000). These data have yet to be used to explore placement instability and its effects on children’s perception of parental attachment after being involved in the foster care system.

Other data sets have been used to study placement stability/instability in the foster care system. Perry (2006) used These Are My Experiences: A Survey of Foster Children (TAME-S) to study levels of network disruption and reported that increased placement instability was linked to social network disruption. The National Survey of Child and Adolescent Well-being (NSCAW) was used to study the impact of placement stability on children’s behavioral well-being, the effects of changes in initial placement on instability and the impact of out-of-home placement (Rubin et al., 2007; Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011; Berger, Bruch, Johnson, James, & Rubin, 2009). Few studies touched on the effects of placement instability in the foster care system on a child’s perception of attachment to their parents.

Statement of Problem

The purpose of the present study was to examine the relation between placement instability among pre-teen children in the foster care system and perceptions of mother-child relationship when children were age 14.
Research Questions

Using the LONGSCAN data, several questions about placement instability were the focus of this study:

1. Does the number of placements children experience in foster care during pre-teen years predict their perception of relationship quality with their biological mothers in adolescence?
2. Does children’s prior maltreatment history during their pre-teen years predict their perception of relationship quality with their biological mothers in adolescence?
3. Does recent parent involvement moderate the effects of placement instability or prior maltreatment on children’s perception of relationship quality with their biological mothers in adolescence?
4. Does the number of placements children experience in foster care in their pre-teen years predict a child’s report of recent involvement with their biological mother in adolescence?
5. Does children’s prior maltreatment history during their pre-teen years predict their report of recent involvement with their biological mothers in adolescence?

Definitions

Caregivers

In the present study caregivers were defined as a foster child’s biological mother.

Maltreatment

In the present study participants were categorized into two groups: Prior Maltreatment History and No Maltreatment History prior to the age of 14, as captured through Child Protective Services (CPS) data files.
**Prior maltreatment history.** Children with prior maltreatment history were identified as having prior CPS involvement (i.e., having experienced either physical abuse, sexual abuse, neglect, dependency, caretaker absence/incapacity, emotional maltreatment, moral/legal/educational neglect, abuse, general neglect, and/or severe neglect) that resulted in either in-home or out-of-home placement (LONSCAN data dictionary, 2009).

**No maltreatment history.** Children with no maltreatment history were identified as having no prior CPS involvement.

**Placement Instability**

In the present study placement instability was defined as a stay in an out-of-home care facility at which the child spent at least one night (James, 2004), including both relative foster care placements and out-of-home care.

**Mother-Child Relationship**

In the present study mother-child relationship was composed of two constructs: the child’s report of *Perception of Relationship Quality* and *Recent Involvement* at age 14. *Perceptions of Relationship Quality* was defined as whether or not children feel closeness, understanding, trust, shared decision making, caring, and the sense of getting along from their mother-child relationship (Resnick et al., 1997; Runyan et al., 2011). *Recent Involvement* was defined as whether or not children have completed certain tasks (i.e., gone shopping, played sports, attended religious services, talked about their friends, gone to a movie, talked about person problems, etc.) with their biological mother in the past four weeks (Resnick et al., 1997; Runyan et al., 2011).
CHAPTER TWO

THEORY AND LITERATURE REVIEW

Theoretical Foundation

Although the number of children entering foster care has decreased in the past years (Child Welfare Information Gateway, 2012; Child Trends Data Bank, 2012), children are staying for longer periods, putting their attachments with their parents at risk (Haight et al., 2003). Safety and an opportunity to form lasting bonds with caregivers may be provided to children by entering the foster care system. However, because of the indefinite nature of foster care, it may also cause unintended outcomes. For most foster children placed in out-of-home care, the separation from a caregiver is often sudden and can last for weeks, months, or years (Stovall-McClough & Dozier, 2004), putting their attachments at risk (Haight et al., 2003). Atwool (2006) explained how children who come into care are predisposed to vulnerability due to their prior experiences and their separation from their birth family. Not only are children in the system predisposed in this way, but they also likely experience more than one placement, and there is evidence that with each additional placement a child’s vulnerability to poor outcomes increases (Stovall-McClough & Dozier, 2004; Atwool, 2006; Haight et al., 2003).

Theoretically, attachment is an intense lasting affectional bond that an infant develops to a maternal caregiver, a biologically rooted bond, with the purpose of safety and protection from danger (Bowlby, 1982). Certainly an infant almost automatically prefers parents, a primary caregiver, or siblings in early life, but it is not difficult to pass a newborn to others without causing unusual distress (Garhart-Mooney, 2010). As reported by Garhart-Mooney, Bowlby and Erikson observed that somewhere between six and fourteen months of age a marked change is seen in the reaction of infants to strangers and to separation from their primary caregivers.
Garhart-Mooney defined stranger anxiety as the negative reaction a child has in the presence or arrival of an unknown person, and separation anxiety is the negative reaction a child has in the absence or departure of their primary caregiver. Although attachment theory was previously considered to be applicable to infants only, it is now recognized that “attachment behaviors now are seen as continuously illustrated through behaviors throughout life” (McWey & Mullis, 2004, p. 294).

A modern definition of attachment is “an enduring emotional connection between people that produces a desire for continual contact as well as feelings of distress during separation” (Berger as cited in Garhart Mooney, 2010, p. 7). Children in out-of-home foster care may experience both stranger anxiety and separation anxiety, both indicators of attachment. Children in out-of-home placement are sometimes placed with strangers and are also separated from their primary caregivers. Theoretically, the length and engagement of attachment is directly affected by separation, and the ability to attach to one’s parent is related to the ability to later attach and form bonds with others (McWey & Mullis, 2004). Thus, children who experience multiple placements and repeated experiences of separation and stranger anxiety were expected to have difficulty with later attachments.

Bowlby (1973) explained how a normal child who is not a part of the foster care system experiences separation from his/her caregivers on a daily basis while in child care and during work hours. The inability to cope with such separation comes when children lose hope of the caregiver’s return as may happen with children in the foster care system. Dozier, Stovall, Albus, and Bates (2001) explained how children manage their attachment behaviors around the availability of caregivers, such that when children find that their caregivers are available in times of need they then build expectations that these caregivers will be available in the future.
However, when children in the foster care system constantly experience placement instability, attachment behaviors with prior primary caregivers are affected.

Morton and Browne (1998) found the average maltreated child to be less securely attached to their mother than non-maltreated children. They explained how infants internalize this early experience with their mother, and later assimilate this experience in all future relationships. These children then have problems forming relationships with peers, partners, as well as their children in the future causing an ongoing cycle of relationship/attachment issues.

Haight et al. (2003) explained that by age three, children no longer base their attachments on the parent’s presence but rather on mutual trust and understanding. Fahlberg, as cited in Palmer (1996, p. 589), added that with increases in abuse and violence among those placed in foster care, such placements are likely to leave these children with less trust of adults, making new attachments difficult. As such, children with difficult parent-child relationships in the past are expected to have more difficulty relating and attaching to new caregivers. Merritt and Franke (2010) argued that the benefits of strong attachments are not only relevant to biological parents. They suggested that strong secure attachments between children and their foster parents are equally important for adjustment, appropriate development, a sense of safety, and feelings of belonging.

**Review of Literature**

Primary objectives of the foster care system are to ensure the safety, permanency, and well-being of the children who have experienced or are at risk of experiencing abuse or neglect (Kimberlin et al., 2009). Whereas the child welfare system aims to ensure safety, questions remain regarding ensuring children a life of permanency and well-being. Researchers have found
that many of the children who enter into the foster care system for protection experience further disruption by changing homes several times (Pardeck, 1984 as cited in Palmer, 1996, p. 589).

The number of children in the foster care system decreased from 1999 to 2010; however, the duration in care has increased (Stovall-McClough & Dozier, 2004). For most foster children placed in out-of-home care, separation can last for weeks, months, or years (Stovall-McClough & Dozier), making them more vulnerable to placement instability (Atwool, 2006). In fact, children in the foster care system are predisposed to such vulnerability because of the reason that brought them to the attention of the Department of Child and Families, their prior experiences, and being separated from their birth family (Atwool).

As an example, Florida Statue 39 requires a permanency hearing for each child in care to be performed within 12 months with reunification occurring within 15 months of being in care, and at 22 months (in the absence of parental reunification), the state is required to file for termination of parental rights (Kimberlin et al., 2009). It is reasonable to expect that some children in out-of-home foster care for 15 – 22 months may experience enough placement instability to result in poorer outcomes.

Children in care likely experience more than one placement, and there is evidence that with each additional placement a child’s vulnerability increases (Atwool, 2006; Koh, 2007; Jonson-Reid, 2003; Stott, 2012). According to Palmer (1996), children in out-of-home placement with the goal of reunification (i.e., to return home) and after safety concerns are relieved, experience at least two different placements. One is the initial placement into care and then another is when they return to their birth family. Children with the goal of adoption also experience a minimum of two placements while in the foster care system, an initial placement and the one into a “forever home.” Unfortunately, children first placed in emergency shelters for
the night, experience the most initial placement instability, with a minimum of three placements. These children experience further disruption, because they must adapt to a new environment and then are moved again (Palmer, 1996).

Connell, Vanderploeg, Katz, Caron, Saunders, and Kramer-Tebes (2009) found that children who entered the foster care system due to maltreatment were more likely to be maltreated a second time following reunification when compared to their counterparts without maltreatment history. Also, children with prior placements in the system were at an increased risk for re-maltreatment. Thus, maltreatment is a key predictor of further maltreatment and instability within the foster care system.

James et al. (2006) found that children who experienced more placement instability were also at greater risk for intensive and restricted foster care placements due to exhausting other forms of placements. Being in these settings as a “holding place” and not having the necessary mental/health/behavioral diagnosis can exacerbate problems and lead to additional placements.

Although all types of foster care placement involve some type of removal from the home, some placements provide continuity, whereas others are characterized by constant placement instability (Perry, 2006). Researchers have found that relative foster care provides the most stability, whereas emergency shelter placements provide the least stability (Barth et al., 2007a; Connell et al., 2006; Perry, Daly, & Kotler, 2012). Children in relative foster care experience less frequent turn over, less instability, and high familiarity, but they also experience fewer adoptions, less support and fewer services from the state, longer stays in care, and less effort toward reunification (Samantrai, 2004; Wulczyn, Hislop, & Goerge, 2000). However, these children are more likely to be discharged successfully to their biological parents than are children in non-relative foster care who were usually discharged to another placement (Perry et al., 2012).
Rubin et al. (2007) studied the first 18 months of out-of-home foster care to examine the influence of placement instability on behavioral well-being using the NSCAW data. Using data on 729 children in Pennsylvania who were categorized into early stabilizers, late stabilizers, and unstable (i.e., having a stable placements within 45 days, beyond 45 days, and never achieving stability), they found that “unstable” children (28% of the original sample) were likely to have biological parents with serious mental health issues and a family with more previous Child Protective Services involvement. Berzin (2008) using the National Longitudinal Survey of Youth 1997, reported that children who were removed from abusive and neglectful families fared no better than their counterparts who remained at home, suggesting that the difference was due to the added instability the foster care system.

Often children are not out of harm’s way after being returned home, and some children are at a higher risk of re-entry into the foster care system. Jonson-Reid (2003) studied the administrative files of 1,915 foster children from Missouri, ages birth to 16, to examine the future risk of re-entry and maltreatment. Findings were that children were at a higher risk of re-entry, if they spent less than three months in care or had four or more placements during their first involvement with the child welfare system.

Using NSCAW data Barth et al. (2007) found that children 11 years and older were more likely to re-enter the foster care system, causing them increased placement instability compared with children who were younger. They also found prior involvement with Child Welfare Services (CWS) was a strong predictor of re-entry, as were developmental, educational, or mental health problems.

Koh (2007) analyzed data from a sample of 73,972 children who were discharged from the foster care system between 1998-2004 in Illinois to investigate predictors of re-entry. Koh
found that children with shorter stays in care and more placements had an increased probability of re-entry. As noted previously (Walsh & Walsh, 1990), multiple entries or placements also were common among children who failed to attach to their caregivers, were labeled as passive aggressive, and had run away.

Stott (2012) conducted a study of 107 foster care children in Arizona who had “aged out” of the system and were between 18 and 21 years of age. The purpose was to examine the possible relationships between foster care placement instability and substance use and risky sexual behaviors in young adulthood. The sample consisted of a wide range of children including those who had been in the system since age two to children who had entered two weeks before their 18th birthday. The average number of placements experienced from birth to age 18 was 8.02, but their experience ranged from one to thirty-eight, with almost one-fifth having 12 or more placements. Children with increased instability had an increased likelihood of substance use and risky behaviors (e.g., alcohol intoxication and marijuana use). Stott speculated that young adults may use and abuse substances to cope with feelings of disconnect and hopelessness as they move through the system, as well as have a history of frequent relationship disruptions leading to a lack the social skills or befriending others not involved in high-risk behaviors.

Barth et al. (2008) used NSCAW data and followed children in the foster care system for 36 months, who were reunified with their families, to study the re-entry of elementary aged children into the foster care system. Of the 273 participants, 58 (16.28%) re-entered foster care and were compared with those who did not re-enter care. The Child Behavior Checklist (CBCL) was used to estimate a child’s risk of future placement instability. The researchers found that re-entry into the foster care system was associated with higher scores on the CBCL (i.e., scoring in the clinical/range for internalizing and externalizing problem behaviors).
Although placement instability may be a source of behavioral problems associated with attachment issues, it has been found that placement instability is directly associated with attachment/relationship issues. Perry (2006) used These Are My Experiences: A Survey of Foster Children (TAME-S) data consisting of 167 adolescents (ages 15-18) in the foster care system from 15 counties in a midwestern state. The purpose was to explore social network disruption in foster youth by comparison with youth in the general population. On average, adolescents had 4.1 placements. Children in foster care who experienced more placement instability also reported less social network support. In fact, children with more placements believed their parents cared about them significantly less than those who experienced less disruption or fewer placements. More network disruption was associated with perceptions of less caring relationships with adults. These findings were similar to those of Rosenfeld et al., (1997 as cited in Perry, 2006, p. 373) who noted less frequent placements changes was linked with the development of stronger relationships with caregivers.

Stott and Gustavsson (2010) reported that placement instability was disruptive to relationships with others and a sense of social well-being. Placement instability is noted as a major reason that children in foster care are unwilling to form trusting relationships (Samuels, 2008; Rubin et al., 2004). Stott (2012) speculated that this unwillingness could be due to frequent moves and being moved without notice, so children leave behind friendships and prized possessions. Multiple moves and the accompanying loss may mean that children are less willing to repeat this experience, instead they cope by isolating themselves. Placement instability may also cause a disruption in visitation schedules between children and their biological parents and siblings and can often create distance from extended family members (Stott, 2012).
According to findings from another study (Burley & Halpern as cited in Stott & Gustavsson, 2010, p. 621), placement instability proved to be the greatest hindrance to a foster child’s academic success, as the children changed schools, teachers, and friends, adapting to different teaching styles, adhering to different requirements in each school district, and doing it all over again. Stott and Gustavsson (2010) argued that children in foster care suffer from a lack of rules, traditions, and norms due to frequent moving and the inconsistency of the caregivers. Each caregiver may have different rules, allowing children to do different things and supplying the children with the means to do them. Different caregivers may also have different traditions and different norms and customs within their household.

Foster care was designed to provide temporary care to children who could not stay home due to abuse or neglect by their parents (Berrick, 1998). However, the system may be less sensitive to disruptions that result from the protection process, as Palmer (1996) found that children experiencing increased disruption report higher levels of attachment problems to caregivers. When foster care transitions from temporary care, supervision, and support of children to long-term care and frequent placement changes, it can be less beneficial to the children. Whether the changes occur from one relative home to another, from a relative home to a group home, or from a group home back to that of their biological parents and then back into care, moves can be unsettling to children involved and lead to poor outcomes in children.

**Hypotheses**

1. After controlling for other known effects, the number of placements a child experiences in foster care during his/her pre-teen years will be negatively related to child perception of relationship quality with the biological mother in adolescence.
2. After controlling for other known effects, a child’s prior maltreatment history during their pre-teen years will be associated with his/her perception of relationship quality with the biological mother in adolescence.

3. Recent involvement with mother in adolescence will moderate the effect of the number of placements a child experienced on his/her perception of relationship quality with the biological mother.

4. Recent involvement with mother in adolescence will moderate the effect of prior maltreatment history a child experienced on his/her perception of relationship quality with the biological mother.

5. After controlling for other known effects, the number of placements a child experiences in foster care during their pre-teen years will be negatively related with child reports of recent involvement with the biological mother in adolescence.

6. After controlling for other known effects, a child’s prior maltreatment history during his/her pre-teen years will be negatively associated with child reports of recent involvement with the biological mother in adolescence.
CHAPTER THREE

METHODS

Sample

In the present study, the Consortium of Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) data were used. The purpose of the LONGSCAN project was to follow 1,354 children and their families longitudinally until the children were young adults and examine the risk and protective factors of both maltreated children and children at risk for maltreatment. These data consist of five cohort samples with different selection criteria and representative of different levels of risk or exposure to maltreatment (Runyan et al., 2011). Children were from five locations (the East (EA), Midwest (MW), Northwest (NW), Southwest (SW), and South (SO)) with varying levels of exposure to maltreatment. All five sites shared measures, training to administer measures, data collection strategies, data entry, and data management to ensure adequate findings were not specific to an exclusive sample or intervening agency. All participants were recruited when the child was four years old or younger, and children were followed until age 18. The original sample of children included 51.5% females and 48.5% males; the majority was classified as African American (53.2%), followed by Caucasian (26.1%), “mixed” (11.9%), Hispanic (7.2%), “other” (1.5%), Native American (.6%), and Asian (.3%). The parent sample self-reported as married (26.3%), single (23.4%), separated (10.3%), divorced (5.5%), and widowed (3.2%). A majority (50.2%) reported an annual income of $39,999 or less in 2010.

From the original sample of 1,354 children and their families, the current sample was restricted to those who (a) responded to the Life Events Scale for Children questionnaire when the child was eight to twelve years old; and (b) responded to Mother-Child Relationship Quality
at age 14 and answered the items in reference to their biological mother only. These restrictions reduced the sample to 600 children and their biological mothers.

In the current study, all participants were recruited when the child was four years old or younger and were of interest until the child reached the age of 14. These children were 50.5% females, and the majority self-identified as African America (58.8%), followed by Caucasian (25.8%), “mixed” (8.8%), Hispanic (5.2%), “other” (0.5%), Asian (0.5%), and Native American (0.3%). A majority of the parent sample self-reported as either single (40.7%) or married (33.2%), followed by separated (13.3%), divorced (8.2%), and widowed (2.5%). A majority of mothers (53.4%) reported an annual income of $24,999 or less in 2010.

Comparisons in demographic characteristics of the study sample and the full sample appear in Table 1 (see Appendix A). The two groups significantly differed on maltreatment history, number of placements, child race, mother’s marital status, and mother’s annual income. Compared with the full sample, the study sample was more likely to report no history of prior maltreatment, have fewer placements, be African American, and have mothers who were single, never married, and of lower income.

Comparisons of the means for the dependent variables (recent involvement and perception of relationship quality with mother) between the full sample and the study sample appear in Table 2 (see Appendix A). Significant differences were found for both variables. Children in both samples reported perceiving their relationship quality with their biological mother as positive, and those in the study sample reported significantly higher quality relations ($M = 4.25, SD = .70$) than those in the full sample ($M = 4.20, SD = .69$). Those in the study sample reported higher involvement ($M = 5.05, SD = 2.13$) than those in the full sample ($M = 4.94, SD = 2.10$).
**Procedure**

Children were enrolled in the study at the age of four or younger and were followed until the age of 18. In-depth, face-to-face interviews with the children were scheduled at ages four, six, eight, twelve, fourteen, sixteen, and eighteen. Brief phone interviews were scheduled yearly with caregivers to capture service use, life events, and child behavior problems. Data were collected at different points from the children, their parents, and their teachers along with Child Protective Services case narratives to measure both outcomes and intervening factors. To prevent attrition, annual data were collected on family’s home and caregiver place of employment, as well as this information from three additional people “who will always know where (subjects) are” (Runyan et al., 2011).

The EA cohort consisted of 282 children selected from three pediatric clinics who met criteria for risk: child’s inadequate growth in the first two years of life and parent HIV infection or drug use. The MW cohort consisted of 245 children with two-thirds having been reported to Child Protective Services (CPS) and the other one-third consisting of neighborhood controls. The NW cohort consisted of 254 children, selected from a pool, age birth to four, who were at moderate risk of maltreatment following a report to CPS. The SO cohort consisted of 243 children identified as high risk of maltreatment at birth by a state public health tracking program. The SW cohort consisted of 330 children who had entered a county dependency system due to confirmed maltreatment and had been placed out-of-home with a relative or foster family by the age of 42 months (Runyan et al., 2011).
Measures

Maltreatment

CPS Maltreatment Data was used to assess a child’s maltreatment status that was designated by CPS involvement. Children who did not experience either physical abuse, sexual abuse, neglect, dependency, caretaker absence/incapacity, emotional maltreatment, moral/legal/educational neglect, abuse, general neglect, and/or severe neglect, that resulted in either in-home or out-of-home placement were categorized as having No Maltreatment History (0) and children who did as having Prior Maltreatment History (1).

Placement Instability

The Life Events Scale for Children was used to assess a child’s separation from their primary maternal caregiver in their pre-teen years. The primary caregivers are asked a single question: “Did (CHILD) move away from the family for any reason?” Responses were yes (1) and no (0). If the primary maternal caregiver answered yes, she was then asked about where and how many moves (i.e., placements) the child had experienced (see Appendix B). Placement instability was calculated by summing the number of placements mothers reported for the child until the age of twelve. For the current sample, number of moves or placements ranged from zero to six, with more moves representing higher placement instability.

Mother-Child Relationship

Two measures were used to assess mother-child relationship quality. Adolescents were asked about their (a) perception of relationship quality with their mother and (b) the level of recent involvement (see Appendix B).

The quality of mother-child relationship included six items asking about perceptions of closeness, understanding, trust, shared decision making, caring, and getting along. Adolescents
were asked to rate, on a 5-point Likert scale, (a) “How close do you feel to your mother?” (b) “How much do you think she cares about you?” (1 = not at all; 5 = very much). Adolescents were also asked to rate, on a 5-point Likert scale, (c) “How often does she trust you?” (d) “How often does she understand you?” (e) “How often do you and she get along well?” and (f) “How often do you make decisions together about things in your life?” (1 = never; 5 = always). A mean summed score for the six items was calculated, and higher scores reflect higher relationship quality. For this measure, LONGSCAN reported the internal consistency of $\alpha = .85$ for the original sample (Resnick et al., 1997). Cronbach’s alpha for the current sample was $\alpha = .86$.

Adolescents were also asked to report their involvement in series of activities with their mother in the past four weeks: gone shopping, played a sport, gone to a religious service or church-related event, talked about your friends or things you were doing with your friends, gone to a movie, play, museum, concert, or sports event, talked with her about a personal problem, talked about your schoolwork or grades, worked on a project for school, and talked with her about other things you’re doing in school; responses were yes (1) and no (0). Summed scores were calculated and ranged from zero to nine with higher scores reflecting more recent involvement with the mother. For this measure, LONGSCAN reported the internal consistency as $\alpha = .68$ for the original sample (Resnick et al., 1997). Cronbach’s alpha for the current sample was $\alpha = .69$.

**Control Variables**

Several variables were included as controls: child race and gender, mother’s annual income, and mother’s marital status. In terms of gender, mixed findings exist such that some studies show that relationship quality experiences differ by child gender; whereas others show male children experience lower quality parent-child relationships than do female children (Hay
& Ashman, 2003). Additional findings show that mothers and adolescent daughters are more likely to report higher conflict than mother and sons (Laursen, 2005). Bratter and Heard (2009) suggested that father involvement may have a greater impact on sons, whereas the impact of mother involvement may be less marked by child gender. In the current study child gender was coded female (0) and male (1). Because race is known to affect parent-child relationship issues (Amato & Booth, 1996), it was included as a control variable. In the current study child race was coded non-White (0) and White (1). Mixed results about the influence of income on mother-child relationship quality exist. For example, Kretschmer and Pike (2009) reported income was not a significant predictor of relationship quality in the family, although early findings by Jalovaara (2001 as cited in Kretschmer & Pike, 2009, p. 587) established such a relationship. In the current study, mother’s income was reported when the child was 14 and ranged from <$5,000 to >$50,000. Further, Hertherington (1993) found lower parent-child relationship quality among single-parent and divorced families compared to intact married families. Amato and Booth (1996) also found that parental marital status has both direct and indirect long-term effects on parent-child affection, one aspect of relationship quality. Thus, mother’s current marital status was reported when the child was age 14 and was coded as not married (0) and married (1).

**Analysis**

Preliminary analysis included the calculations of bivariate correlations among all study variables. Variables which were not significantly correlated were eliminated from inclusion in later analyses to produce the most parsimonious models.

Hypotheses 1 and 2 were tested using hierarchical regression to assess the associations between placement instability and perception of mother-child relationship quality, as well as the relationship between prior maltreatment history and perceptions of mother-child relationship
quality. The variables were entered in blocks. In Block 1, all control variables were entered to assess their effects on the outcome of interest, and perception of mother-child relationship quality. In Block 2 of two different analyses, number of placements (H1) or prior maltreatment history (H2) were entered. $F$-statistics for each block were examined to assess significant results. $R$-square statistics were also examined to determine the amount of variance explained in the dependent variable by the independent variables in the equations. Betas (standardized coefficients) were examined to determine the relative effect of the independent variables on the dependent variables. $P$-values of $< .05$ were designated as significant effects.

To test the moderating effects of recent involvement in hypotheses 3 and 4, a similar process was undertaken, with a third block in each equation added. Block 3 included the interaction terms: (a) number of placements x recent involvement and (b) prior maltreatment history x recent involvement. Block 3 assessed whether level of recent involvement (low vs. high) buffered the effects of placement instability (H3) or prior maltreatment history (H4) on perception of relationship quality. For these analyses, recent involvement was dichotomized into low and high categories using the median scores. Children who reported participating in zero to four activities in the past four weeks were categorized as having Low Recent Involvement (1) and those that reported participating in five to nine activities as having High Recent Involvement (2).

To test hypotheses 5 (H5) and 6 (H6) regarding recent involvement, the same regression analysis procedure was followed as outlined in hypotheses one and two. Recent involvement was included as the dependent variable.
CHAPTER FOUR
RESULTS

I hypothesized that prior maltreatment history and/or the number of placements a child experiences during their stay in the foster care system would affect their perception of mother-child relationship quality and their recent involvement with their biological mother at age 14. I also hypothesized that recent involvement would moderate the effects of number of placements and prior maltreatment on perception of relationship quality with the mother. These hypotheses were tested using hierarchical regression to determine which factors influenced perception of relationship quality and recent involvement the most.

Preliminary Analysis

Results of the bivariate correlations revealed 13 significant correlations out of 21 tested, as seen in Table 3 (Appendix A). Significant correlations included: race with income \((r = .201)\), marital status \((r = .288)\), placements \((r = .127)\), maltreatment \((r = .184)\), and perception of relationship quality \((r = -.103)\). This suggests that being White was associated with having a mother whose income was higher and who was married, reporting more placement instability, a history of maltreatment, and perceiving a lower quality of the mother-child relationship. Also correlated were marital status with income \((r = .392)\) and placements \((r = -.095)\). This suggests that having a married mother is associated with higher maternal income and fewer placements; also having a mother who earns more is associated with fewer placements. Placement was correlated with maltreatment \((r = .168)\), perception of relationship quality \((r = -.128)\), and recent involvement \((r = -.104)\). This suggests that more placements are associated with (a) a history of maltreatment, (b) poorer quality relationship with mother, and (c) less frequent recent involvement. Maltreatment was correlated with perception of relationship quality \((r = -.132)\),
suggesting that a history of maltreatment was associated with poorer quality relationship with mother. Lastly, perception of relationship quality was correlated with recent involvement \((r = .401)\), suggesting that higher quality relationships with mother were associated with more frequent recent involvement.

**Perception of Relationship Quality**

Results regarding hypotheses 1 revealed only race was linked with perceptions of relationships quality in Block 1 (Column 1 in Table 4, Appendix A), such that being White was associated with perceiving one’s relationship quality with mother more poorly \((\beta = -.111, p = .05)\), explaining little of the variance \((R^2 = .013)\). When placement instability was added to the equation (Block 2), race remained a significant predictor \((\beta = -.092, p = .05)\), and placement instability \((\beta = -.122, p = .05)\) was also a significant statistical predictor of perceptions, with these variables explaining an additional 1.5% of the variance. Together these variables explained only 2.8% of the variance in perceptions of relationship quality with mother, leaving 97.2% of the variance unexplained.

Regarding hypothesis 2, again of the control variables only race was linked with perceptions of relationship quality in Block 1 (Column 4 in Table 4, Appendix A), such that being White was associated with perceiving one’s relationship quality with mother more poorly \((\beta = -.111, p = .01)\), explaining 1.3% of the variance. When maltreatment history was added in Block 2 (Column 5 in Table 4), race remained significant \((\beta = -.085, p = .05)\), and maltreatment was also a significant statistical predictor of perception of relationship quality with mother \((\beta = -.113, p = .05)\); an additional 1.3% of the variance was explained, leaving 97.4% of the variance unexplained.
Results for hypothesis 3 are shown in Block 3 (Column 3, Table 4) when the interaction between placement instability and recent involvement on perception of relationship quality with mother was entered into the regression equation. In this final equation, the effects of race remained significant ($\beta = -0.097$, $p = 0.05$), the effects of placement was stronger ($\beta = -0.632$, $p = 0.001$), and the interaction effect was strong ($\beta = 0.544$, $p = 0.001$). These variables explain 6.3% of the variance in perceptions of relationship quality with mother. Compared to Block 2, both placement instability and the interaction term in this final equation are much stronger. Also, these findings suggest that when there is more recent involvement the relationship between placement instability and perception of relationship quality is stronger, as seen in Figure 1.

Results for hypothesis four are shown in Block 3 (Column 6, Table 4) when the interaction between maltreatment history and recent involvement on perception of relationship quality with mother was entered into the regression equation. In this final equation, the effects of race remained significant ($\beta = -0.081$, $p = 0.05$), the effects of maltreatment was stronger ($\beta = -0.887$, $p = 0.001$), and the interaction effect was strong ($\beta = 0.848$, $p = 0.001$). These variables explained 14.7% of the variance in perceptions of relationship quality with mother. Compared to Block 2, both maltreatment history and the interaction term in this final equation are much stronger. Also, these findings suggest that when there is more recent involvement the relationship between maltreatment history and perception of relationship quality is stronger, as seen in Figure 2.

Recent Involvement

Results regarding hypotheses 5 and 6 are presented in Table 5 (Appendix A). The effects of the demographic variables alone are not significant in explaining the variance in recent involvement (see Block 1, Columns 1 and 3). For hypothesis 5, the effect of number of
placements on recent involvement was significant ($\beta = -.122, p = .01$), suggesting, as more placements were associated with less involvement; however, only 1.7% of the variance in involvement was explained. For hypothesis six, the effect of maltreatment on recent involvement was not significant ($\beta = -.045, p = ns$).
CHAPTER FIVE

DISCUSSION

This study assessed the links between placement instability, maltreatment history, and mother-child relationship quality. Analyses revealed that the number of placements children experience in the foster care system and their history of previous maltreatment does negatively affect their perception of relationship quality with their mothers at age 14; however, the effect was quite small. Stott and Gustavsson (2010) believed the search for placement permanence could hinder children’s willingness to engage in relationships; therefore, future researchers may be able to uncover stronger effects if, not only the number of placements, but a child’s willingness to engage in relationships with their caregiver is considered. If a child is unwilling to engage in a relationship with their caregiver, it is speculated that this will negatively affect their perception of relationship quality as well as their recent involvement. Similarly, Atwool (2006) believed children with more placement instability experience more vulnerability defined as: “lacking a coherent strategy for managing relationships, feelings or experiences (p. 320).” Derivatively, children who lack relationship management skills may inevitably have lower perceived relationship quality. Future research should determine a child’s vulnerability to better assess factors that effect mother-child relationship quality.

Similarly, number of placements, but not history of maltreatment, was also linked to children’s recent involvement with their mothers; again, the effect was small. The finding that placement instability is linked to poor recent involvement is supported by prior research done by Stott (2012), who speculated that placement instability might cause a disruption in visitation schedules between children and their biological parents, siblings, and extended family members. Future research should, as stated above, take into account the child’s willingness to form
relationships and keep close contact with their biological parents after experiencing placement instability, which could possibly explain more of the variance of mother-child relationship quality as a whole. The finding that maltreatment history is not linked to recent involvement is contrary to previous research. Connell et al. (2009) found that children with prior placements in the system were at an increased risk for re-maltreatment. It was believed in the current study that if maltreatment was a key predictor of re-maltreatment and instability, and instability disrupts visitations, then maltreatment would be linked to poor recent involvement. Taking into account the age at which the child was maltreated and the number of times they were maltreated, researchers may be able to explain more of the variance in recent involvement.

It was anticipated that recent involvement with the mother would buffer the detrimental effects increased placement instability and prior maltreatment history have on children’s perception of relationship quality with their mother. Findings support these hypotheses. The association between placement instability and perceptions of relationship quality was weakened when they reported higher levels of recent involvement. Similarly, the association between prior maltreatment and perceptions of the relationship quality with mother was weakened when they reported higher levels of recent involvement. An explanation for why placement instability is buffered by recent involvement can be found in prior research by Fanshel (1975) who found that children who experience frequent parental visitation (i.e., contact with parents) experienced quicker discharges from the foster care system. With quicker discharges it is speculated that children will experience less placement instability, within a single entry into care, and as was found in the current study, fewer placements is linked to higher perception of relationship quality. Caution is warranted as researchers have found that children had an increased probability of re-entry if they spent shorter periods in care, specifically, less than three months (Jonson-Reid,
2003; Koh, 2007). Fanshel conducted a study with four waves observing parent visitation patterns and children’s discharge rates and found that parents that visited the most frequently and consistently in Wave 1 had children who were discharged more quickly with this pattern diminishing throughout the waves of the study. Future research should look at frequency and timing of parental contact to possibly account for more of the variance of placement instability as buffered by recent involvement and how that affects perception of mother-child relationship quality.

The finding that recent involvement buffers the negative effect that prior maltreatment has on perception of relationship quality can be explained through what Harden (2004) calls “family stability.” Family stability can be defined through characteristics of the home environment: warmth, emotional availability, stimulation, family cohesion, and day-to-day activities. Harden found that foster children who live in these stable environments are more likely to have positive relationships with peers and more prosocial skills. Maltreated children are often exposed to inconsistent parenting and as a result may experience difficulty forming relationships. Consistently sharing day-to-day activities is key to developing high perception of relationship quality.

**Limitations**

There are a number of limitations that should be considered when interpreting the results of the current study. Children in the study sample did not experience the level of placements that is usually seen in studies focusing on placement instability, which can influence different aspects of a child’s life in the foster care system (Palmer, 2006; Percora et al. 2005; Stott, 2012). Because the majority of the children in this sample had no placements, the average number of placements here should be considered an underrepresentation. Additionally, placements were
counted through parental report in a retrospective manner with interviews capturing their placements in the past year (starting at age four), meaning that placements before the age of four years old were not captured, so the number of placements is likely under-reported. Studies show that infants often experience the most maltreatment (Kimberlin et al., 2009). Future researchers should use data from foster care systems records to accurately represent the number of placements a child experiences when in the system.

Another limitation was the nature of the data available in the LONGSCAN data set. Recent involvement captured only shared activities “within the last four weeks.” Also, children were not asked about the quality of these shared experiences. Research has shown that the quality of interaction during visits and outcomes for children varies widely (Haight et al., 2003). Future researchers should go further and look at both the quantity and the quality of parent-child involvement. Also, the data did not assess the number of times a child was maltreated, but only whether maltreatment had occurred, so children could only be categorized as being maltreated or not maltreated in the past. It may be that children who experience maltreatment multiple times view their relationship quality with mothers differently and would also have less recent involvement with this parent. Another limitation is not knowing who maltreated the child. Perhaps children who were maltreated multiple times by their mothers live with another primary caregiver and were excluded from the current study because of lack of contact. Thus, these findings may represent the least harmed children in foster care. Future research should identify the perpetrator of maltreatment as well as maltreatment reoccurrence. This would better inform foster care services for children experiencing frequent placements (Hess, 1982; McWey, 2004).

Caution is warranted because the findings in the current investigation explained so little variance in the perceptions of the quality of children’s relationships with their mothers.
Theoretically, it has been proposed that attachment does not only occur in infancy but can occur later in life (McWey & Mullis, 2004) and to someone other than a child’s biological parent (Merritt & Franke, 2010). Children in the foster care system often live with a variety of different primary maternal caregivers (i.e., stepmother, grandmother, adoptive mother, foster mother) because in out-of-home placements they cannot live with their biological mother. Children who form secure attachments to their caregiver fare better (Matas, Arend, & Sroufe, 1978; Merritt & Franke, 2010). It is also possible that so little variance was explained in the perception of the quality of children’s relationship with their mothers because, although reporting on their biological mother in the current study, their secure attachment may have been to another caregiver entirely, with whom they had been previously placed. Future research should identify which primary maternal caregiver the child identifies as their “mother figure.”

Finally, the data available did not allow the child’s mental health status to be a factor when assessing their perception of relationship quality or recent involvement. Researchers have found that children in the general population suffering from mental health issues often report aspects of their quality of relationships differently than children not suffering from mental health issues (Heiman, 2000), even without the added stress children in the foster care system experience (i.e., placement instability and prior maltreatment history). Heiman also found children suffering from mental health issues to seek emotional support at home while children not suffering these same issues seek emotional support from all outlets of life, therefore even if their relationships at home are disturbed they can look elsewhere to fill their void, still rating their quality of relationships higher than children with mental health issues. Even though, the LONGSCAN data set included parent report of parent-child relationship that could possibly be a better measure of mother-child relationship quality, the current study used the child’s report
because of the researcher’s interest in seeing how foster care, placement instability, and prior maltreatment affects the children involved. Maurizi, Gershoff, and Aber (2012) pointed out how ratings from a single reporter on relationships can yield incomplete or inconsistent information because a reporter only rates what they can “see”. Accordingly, mental health issues could change the way the reporter, child or mother, sees their relationship with one another.

**Implications**

Despite limitations, the current study had findings that, if replicated, can be used to identify ways to better the lives of children in the foster care system both in out-of-home and in-home placements. The finding that increased placements affects a child’s perception of relationship quality and recent involvement with their mother can be used to change further foster care practice. Nationally the Department of Children and Families may add this finding in their continuing examination of policies regarding reunifications of families and determination of ways to foster more immediate reunifications when prudent. The current study followed children for a period of eight years; future research should continue to follow children over an extended period because most children in the foster care system find stability within a year of their initial placement, but, as the length of stay in foster care increase so does the number of placements (Stott & Gustavsson, 2010) and, as found in the current study, placement instability has a weakening effect on perception of relationship quality.

The finding that recent involvement can buffer the effect that the number of placements and prior maltreatment history on perceptions of relationship quality with a child’s mother is of paramount importance. McWey and Mullis (2004) found that the frequency of visitations, consistency, and the length of time spent in care directly affected attachment. Families with in-home placements could be encouraged to go on with their daily routines while sharing activities
where they can talk about their day, their life, perhaps strengthening their relationships.

Dependency case managers with families experiencing out-of-home placements might encourage frequent visitations in Family Visitation Centers between these children and their families, where they can visit in a safe environment and a impartial observer can monitor these visits as necessary (McWey & Mullis, 2004). Continued visitation between a child in foster care and their biological parents is considered beneficial for the continued emotional growth of the child.

In the current study the effects of placement instability and maltreatment history on children in the foster care system was of paramount interest, specifically their effects on mother-child relationship quality. Both placement instability and prior maltreatment history were significant predictors of a foster child’s perception of mother-child relationship quality. Therefore, child welfare practice should continue to promote lower placement instability within the foster care system. Department of Child and Families should provide families with preventative resources in order to reduce the occurrence of maltreatment. If recent involvement in the last month with a child’s mother seems to weaken the effect of both placement instability and history of maltreatment on perceived relationship quality with mothers, then it is important to foster frequent visitations taking place in appropriate settings when parental contact is considered suitable. Thus, children in the foster care system may do better when engagement with their parents is encouraged.
APPENDIX A

TABLES

Table 1
Comparison of Full Sample (N = 1,354) and Study Sample (n = 600) Demographic Characteristics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Full Sample N = 1,354</th>
<th>Study Sample N = 600</th>
<th>X²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No maltreatment history</td>
<td>429 (31.7%)</td>
<td>275 (45.8%)</td>
<td>99.659</td>
<td>.000*</td>
</tr>
<tr>
<td>Prior maltreatment history</td>
<td>925 (68.3%)</td>
<td>325 (54.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 placements</td>
<td>1035 (77.6%)</td>
<td>483 (80.5%)</td>
<td>18.556</td>
<td>.000*</td>
</tr>
<tr>
<td>1 placement</td>
<td>188 (14.1%)</td>
<td>89 (14.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥/&gt; 2 placements</td>
<td>110 (8.3%)</td>
<td>28 (4.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>657 (48.5%)</td>
<td>297 (49.5%)</td>
<td>.412</td>
<td>.521</td>
</tr>
<tr>
<td>Female</td>
<td>697 (51.5%)</td>
<td>303 (50.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>354 (26.1%)</td>
<td>155 (25.8%)</td>
<td>20.946</td>
<td>.000*</td>
</tr>
<tr>
<td>Black</td>
<td>721 (53.2%)</td>
<td>353 (58.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>97 (7.2%)</td>
<td>31 (5.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>182 (13.4%)</td>
<td>61 (10.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>356 (38.2%)</td>
<td>199 (33.9%)</td>
<td>51.094</td>
<td>.000*</td>
</tr>
<tr>
<td>Single, never married</td>
<td>317 (34.0%)</td>
<td>244 (41.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>75 (8.1%)</td>
<td>49 (8.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>140 (15.0%)</td>
<td>80 (13.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>43 (4.6%)</td>
<td>15 (2.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s Annual Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $5,000 - $24,999 per year</td>
<td>461 (51.6%)</td>
<td>320 (56.1%)</td>
<td>28.040</td>
<td>.000*</td>
</tr>
<tr>
<td>$25,000 - $49,999 per year</td>
<td>300 (33.6%)</td>
<td>191 (33.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; $50,000 per year</td>
<td>133 (14.9%)</td>
<td>59 (10.4%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Child Race: “Other” included self-identified Native American, Asian, and mixed races. * p ≤ .001
Table 2
Comparison of Means and Standard Deviations for the Full Sample (N = 1,354) and Study Sample (n = 600) on Perception of Relationship Quality and Recent Involvement

<table>
<thead>
<tr>
<th>Variables</th>
<th>Full Sample</th>
<th>Study Sample</th>
<th>ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Perception of relationship quality</td>
<td>4.20</td>
<td>.69</td>
<td>4.25</td>
</tr>
<tr>
<td>Recent involvement</td>
<td>4.94</td>
<td>2.10</td>
<td>5.05</td>
</tr>
</tbody>
</table>

*p < .01, ** p < .001

Table 3
Results of Bivariate Correlations Among All Study Variables (n = 600)

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Mother’s marital status</td>
<td>.288**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mother’s income</td>
<td>.201**</td>
<td>.392**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Number of placements</td>
<td>.127**</td>
<td>-.095*</td>
<td>-.064</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Maltreatment</td>
<td>.184**</td>
<td>-.027</td>
<td>-.058</td>
<td>.168**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Relationship quality</td>
<td>-.103*</td>
<td>-.006</td>
<td>-.045</td>
<td>-.128**</td>
<td>-.132**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Recent involvement</td>
<td>-.001</td>
<td>-.005</td>
<td>.039</td>
<td>-.104*</td>
<td>-.053</td>
<td>.401**</td>
<td></td>
</tr>
</tbody>
</table>

Note: a Child race: non-White (0), White (1), b Mother’s marital status: married (0), non-married (1)
*p < .05, **p < .01.
### Table 4
**Results of Hierarchical Regression for Perception of Relationship Quality (n = 600)**

<table>
<thead>
<tr>
<th></th>
<th>Block 1 β</th>
<th>Block 2 β</th>
<th>Block 3 β</th>
<th>Block 1 β</th>
<th>Block 2 β</th>
<th>Block 3 β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.111*</td>
<td>-.092*</td>
<td>-.097*</td>
<td>-.111*</td>
<td>-.085*</td>
<td>-.081*</td>
</tr>
<tr>
<td>Marital status&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.049</td>
<td>.034</td>
<td>.040</td>
<td>.049</td>
<td>.041</td>
<td>.052</td>
</tr>
<tr>
<td>Income</td>
<td>-.042</td>
<td>-.048</td>
<td>-.057</td>
<td>-.042</td>
<td>-.050</td>
<td>-.054</td>
</tr>
<tr>
<td>Placement instability</td>
<td></td>
<td>-.122*</td>
<td>-.632***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maltreatment</td>
<td></td>
<td></td>
<td></td>
<td>-.113*</td>
<td>-.887***</td>
<td></td>
</tr>
<tr>
<td>Placement x Recent involvement</td>
<td></td>
<td></td>
<td>.544***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maltreatment x Recent involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.848***</td>
<td></td>
</tr>
<tr>
<td>F ratio</td>
<td>2.642</td>
<td>8.627</td>
<td>21.992</td>
<td>2.642</td>
<td>7.302</td>
<td>82.747</td>
</tr>
<tr>
<td>R²</td>
<td>.013*</td>
<td>.028**</td>
<td>.063***</td>
<td>.013*</td>
<td>.026**</td>
<td>.147***</td>
</tr>
</tbody>
</table>

Note: <sup>a</sup> Child race: non-White (0), White (1), <sup>b</sup> Mother’s marital status: married (0), non-married (1) *p < .05, **p < .01, ***p < .001.

### Table 5
**Results of Hierarchical Regression for Recent Involvement. (n = 600)**

<table>
<thead>
<tr>
<th></th>
<th>Block 1 β</th>
<th>Block 2 β</th>
<th>Block 1 β</th>
<th>Block 2 β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.010</td>
<td>.010</td>
<td>-.010</td>
<td>.001</td>
</tr>
<tr>
<td>Marital Status&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.022</td>
<td>-.037</td>
<td>-.022</td>
<td>-.025</td>
</tr>
<tr>
<td>Income&lt;sup&gt;c&lt;/sup&gt;</td>
<td>.049</td>
<td>.043</td>
<td>.049</td>
<td>.046</td>
</tr>
<tr>
<td>Placement instability</td>
<td></td>
<td>-.122**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maltreatment</td>
<td></td>
<td></td>
<td></td>
<td>-.045</td>
</tr>
<tr>
<td>F ratio</td>
<td>.406</td>
<td>8.549</td>
<td>.406</td>
<td>1.128</td>
</tr>
<tr>
<td>R²</td>
<td>.002</td>
<td>.017**</td>
<td>.002</td>
<td>.004</td>
</tr>
</tbody>
</table>

Note: <sup>a</sup> Child race: non-White (0), White (1), <sup>b</sup> Mother’s marital status: married (0), non-married (1) *p < .05, **p < .01, ***p < .001.
APPENDIX B
QUESTIONNAIRES

Child’s Life Events Scale

LECA/LEB

“These questions are about any changes or important events that might have occurred in (CHILD)’s life in the past year.”

“Has your or (CHILD)’s household gained or lost any members in the past year? For example,…”

NON-response codes:  D = Don’t Know  R = Refused or No Response  O = Other (explain)

9. Did (CHILD) move away from family for any reason?  (9)_____ [1=YES; 0=NO]

[If YES]  Where?-->____________________ Anywhere else?

[Fill in total # of placements or relocations to each place.]

_____9a1.  Other parent

_____9a2.  Other relative (Who?____________________)

_____9a3.  Foster care (including placement in group home or shelter)

_____9a4.  Other (describe) ______________________

Mother-Child Relationship Measure

MCCA

MCCA1  Do you live with your mother right now, or someone who acts like mother to you?

[0 = NO; 1 = YES]

MCCA1A  Do you have a mother or someone who acts most like a mother who does not live with you?
MCCA2 What is the exact relationship of this woman to you? (If you live with more than one woman who acts like a mother to you, choose the one who is MOST like a mother to you.)

1 = Birth (or natural mother)
2 = Step-mother
3 = Adoptive mother
4 = Foster mother
5 = Father’s girlfriend
6 = Grandmother
7 = Other

MCCA3 How close do you feel to your mother (or someone who acts like mother to you)?

1 = Not at all
2 = Very little
3 = Somewhat
4 = Quite a bit
5 = Very much

MCCA4 How much you think she cares about you?

1 = Not at all
2 = Very little
3 = Somewhat
4 = Quite a bit
5 = Very much
How often ... [1 = Never; 2 = Seldom; 3 = Sometimes; 4 = Often; 5 = Always]

MCCA5 does she interfere with your activities?
MCCA6 does she trust you?
MCCA7 does she understand you?
MCCA8 do you and she get along well?
MCCA9 do you make decisions together about things in your life?
MCCA10 do you feel that you interfere with her activities?

In the past 4 weeks ... [0 = NO; 1 = YES]

MCCA11 have you gone shopping with her?
MCCA12 have you played a sport with her?
MCCA13 gone to a religious service or church-related event with her?
MCCA14 have you talked about your friends or things you were doing with friends?
MCCA15 have you gone to a movie, play, museum, concert, or sports event with her?
MCCA16 have you talked with her about a personal problem you were having?
MCCA17 have you had a serious argument with her about your behavior?
MCCA18 have you talked about your schoolwork or grades with her?
MCCA19 have you worked on a project for school with her?
MCCA20 have you talked with her about other things you’re doing in school?

A Quality of Relationship Score may be created using the mean of 6 items (items 3, 4, 6, 7, 8, 9).

A Level of Recent Involvement Score can be created by summing 9 items (items 11, 12, 13, 14, 15, 16, 18, 19, 20).

Please note: involvement score should be set to missing if any items are missing.
Figure 1. Recent Involvement as a Moderator of Placement Instability on Perception of Relationship Quality

Figure 2. Recent Involvement as a Moderator of Maltreatment History on Perception of Relationship Quality
APPENDIX D

IRB APPROVAL

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 12/19/2012
To: Christine Collazo
Address: 2421 jackson bluff rd Tallahassee, FL 32304
Dept.: FAMILY & CHILD SCIENCE
From: Thomas L. Jacobson, Chair
Re: Use of Human Subjects in Research
   Placement Instability in the Foster Care System: A Study Framed by Attachment Theory

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 12/12/2012. Your project was approved by the Committee. The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 12/11/2013 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing, any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Christine Readdick Advisor
   HSC No. 2012.9478
Hi Christine,

Thank you for requesting data from the National Data Archive on Child Abuse and Neglect.

Attached is a listing of the dataset(s) you are receiving.

Shortly, you will receive an e-mailed link to download the data.

**Here is the password for the folder:  $.pi%&uedh**

* Your file(s) for download will expire in 6 days: please download immediately *, and notify me via email of your success or failure.

Your order from the National Data Archive on Child Abuse and Neglect includes the data files contained in one or more Zip files for you to extract (including documentation for you to print). Please refer to the readme file for installation and file information. If you need help loading the data, please e-mail NDACANSupport@cornell.edu and a staff person will contact you. In addition, our User Support section at www.ndacan.cornell.edu contains help documents for several data procedures.

The Archive will contact you once a year about this order to request copies of publications or presentations that you may have produced from these data.

If you have a question about files shipment issues, please contact me.

Thank you for your order.

Andres Arroyo, Archiving Assistant

National Data Archive on Child Abuse and Neglect (NDACAN)

Cornell University, Beebe Hall -BCTR, Ithaca NY 14853

REFERENCES


BIOGRAPHICAL SKETCH
Christine Collazo

Education
- **Florida State University**
  Tallahassee, FL
  Masters in Family and Child Sciences
  GPA 3.69/4.00
  8/2011-Present
- **Florida International University**
  Miami, FL
  Bachelor of Arts in Psychology
  GPA 3.63/4.00
  6/2008-12/2010

Experience
- **Florida State University**
  Tallahassee, FL
  - Undergraduate Teaching Assistant
    8/2011-Present
    - Work in conjunction with professor to ensure classroom quality
    - Manage grades and grade book
    - Schedule and manage appointments with students
    - Knowledgeable in classroom content
- **Signature Healthcare Center of Waterford**
  Miami, FL
  - Social Services Assistant
    1/2011-7/2011
    - Knowledgeable in MDS 3.0 care plan system
    - Cultivated and maintained family and business relationships with patients
    - Conducted cognitive testing
    - Maintained and organized patient files
  - Unit Secretary
    Miami, FL
    1/2009-12/2010
    - Filed and maintained records
    - Noted and managed appointments
    - Transcribed physicians’ orders
    - Built and maintained relationship with patients’ family members
    - Answered phones and call transfers (multi-line system)

Activities
- **Children’s Home Society**
  Tallahassee, FL
  - Intern
    Fall Semester, 2012
    - Shadowed dependency case manager
    - Assisted with everyday office tasks
    - Went on home visits and abuse hotline investigative visits
    - Worked with Florida Safe Families Network (FSFN)
- **Relay for Life**
  Hialeah, FL
  - Team Member
    10/2006-2011
    - Helped raise $24,000+ for cancer research
    - Coordinated and facilitated themed tents for corporate and non-profit organizations
    - Motivated cancer patients and families
    - Raised awareness for cancer research
- **Golden Key National Honor Society**
  Miami, FL
  - Member
    8/2009-2010
    - Mentored students related to academic progress
    - Fundraised to benefit non-profit organizations
    - Coordinated Relay for Life efforts
    - Performed community service assisting local community members
National Society of Collegiate Scholars

- **Member**
  - Tutored middle school students in academic areas
  - Performed community service assisting local organizations and families
  - Shared awareness for integrity on campus during “I Stand for Integrity Day”

- **Golden Key International Honor Society 2009 Inductee**
- **National Society of Collegiate Scholars 2009 Inductee**
- **Dean’s List 2008-2010**