

Can trauma symptoms predict placement instability?

CLARK, S. L., PALMER, A. N., AKIN, B. A., DUNKERLEY, S., & BROOK, J. (2020). INVESTIGATING THE RELATIONSHIP BETWEEN TRAUMA SYMPTOMS AND PLACEMENT INSTABILITY. *CHILD ABUSE & NEGLECT*, 108, 104660.
DOI:10.1016/J.CHIABU.2020.104660.

What can we learn from this study?

Placement disruptions can negatively affect the well-being of children in foster care. While removal from a parent's care is traumatic, placement instability worsens the trauma and often increases safety risks, behavioral and mental health issues, and delayed permanency. Studies show that caregiver factors, child behavior, and agency policies contribute to placement instability. However, this study identifies a relationship between trauma symptom screening scores and the likelihood of multiple moves.

Study details

- **Population:** 1,668 children age 5 and older who entered foster care during a 30-month period in a Midwestern state
- **Data sources:** Self-reported trauma screen completed within 120 days of entering foster care; statewide administrative data from private and state agencies serving families of children in foster care.
- **Methodology:** Multi-variable analyses; bivariate logistic regression models; hierarchical logistic regression modeling; Stata 15.
- **Dates:** February 2017 to July 2019

What are the critical findings?

Children with trauma symptoms above the clinical threshold experience greater placement instability (three or more moves) during their stay in foster care.

- Demographic variables — age, race, and disability — impact placement stability.
- Adding case characteristics to the demographic elements eliminated age as a factor in disruption, whereas race and disability status remained.
- When demographic and case characteristics were controlled, **children with clinically significant trauma symptoms had 46% higher odds** of experiencing placement disruption
- Males and children with a disability of any kind also **experienced higher rates of multiple placements**.
- **Black youth had a 73% higher rate** of placement instability compared to white youth.
- **Child behavior problems and child substance use have a strong relation to frequent placement moves.** These may be proxies of “externalizing behaviors” as a result of trauma, which often are common reasons for disruption.

Why is this important to our work?

Many children in foster care experience trauma that manifests through various trauma symptoms, which can affect placement stability and delay permanency. To mitigate these effects, child welfare professionals (such as caseworkers, therapists, and judges) and other caring adults (parents and caregivers) must implement strategies to recognize and assess trauma symptoms early and [provide healing-centered interventions](#) to stabilize placements. This study also supports ongoing research on the importance of assessing resilience and implementing strengths-based supports, rather than solely focusing on adverse experiences.

To learn more strategies to improve placement stability, see: [What impacts placement stability? How can we improve placement stability for children in foster care?](#) and the [Permanency and placement stability](#) topic page.

This summary synthesizes the findings from a single research study. For additional information, see the article [abstract](#) or contact: KMResources@casey.org