

Taussig, H. N. (2002). Risk behaviors in maltreated youth placed in foster care: A longitudinal study of protective and vulnerability factors. *Child Abuse & Neglect*, 26, 1179-1199.

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This longitudinal study of youth in foster care demonstrates that youth who are likely to engage in high risk behaviors can be identified shortly after coming into care, and that the likelihood of engaging in such behavior is related not only to problems but to the presence or absence of important social supports.

All youth recruited for the study ($N = 214$) were from a shelter in Southern California. At the time of the initial interviews (Time 1), youth had been in foster care for at least five months, were new referrals to the child welfare system (between 5/90-10/91), were legal dependents of the court as a result of maltreatment, and were between the ages of 7-12. Approximately six months after placement in foster care, Time 1 interviews began. Foster caretakers completed the Child Behavior Checklist (CBCL) concerning any behavioral problems the youth exhibited. Using a range of instruments, youth were also interviewed at this time about psychosocial predictor variables that reflected youths' *cognitive functioning, adaptive behavioral functioning, social support, and self-perception*.

Approximately five years later (Time 2), 51% of the initial group ($N = 110$) were interviewed about risk behaviors they had engaged in during the previous year. Of this group, 60% were female, 44% were Caucasian, 36% were African American, and 20% were Hispanic. The average age of these youth was 15 years. Over half (58%) had been placed in foster care as a result of substantial neglect, 22% were victims of physical abuse, and 16% had been sexually abused (some maltreatment categories were omitted from the study due to their overlap or small size). Interviews were conducted with youth only, and analyses identified risk behaviors in four domains: *delinquency, self-destructive, substance use, and sexual risk* behaviors. A total score for all four domains, and frequency of behaviors within each domain, were used to determine level risk behaviors.

Analysis of demographic behaviors and psychosocial aspects of the youth's functioning over time revealed significant correlations between variables measured at Time 1 and Time 2. At the initial interviews, the CBCL Total score found that almost half (42%) of youth were above the clinical range. Time 2 interviews revealed that mental health problems previously measured by the CBCL were highly associated with delinquency, self-destructive, and sexual risk behaviors. Not surprisingly, analysis found that substance use and risky sexual behaviors were engaged in most often by older youth. Further, of the three racial/ethnic groups, Hispanics were the most likely to engage in self-destructive behaviors, and African Americans were the least likely to do so. Having been physically abused predicted more delinquent behaviors, and neglect predicted a higher rate of substance use. The measure for adaptive functioning indicated that the poorer adaptive skills a youth has, the more likely he or she is to engage in self-destructive behaviors.

Results from the two psychosocial predictor variables for social support and self-perception were especially salient. The Hartner Social Support Scale measures the child's perceived support from parents, classmates, teachers, and close friends. Youth who felt supported by their parents and teachers were less likely to engage in risky sexual behavior, and youth who perceived support among their classmates were less likely to hurt themselves intentionally or to think about suicide. Results from the Hartner Self-Perception Scale indicated that maltreated youth who perceived themselves to be socially popular were more likely to engage in substance use and risky sexual behaviors than youth who did not feel popular; the implications of this finding are discussed below.

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According to the author, the finding that African Americans are the least likely to engage in self-destructive behaviors was expected, but the finding that Hispanics are more likely to do so than Caucasians is not supported in the literature. The author also found that sexual abuse did not correlate with any of the four risk domains, and suggests that the low incidence of sexually abused youth in the current sample may explain this finding. Although this study has a number of limitations, it makes an important contribution to our knowledge through its longitudinal focus over a five year period, the diversity of the sample, and the inclusion of measures of social support as well as measures of problem behavior.

This study points to the complex nature of the development of risk behaviors among maltreated youth. For example, on the one hand youth who have been maltreated and have poor social skills may be rejected by their classmates, increasing their risk for further problem behaviors; on the other hand, youth who have been maltreated and who are socially popular may also be at heightened risk for additional problem behaviors if they associate with deviant peers. An important focus of interventions may need to be on strengthening positive social supports overall, and particularly trying to establish positive peer influences.

According to Taussig, this is the first study to measure psychosocial risk and protective factors in a foster care sample, and the study is exploratory insofar as there is “little precedence for building predictor models” (p.1184). Her findings indicate that “there are certain *markers*, including early behavior problems, low classmate support, and high school acceptance that likely play a part” in the development of a more comprehensive model for intervention and prevention programs (p. 1194). Finally, given that the caregivers in this study only knew the child they fostered for six months, the CBCL emerged in this study has having considerable “predictive power years later despite so many intervening factors” (p. 1192). Therefore, identifying and treating mental health problems of youth early, when these symptoms first occur, could possibly help to stem some of these long-term negative outcomes for youth in the foster care system.