AN ABSTRACT OF THE ESSAY OF

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Title: Finding Safe Homes: A Quantitative Analysis of Child Wellbeing Across Placement Options

Abstract approved:

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This paper will examine the outcomes in child well-being across placement options for children who have experienced child abuse and/or child neglect. Specifically, this paper will compare the relative success of children placed with kin relatives versus those placed in non-kin foster care or with non kin adoptive parents. Success is determined by a variety of measures for emotional, psychological, and physical well-being. A quantitative analysis of cross-sectional data on children who have been victims of or are at risk for child abuse or neglect is conducted. The data come from the Longitudinal Study of Child Abuse and Neglect (LONGSCAN) consortium project as provided by the National Data Archive on Child Abuse and Neglect. The LONGSCAN study follows over 1,300 children (beginning at various ages) by conducting interviews every 2 years with the children, their guardians, and school representatives.

This paper specifically examines 275 children from the southwest sample of the LONGSCAN. An in-depth analysis of this sample revealed that there are little significant differences between children in different placements in terms of

emotional and psychological well-being. Nevertheless, children reunified with their parents reported significantly lower levels of depression, but also lower levels of physical well-being in terms of a number of safety measures. These somewhat contradictory findings could be a result of not using longitudinal data. Specifically, the effects of safety may not have had a chance to affect psychological well-being measures such as depression.

Finding Safe Homes: A Quantitative Analysis of Child Wellbeing Across
Placement Options

By

Chris M.Buerger

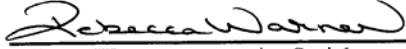AN ESSAY

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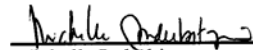the requirements for the
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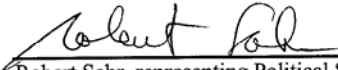Master of Public Policy essay of <u>Chris M. Buerger</u> presented on <u>June 8, 2007</u>

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INTRODUCTION

Foster care in the United States continues to affect a vast number of children. Children enter the foster care system for a variety reasons including (but not limited to) child abuse or neglect, death of parents, or abandonment. In the 1930s, the number of children in foster care reached what was then a historic high. The economy was struggling through The Great Depression, and poverty rates were soaring. Approximately 59 out of every 10,000 children were placed in some form of foster care. Nevertheless, the economy rebounded, and this number shrank at a steady rate until 1960 when only 38 out of every 10,000 children were in the foster care system. In the 1960s, however, child abuse and neglect were beginning to gain recognition on the policy front, and foster care was on the rise again. It continued to rise all the way until 1999 when rates were more than double the 1960 level. As of 2005, approximately 69 out of every 10,000 children are in foster care (Child Trends, 2007).

But why does this matter? Why should we care if children are in foster care or not? The problem lies in what is happening to children in foster care. Children in foster care are more likely than other children to have high levels of behavioral and emotional problems. They are more likely to have problems in school, and be less engaged in academic and extracurricular activities. Children in foster care are also more likely to be rated as having fair or poor health than children in other groups (Kortencamp and Ehrle, 2002).

These problems are notable for the challenges they force children to deal with, but they do not confine themselves to childhood. Adults who spent large amounts of time in foster care as children are more likely to experience unemployment, homelessness, incarceration, and unwanted pregnancies (Reilly, 2003).

Where should these children in foster care go? Although many agencies seek out adoption placements for children in foster care, it is not always an available option. Returning children to their parents is acceptable for some situations, but other times it would mean returning children to homes that are still abusive or neglectful. There is, however, another option. This is kinship care, a situation where a family member (other than a parent) cares for the child in need. In 2005, an estimated 46 percent of children in foster care were in some form of a kin care placement. But do children in these kin care placements fare any better or worse than those in non kin care placements? This is the question this study seeks to examine by conducting a quantitative analysis of cross sectional data on past victims of child abuse and neglect. Within this analysis, this study will examine how children in kin care compare to children in adoptive care, children reunified with a past abusive or neglectful parent, and children in traditional non-kin foster or group care arrangements. Outcomes will be measured in terms of the children's emotional, psychological, social, and physical well-being.

LITERATURE REVIEW

Past Views of Children and Families

Today childhood is seen as a revered time, a time of innocence and wonder. Likewise, they are treasured as important individuals who hold the hope for the future. These ideas, however, are relatively new. Children have not always been viewed as such a critical part of society. In this section, I will trace the historical transition from medieval notions of children to more contemporary ideas. This will serve as a backdrop for understanding the evolution of foster care and how we define both family and social responsibility in regards to child care.

Historically, children were not seen as individuals themselves or even wards of their parents. Under English common law, children were a source of cheap labor above all else (Jasper 1997). It was Philippe Ariès (1962) who first theorized about the callous attitudes toward children in medieval times. In his work, *Centuries of Childhood*, Ariès posited that medieval society lacked a comprehension of childhood. This is not to say that adults were not affectionate or unkind to children. Rather, they simply did not understand children as inherently different from adults. Instead, children were seen as adults in smaller and weaker bodies (Corsaro 1997). This perception of offspring factored into the view that children were like adults with fewer job options (on account of their physical disparities) and, therefore, could be used as low cost employees.

Some theorists, however, do not agree with Aries' dismal view of early childhood. These researchers cite, amongst other things, the laws passed in the early 1500s in England to protect children whose parents had died or become incapable of providing care. In fact, Barbara Hanawalt (1993) argues that London's early orphan laws granted medieval youths more protection than contemporary courts guarantee in modern times (Corsaro 1997). Hanawalt (1993), partially in response to Ariès, goes on to claim that childhood in medieval London was not nearly as bad as others had previously suggested. In particular, she cites the laws to protect abandoned, indigent, or orphaned children. These laws, which were later imported to most Anglo-American colonies, placed strict limits on the movement of poor children while at the same time requiring that taxes be levied to support churches and almshouses so that they may provide charity to such youths (Askeland 2006).

In early American colonies, however, it was perhaps more often the case that orphaned children were provided "foster care" by farmers, households, and businesses, in exchange for unpaid labor (Youcha 1995). South of New England, many teenage males worked as indentured servants separated from their families in hopes of a better or life or even due to kidnapping (Mason 1994). In New England, most immigrant children arrived with "in-tact" families. Nevertheless, many poor children were still auctioned off to the tradesman asking the lowest price for taking the child (Trattner 1999).

Early American Families

Any important discussion of American families must note that there were already rich and diverse understandings of children and families before the arrival of

European colonists. Before European colonists, family in what is now the United States was defined in various ways, but was always extremely important to organized society and tribe or group relationships. Many Native American societies had strong connections to family and therefore defined the roles of individuals in a society by their kin ties. In fact, many tribes had no separation between domestic functions and public ones. In many tribes, decisions on topics such as justice and crime were dealt with by the family, not the state or governing body. (Coontz 2000).

What is now referred to as the nuclear family was not a property holding unit as it would become in America during later years. In most Native American cultures, major resources and land were considered communal, belonging to larger kin networks or even a larger governing body. Meanwhile, smaller pieces of property, such as subsistence tools, were considered property of the individual, not the family. The lack of family property gave Native American families relatively little economic freedom compared with families in Europe and in later periods in American culture. This was countered, however, by the fact that Native Americans enjoyed significantly more political freedoms within their communities because of the emphasis on domestic over institutional power (Coontz, 2000).

European families that came to North America, by contrast, had strict rules about property and rigid political religious guidelines to command behavior. Stephanie Coontz writes, "[c]olonial families had far more extensive property and inheritance rights than did Native American Families, but they were also subjected to far more stringent controls by state and church institutions" (Coontz, 2000: 64). Still, Americans of European descent continued to have a definition of a family that today

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would be considered fairly broad. With a focus on the household as a property holding

unit, family was defined not necessarily by blood ties, but by living arrangements.

This could include extended family, adopted children, or even servants. Family was

defined by shared property, space, and occupational connections (Coontz, 2000).

The colonists were indeed products of a European system of mercantilism,

nationalism, and private property. Native Americans and their communal sense of

major resources had little to counteract the claims of national interest and political

authority that European colonists brought with them. That, coupled with new strains of

diseases previously unseen on the American continent, aided the European colonists in

forcefully pushing back Native American tribes and worked to destroy many of the kin

relationships and family structures in Native American cultures (Coontz, 2000).

During this same time period, colonies were importing a large quantity of

people who had their own unique view on family: African slaves. Would it have been

possible, colonists would have likely destroyed African family systems, or at least

attempted to acculturate their slaves to European ideals and norms about the family.

Because economic success of the colonies depended in a large part on the work the

African American slaves, they presented somewhat more of a challenge to the

ideological norms than Native Americans did. Accommodations would have to be

made. Slaves in the new world did not give up on their traditions of family. Rather,

they adapted their African cultural traditions to the harsh realities of slave life. Family

systems became child-centered rather than marriage centered, and African American

slaves established a system that included and allowed for "fictive kinship" (Coontz

2000). Couples were routinely sold to different masters, and families were broken

apart so frequently that a marriage centered family would simply not have been able to survive.

The idea of fictive kinship suggests that kinship is determined not only by blood but also by behavior and formed relationships. Kinship is not a simple biological relationship. Rather, it is a socially constructed relationship in which individuals define who they are responsible for, and who they care for (Gittins, 1993). Stack (1974), Rapp (1980), and other major theorists have all established how individuals have socially constructed (fictive) kin ties with those they are not biologically related to, foregoing the title of "friend" to pursue titles such as "brother" or "sister" (Gittins, 1993). To this end, people separated from their biological families could reform new ones so that regardless of a slave's bleak family outlook, he or she would still be able to have the social support and emotional interaction that one associates with a family.

Native Americans also had systems to create fictive kinship. Still, the situations with African American slaves were different and more pressing because they established such systems out of necessity. With a cruel system of selling away family members, African American slaves created fictive kinship relationships so that they could ensure trust in the relationships they could form, whether there was a biological connection or not (Coontz, 2000). A "brother" is simply more reliable than a friend, and a "cousin" is less likely to betray you than an acquaintance. The reality of human trafficking made fictive kinship not simply permissible, but necessary for many slaves who felt a need to have any close or kin relationships.

Partly because they did not have such broad interpretations of kinship, European colonists needed greater institutional support for orphaned, abandoned, and generally needy children. As the colonies developed, orphanages appeared long before independence was declared or the Revolutionary War was fought (Coontz, 2000). It was, however, after the American colonies established their independence and formed the United States that families and households began to experience dramatic changes, necessitating a significant growth in child services.

Industrialization, Urban Growth, and the Birth of Child Services

In the early nineteenth century, industrialization, urbanization, and immigration changed the way families operated. Household work and economic work were increasingly separate, and households could no longer barter or subsist on what they could make or grow. This caused men (and women and children in less privileged families) to leave the home and find specialized work in factories or other labor positions. As a result, women, specifically mothers, were placed at the center of domestic life. Though the role of mother varied across class and ethnic groups, many families attempted to keep one parent (the mother) at home regardless of their situation (Coontz, 2000).

As industrialization accelerated through the late nineteenth century, so did a strengthened move to a more nuclear family. It was during this period that the American family began to resemble a modern form of family. Parents became more emotionally involved in raising their children. Servants and or extended kin played smaller roles in the family, and nuclear families themselves became smaller. Fertility

rates in the U.S. dropped by almost 40 % during the period of 1855 to 1915 (Coontz 2000).

Still, individual experiences of family remained widely diverse. For example, birth rates for those in unskilled occupations actually rose. Meanwhile, the introduction of major contraceptive possibilities created conflicts over sexuality while allowing single women to work and operate in fields outside of the family. It is with these divergent paths in mind that Stephanie Coontz (2000) argues that the modern American family was born not from some linear evolution of "the" family, but from the conflicts arising out of diverse definitions and reactions to family life. "The" American family was a myth already by the turn of the 20th century. Instead of one shared concept of "the family," there were (even amongst larger trends) numerous definitions and contradictions that shaped "the idea of family" (Coontz 2000).

Meanwhile, individuals and groups struggled to meet the growing need for child services. By the 1830s, the breakdown of kinship networks accompanied by the increase in urbanization and immigration had resulted in a dramatic increase in poverty (Askeland 2006). Orphanages helped children find a place away from the streets, but it was failing to address the larger societal problems. And as the nineteenth century progressed, criticism of orphanages began to mount. People saw the growing number of orphaned and abandoned children, they recognized that there was problem, and they knew that something needed to be done about it.

As immigration and burgeoning urban populations were causing the problem with poor children, there was a movement to place orphaned and abandoned children in rural places, a process that would later be known as orphan trains (Holt, 2006). This

process began with just a couple of men in New York and Boston during the middle of the nineteenth century. In 1850, John Earl Williams first began a small in-state placement program for children in Massachusetts called the Children's Mission (First Annual Report of the Children's Mission 1805 as cited in Holt, 2006). Four years later, Charles Loring Brace reported that his New York organization, Children's Aid Society had placed 164 boys and 43 girls to homes in rural areas or to places where they could earn a living doing what would be considered honest work (Annual Reports, as cited in Holt, 2006).

Organizations such as the Children's Mission and the Children's Aid Society relied on widely accepted but informal social contracts, old English common law, and ideas about Christian charity. Because of the informality of it all, there were no official policies governing who could and who could not take in children. Local communities and churches were expected to help screen prospective parents, but the process lacked specific criteria to base decisions on. Although the absence of legal contracts made it easier to find placements for children, the organizations eventually faced criticism for what some saw as haphazard means of determining placements. For example, churches often did not perform any background checks on potential caregivers in child placements, and even when they did, there were no specific criteria for what was or was not an appropriate placement (Holt, 2006). Nevertheless, child re-location played a major role in the mid-nineteenth century, particularly when the problem of homeless children worsened after the Civil War. Directly after the war, New York officials estimated that the city contained approximately 30,000 homeless children within its limits (Holt 2006).

During this time of child relocation, the legal options for child placement began to evolve, and in 1851, Massachusetts established legal adoption. This legal act required court approval, consent of the child's past parent or guardian, and evidence that the new parents were "capable of raising a child." Adoption was no longer an informal social agreement, but a legally binding pledge to a child. Even without a national mandate, many states followed Massachusetts lead in establishing regulated legal procedures for adoption (Holt, 2006).

As the nineteenth century came to a close, the focus shifted from missionary thinking to a more scientific and secular study of the problems. Sociology began to emerge as an influential field in the 1890s, and it did not take long for social scientists to find themselves at odds with the religious agencies who were running orphan trains out of the city. Professionals and academics began to demand more specific standards, claiming that more needed to be known about organizations than their good intentions (Holt, 2006). By the end of the nineteenth century, critics of orphan trains were coming from reformers inside and outside the agencies as well as state governments across the nation. The last remnants of informal social agreements were pushed out as official definitions for child placement began to materialize. Codified adoption laws took a firmer root, transferring complete guardianship to the adoptive parents. At the same time, foster care emerged as a wholly separate placement option where guardianship remained with the placement agency (Holt, 2006).

As the informal social contract idea of child placement gave way to official policies and laws, out of state placements for children grew increasingly difficult. State governments became more reluctant to receive out of state children, seeing them

as unnecessary financial burdens (Richmond, 1994). In 1901, Kansas required that each child brought into the state be accompanied with a $5,000 bond to the state. Two years later, Kansas passed another law forbidding the adoption of out of state children unless all requirements governing adoption had been met. The requirements included, amongst other things, that the child was healthy both physically and mentally and that there were no character problems (Holt 2006).

As the twentieth century opened, notable trends continued to create a more narrow view of what constituted family. The 1920s saw a significant increase in male bread-winner, female homemaker, and children in school households. As this new normative American family took hold, increased state intervention helped impose mainstream nuclear concepts of family amongst the working and lower classes. Policies accomplished this through zoning laws, outlawing residence with extended families or statutes that took away children from single parents. Even as most efforts focused on creating "normal" or "typical" families, the United States continued to see increases in diverse family structures.

Between 1882 and 1930, over 22 million people immigrated to the United States bringing different cultures, family structures, and customs along with them. These immigrants neither assimilated to American culture nor retained their own culture completely. Rather, they adapted with urban America while urban America was also forced to adapt to them (Coontz, 2000).

Social Science and Government Programs: Shifting the Focus

By the 1920s, child placements were approached in a completely different manner. Gone were the days of religious charities and passionate reformers. Instead, "[a]doption and foster care administrators of the mid-twentieth century cultivated an atmosphere of studied objectivity, painstaking adherence to scientific principles, and above all, caution" (Creagh, 2006: 30). Still, it was a critical time for adoption and foster care where developments helped shape the systems we have today.

A push for more scientific approaches alongside separate movements of social Darwinism contributed to sharp declines in charity based organizations, specifically orphanages. As enthusiasm for such groups dropped, there was a movement to board children in private homes or, whenever possible, keep them with their biological mothers with financial help from the state (Cauthen and Amenta, 1996). Orphanages were no longer an affordable option and allegations of poor living conditions were causing them to fall out of favor. Meanwhile, the demand for institutions and their services were on a steady decline. This trend was reversed, however, during the Great Depression when the country saw an unprecedented need for nearly any kind of support services. By the mid 1930s, there were over 144,000 children in orphanages in the United States, marking the highest capacity of "orphans" in the history of the nation (Berebitsky, 2000). By the time the economic crisis had finally subsided, most orphanages found themselves significantly worse off than before forcing them to limit the children they took in or, as many did, close their doors for good (Creagh, 2006).

As orphanages struggled, foster care was experiencing similar challenges. Many children were not desirable for adoption because of their age or situation, and

there were not many places willing to take the children to free homes. Over time, subsidized foster care grew more popular than free foster care, forcing already strapped agencies to provide stipends for foster parents (Creagh, 2006). In an effort to keep children with their families and reduce the need for foster care, the Roosevelt administration helped establish Aid to Dependent Children (ADC). Though it did not provide enough funds to help all needy families, ADC expanded the definition of dependency to include children whose parents had died, left the home, or had been incapacitated for an extended period of time (Cauthen and Amenta, 1996). This broad definition of dependency eventually helped reduce foster care over the coming decades. In 1933 (2 years before the ADC was established), 59 out of every 10,000 children were in foster care representing a historic high in the United States at that time. By 1960, that number had shrunk to 38 out of every 10,000 children (Ashby, 1997). With increased recognition of child abuse in the early 1960s, that number began to grow again. The ADC was also significant because it represents the first American policy that outlines child services as a broad and important social responsibility.

After the Great Depression, America saw a dramatic movement towards a more homogenous family structure. This movement gained significant momentum during the late 1940s and 1950s. By the end of the 1940s, the average age at marriage and parenthood were dropping (the first in time in over 60 years), the divorce rate declined, and the birth rate saw a dramatic increase. During the same time, the percentage of women who remained unmarried saw a 100 year low, and more and more children were being raised in male breadwinner and female homemaker

households. The diversity in family structures also declined in part due to the nationalistic and anticommunist sentiments, which helped to decrease the influx of immigrants with new customs or ideas on family (Skolnick, 1991).

This new shift toward homogeneity created what would become the true foundations for how Americans see the modern family. This narrow concept of family was relatively short-lived, especially in terms of the full-time female homemaker. Already by 1945, the United States was undergoing a movement referred to as the Postindustrial Revolution. The economy shifted from a goods producing society to a service sector economy. Although women had been moving into the economy for over a century, the 1960s saw a far more dramatic shift. Feminist movements corresponded with decreases in real earning power, making it unlikely for families to rely on only one income. Even as women received lower salaries, a wife's paycheck was becoming increasingly important to the economic well-being of the family. Accordingly, the opportunity costs of becoming pregnant, having children, and the associated absences from work were suddenly higher. Fertility rates saw yet another drop in American culture in the 1960s (Skolnick, 1991).

During the first half of the twentieth century, children in foster care were primarily from families who had experienced unfortunate events, families that experienced the kinds of events covered in Roosevelt's ADC program. Eligibility for foster care was determined not on what was happening to the child, but what was happening to the parents. Child abuse, for example, was not considered. Even as maltreatment loomed as a serious social problem, it lacked any significant public recognition (Horton and Cruise, 2001).

Child Abuse and Modern Foster Care

Child abuse, though always present, was not defined as a major social issue throughout American history. It remained largely unnoticed even during most of the twentieth century. This trend lasted until 1962 when Dr. C. Henry Kempe, Dr. Brandt F. Steele, and their colleagues addressed the issue in the *Journal of the American Medical Association*. There, they coined the phrase "the battered child syndrome" while bringing the issue of child maltreatment to a major academic venue (Horton and Cruise, 2001). Their paper had major effects on the child welfare front, particularly in foster care. In the same year that the Kempe and Steele's paper was published, amendments to ADC extended the program to cover foster care costs for children who became wards of the state. In 1974, the federal government passed the first national child abuse law: the Child Abuse Prevention and Treatment Act. The act established funding for research and personnel training in the field of child abuse while providing funding for state programs. By the middle of the 1970s, 75 out of every 10,000 children were in foster care, yet another historical high (Ashby, 1997).

As child abuse and neglect entered the national scene in a meaningful way, child policy ran up against two opposing philosophies or, as David Herring terms them, meta-narratives. Herring cites the concept of the "private family" (attributed to Martha Fineman) and the concept of "child well-being." Whereas the meta-narrative of the "private family" focuses on parents' rights to raise their children however they pleased with minimum interference from the state, the "child well-being" meta-narrative focuses on looking out for a child's best interest, regardless of how much state interference may be required (Herring 2006).

As the foster care crisis of the 1970s pushed into the 1980s, the two movements came together, and Congress enacted the Adoption Assistance and Child Welfare Act of 1980 (AACWA). The overall goal of the act was to find safe and permanent placements for children. Still, the first priority of the law was to return children to their original homes as soon as possible. When that was not possible, adoption was the second preference with formal long-term foster care placements coming in a distant third (Herring 2006). In some sense, this represented a dialogue of child safety. Safe and permanent placements were certainly in the best interest of the child. Still, the focus on reuniting families and returning children to their original homes whenever possible represents a move towards valuing family privacy. Furthermore, the law's "reasonable efforts" clause demanded that public agencies make reasonable efforts to prevent any separation between a child and his or her custodial parents. This represented a leaning towards keeping the state out of private family life whenever possible.

What the AACWA actually did was put the two competing philosophies into direct conflict. The financially strapped child welfare agencies could not secure child safety and at the same time uphold the reasonable efforts doctrine. Some agencies favored protecting children while others favored keeping families in tact. The differing approaches led to some less than satisfactory results and lead to criticisms from both sides of the spectrum (Shotton 1990). Meanwhile, the foster care population continued to grow throughout the mid 1990s (Herring 2006). Clearly the AACWA was not achieving its goals.

Congress responded by approving a new act to amend the AACWA. In 1997, Congress passed the Adoption and Safe Families Act (ASFA). The law favored the concept of child well being by changing the reasonable efforts doctrine in two important ways. One, it included a set of circumstances, those where severe abuse was evident, when the reasonable efforts doctrine need not be followed. Two, Congress stated that even as the best interests of the child and parental rights must be balanced, the child's health and safety must be the paramount consideration in child placement. Additionally, public agencies must terminate parental rights when a child has spent 15 of the most recent 22 months in foster care (Herring 2006)

Nevertheless, parental rights have not been completely trampled. Parents are given specific rights under this law while social service agencies are required to take certain actions to help the parents. Under the law, parents may retain custodial rights even if their children have spent lengthy time in foster care if (1) the agency can present compelling evidence that doing so would be in the best interest of the child (2) the agency has failed to make adequate efforts to rehabilitate the parents and reunify the family or (3) the child in question was placed with relatives or kin (Herring 2006).

It is within this frame of competing interests that current child placements must be made. Agencies must decide when there is a risk to a child, and when such a risk can be removed after parental rehabilitation. And, when parents and children must be separated, where should the child be placed? Are family members better than a reputable foster home or a chance for adoption? If so, are they better in all situations? It is with these questions that we begin an analysis of the current research on foster care placements and the results they have shown.

Shifting Definitions of Family

The first challenge in answering any of those questions is defining what constitutes being part of a family. Despite the 20th century move towards a homogenous idea of family, the rich history and various cultures of the United States detailed in the previous sections tells us that there is no single definition of family. Instead, the idea of family is a constantly changing concept that has been created by centuries of conflicts and contradictions. Meanwhile, the ideal of a two income heterosexual parent household of the 21st century is a fairly new phenomenon. Even the emphasis on nuclear family units at all is a relatively new idea in the United States (Skolnick, 1991).

In the last few decades especially, there have been a large amount and wide variety of challenges to the standard definition of family in the United States. The two parent, heterosexual nuclear family is too narrow of a box for many individuals and families to fit inside of.

Through strong women's rights movements and large shifts in the economy, the movement towards two income households has remained strong. In fact, it has increased. This has helped in many ways to put women in a more egalitarian position in both marriage and in family life in general. In the 1980s, however, there was a dramatic increase in single parent families and stepparents as a result of record high divorce rates (Cherlin, 2005). Suddenly, children's questions of "who is my daddy" and "who is my mommy" did not always have simple answers. The prevalence of divorce, remarriage, and cohabitation in American culture has reshaped how

individuals, specifically children, define their families. Schmeekle, Giarusso, Feng, and Bengston (2006) found that whether or not step parents are considered "family" by their children later in life was defined not by shared blood relatives (e.g. a half brother or sister), but by activities. In other words, family was a status that was achieved through actions and care, which suggests that how we see family is not simply biological, but inherently social. Step-parents are perhaps the strongest evidence in American culture that our social values and norms can shift what family means, and who can enter into our families.

Another shift in defining American family comes from the growing community (or at least growing acceptance) of gays and lesbians and how they choose to create and define family. Nearly two decades ago, writers and theorists were already discussing homosexuality and how it affects the dominant family paradigm. Kath Weston (1991) noted that claiming a gay or lesbian identity had often been seen as a rejection of family. The implication was that gay and lesbians cannot have family; they cannot procreate, their marriages are not recognized by the state, and they, therefore, cannot fall into the prevailing definition of family.

In response to this, many gays and lesbians have sought to create their own definitions of kinship. Homosexual partners create their own families. These families could be as simple as two individuals or could include a larger "chosen" family including friends, lovers, children, or any combination of those listed. For these individuals, kinship was not tied to biological ties or even state recognized unions. Rather, kinship was chosen, based on behavior and close relationships (Weston, 1991).

Though gay and lesbian chosen families represent an alternative form of kinship, it is important to remember that heterosexuals do not represent a single unified kinship system. Diane Gittins (1993: 15) writes that "[t]he notion of there being such thing as "the family" is thus highly controversial and full of ambiguities and contradictions." She goes on to add "[r]ules on mating, sexuality, gender, and age relations... [are] culturally specific and variable, and in no way universal" (15). Still, Gittins finds value in trying to define family. She cites relationships, co-residence, intimacy and emotional connections as universal concepts. Nevertheless, she cautions that the *forms* in which these concepts manifest themselves are "infinitely variable" and can be either altered, challenged, or accepted (Gittins, 1993).

With all the history and theory in mind, how can policy makers determine what is appropriate to establish kinship for foster care children, specifically those who are victims of abuse and neglect? Often, the extended "family" seeking to prove that they have a kin tie to such a child will not co-reside with the youth. After that, the only remaining "universal concepts" are relationships, intimacy, and emotional connection, concepts that are invariably difficult, if not impossible, to measure or define. Likewise, does this point of view favor fictive kinship too strongly? Can we completely ignore the relevance of biological connections?

Though valuing biological connections is variable across cultures, it remains important within American culture. Thus, it must be taken into account in placing foster children who are present in American culture. Rather than push it aside, placement agencies must also recognize the other important bonds that individuals define as familial. Perhaps most reasonably, government agencies and lawmakers

must recognize that both children and adults define family individually. There is no universal family, and it is often defined differently across cultures and groups. Still, family definitions are not created in a vacuum. They are a representation of the mores and ideals of the society around us. It is within this conflict that states must try to work in creating a definition of family that can substantively inform policy. Such a definition will prove critical in determining who will and who will not get preference under the title of kin foster care parents.

Families and Foster Care: The Rise of Kinship Care

Kinship foster care was already a major issue in the mid 1990s. Hegar and Scannepieco (1995) noted the increasing amount of out of home placements for children that involved relatives or family members. They cited U.S. Department of Health and Human services figures from 1992, which stated that 31 percent of all children in state custody were placed with some form of extended family even as almost no relative foster care parents qualified for any state assistance. Though that number has decreased to 24 percent by 2003 (Casey Family Programs, 2006), it would be a mistake to think that concern for relative foster care is fading into the background. Some states continue to place large amounts of children in state custody in kin foster care. Illinois (55 %) and California (51%) place a larger percentage of foster care children with kin than anyone else. Currently, over 32 states now offer some form of assistance to kin foster care parents using funds from a variety of state and federal sources (Vestal, 2006). Other states like Oregon are currently trying to pass laws which would guarantee funding for all relative foster care parents (Oregon 2007 Senate Bill 282) or at least to all of those that qualify as needy through a means

test (Oregon 2007 House Bill 2182). Meanwhile, Senators Hillary Clinton and Olympia Snowe have sponsored a federal bill that would allow states to use federal foster care funds to give assistance to relative foster care parents (Vestal 2006).

There is no doubt that many policy makers prefer relative foster care because of assumptions about "family" and keeping children within families. Additionally, some preferences are at least influenced by the fiscal efficiency that relative foster care givers can offer state governments. Hegar and Scannepieco (1995) pointed out that even allowing equal payments to both groups, kinship or relative foster care providers saved government agencies money by cutting down on family recruitment and placement turnover rate. There is a concern that equal payments, however, would not be enough. This is because relative foster care parents generally have lower levels of education and income (Hegar and Scannepieco, 1995). Would a reasonable program for relative foster care require greater funding to relatives who took in children? Would this additional cost more than offset the savings on recruitment and turnover?

Perhaps the more pressing question is whether or not a shift to relative foster care would compromise level of child well-being for children in state custody. In 2002, the Urban Institute used the 1997 National American Families Survey to compare kin and non-kin foster care. In summary, they found that:

> Children in kin arrangements faced greater hardships than those in non-kin care. They more often lived in poor families and experienced food insecurity. They were more likely to live with a non-married caregiver who was not working and did not have a high school degree. And fewer kin than expected received services to overcome these hardships. (Ehrle and Green, 2002: 15)

Such findings do not discount the importance of kin care. For one, many child welfare experts suggest that kin caregivers have a special interest in the child's well being and

they allow for more contact with siblings and birth parents (Dubowitz, Feigelman, Harrington, Starr, Zuravin, and Sawyer, 1994; Berrick, Barth, and Needell, 1994; Iglehart, 1995). Furthermore, Illinois ran a statewide study which found that children in kin foster care had a higher rate of permanency with their placements than children in non-kin care (Vestal, 2006). This finding stands despite kin care providers being offered and receiving less services and care including financial support, respite care, and access to support groups (Berrick et al., 1994; Chipungu and Everett, 1994; Cook and Ciarico, 1998). In light of such issues, the problem with poverty and food insecurity in kin foster care may simply be the lack of services that are being offered. In an odd way, such deficiencies would only bolster the argument that governments should be favoring, or at least supporting, relative foster care arrangements *more* often, not less.

Still, issues surrounding employment and education levels of a caregiver become a concern when placing a child, whether such a placement involves a relative or not. Furthermore, Ehrle and Geen (2002) discuss some of the problems that significant financial incentives for kin foster care could cause. If such payments were larger than welfare payments, it could lead some biological parents to voluntarily relinquish care. In other situations, it could delay a relative's potential adoption so that benefits would continue (Ehrle and Geen, 2002).

Though there has been past research in examining the differences between kin and non-kin foster care, some experts have noted that much of it has been contradictory (Hegar and Scannepieco, 1995). This could be caused by differences in the populations that are being measured and whether or not that is being accounted for.

It is wrong to compare children in kin and non-kin foster care and assume that they are similar groups before a placement is made. Past research has revealed that children in kin foster care placements are more likely to have been placed in foster care because of child abuse or neglect as opposed to other family issues such as abandonment or parental death (Cook and Ciarico, 1998; Iglehart, 1994). Children in kin foster care are also more likely to come from homes where the birth parents had problems with drugs or alcohol (Cook and Ciarico, 1998). Because of these differences, children in kin foster care as a larger group may experience more stressors that could negatively affect their well-being regardless of placement.

Kinship foster care is something that is not going away. It is increasingly mentioned in political discussions of foster care, is on the rise in a number of states, and continues to speak to American notions of a family's freedom to raise its own. Still, there is one important question that looms over all others: are children in relative foster care receiving adequate care? Would they be better off in non-kin foster care? Would reunification with their parents be an even better option? These questions, before any questions of how much support or where funds shall come from, must be answered. In these terms, the next questions invariably concern what constitutes adequate foster care. How does one measure foster care? And what level should be considered adequate?

Defining Success: The Difficulty in Measuring Child Placements

For any policy, lawmakers and citizens desire a way to evaluate its success. Child placements are no exception. The problem, however, is that success in child

placements can be difficult to measure. What is success, and what goals should a placement have? Furthermore, how do we know when success has occurred?

According to the Department of Health and Human Services, the goal of any child placement is three fold. The state seeks placements that will ensure child safety, provide permanency, and foster a healthy level of child well-being (Department of Health and Human Services 2007).

It is only recently that researchers have been looking in depth at measuring child well-being across placement options. Altschuler and Poertner (2003) for example are the first to recognize a problem with how success in non-relative foster care was being measured. Previously, evaluations of the foster care system dealt primarily with permanency and safety, largely ignoring the child-well-being component. Recognizing how difficult a multi-dimensional concept such as child-well-being is to measure, Altschuler and Poertner used a survey to compute the Child Health and Illness Profile-Adolescent Edition (CHIP-AE), which was developed by Starfield in 1995 (Starfield, Ensminger, et al., 1995). The development of CHIP-AE included interviews and intense evaluation to create a final product which had six domains of health (satisfaction, discomfort, resilience, risk, achievement, disorders). The measurements are derived from a 220 question self-administered survey taking approximately 40 to 50 minutes to fill out.

In their study, Altschuler and Poertner (2003) recognized their results were not generalizable (mainly because of sampling issues). Still, they pointed to the usefulness and potential strength of using the CHIP or other multi-dimensional measures for assessing large populations of children and comparing them with each other.

Meanwhile, they recognized the inherent questions that arise from self-reported data, especially when it comes from children.

Other studies have relied on more classical measures of safety when comparing placements. Litrownik et al. (2003) measured how the exposure to violence that children in long-term or permanent foster care placements had to endure. The paper compared these rates to children in adoptive care as well as children who had been reunified with their parents. By measuring whether children in their study had experienced or witnessed pyschological or physical violence, Litrownik et al. (2003) compared rates of violence across different caregiver settings.

The results included child and caregiver reports. By examining over five hundred children that had been either victims of, or at risk, for child abuse, neglect, or general maltreatment, the study found that children reunified with past caregivers experienced significantly higher rates of violence than all other groups, and that children who were adopted experienced lower rates of violence when compared to those in foster care. These results reveal the limits in assuming that biological ties are consistently better while also driving home the importance of permanency, making the safe assumption that adopted children are in a more permanent situation than those in foster care.

Reunification with caregivers may also cause additional stressors because of relocation. The argument for permanency relies in some part on an established body of research on relocation. Research has shown that while one move or relocation tends to have minimal impact, multiple moves either back and forth or to consistently new places generally result in lower social adjustment levels and lower participation in

social activities (For a review of this literatures, see Edwards and Steinglass, 2001). In keeping with the previously cited research, removing a child from his or her home should not cause negative social outcomes from the move alone (though some emotional trauma from separation from individuals could result). Nevertheless, reunification or multiple foster care arrangements is more likely, according to past research, to cause significant social difficulties for children that can only compound on the emotional and psychological difficulties that new parents can bring. Though relocation may seem like a small part of the trauma that a foster care child receiving multiple placements must face, it should not be ignored, especially in light of this longstanding empirical evidence. Whereas measuring the emotional difficulty of enduring multiple caregivers can be difficult, we are certain at least of the adverse effects of multiple relocations.

With these issues in mind, a robust analysis of how care situations are related to child outcomes should contain a number of varied dimensions. A comprehensive analysis must measure the child's well being in terms of physical safety of the child in the current placement. An accurate measure will measure not only measure the violence directed at the child, but any violence a child is exposed to. Accordingly, violence in the home, the neighborhood, and the child's school should all be taken into account.

Also, the analysis should be able to measure the permanency of the child's situation. This can only be done over a period of time, and requires the use of longitudinal data, which is often difficult to obtain. Still, because of the stressors documented from research done on relocation as well as the emotional difficulty of

being deprived of a constant caregiver or caregivers, permanency is an important part to any child placement model. In this paper, permanency will not be explored because of the small number of children who reported a lack of permanency. Very few children in the study reported having to move from one family to another. Because of such small numbers in this area, it is impossible to conduct a meaningful analysis of which placements have greater permanency rates.

Finally, a successful outcome of child care would be an enhanced level of the child's emotional, psychological, and social well-being. These are in some ways the most critical component of foster care. First of all, safety and permanency are, to some degree, simply pathways to achieve a health, happy, and well adjusted child. Second of all, self reported data may have a bias to not report certain violence or safety concerns. Unreported risks to the child, however, may reveal themselves in more complex dimensions of the child's well-being. Still, measures of psychological, social and emotional well-being in particular are also the most difficult to measure. They can be measured in terms of mental and physical health using a tool such as the CHIP-AE, or they can be measured by looking at the problem more individually, measuring specific aspects of the child such as anxiety, depression or social problems.

Measuring the success of care arrangements is not a simple task. Even after a number of aspects of child well-being are measured, there remain certain intangible components that do not always lend themselves to measurement. These are issues that do not necessarily exhibit themselves through child well-being. Removing children from a certain community, a religious sect, or ethnic or racial group remains to many an emotionally charged act. What is best for the child at the moment may not be best

for the child decades from now. Furthermore, some complain that what is best for an individual child may not be best for the whole community or group. These kinds of questions are indeed important policy issues, but they are more philosophical in nature and beyond the scope of this paper. Rather, this paper will use individual children as the unit of analysis to answer the primary research question.

Primary Research Question

Does child well-being for past victims of child abuse and neglect significantly differ across various care arrangements? Specifically, do children in kin care experience significantly lower or higher levels of well-being compared to children in adoptive care, non-kin care, and children who have been reunified with their parents?

METHODS

Sample

The Longitudinal Study of Child Abuse and Neglect (LONGSCAN) is a detailed analysis of over 1300 children from five cities in the United States. This is a restricted use dataset, requiring an Oregon State University Institutional Review Board approval of the study. To maintain anonymity, the cities are referred to by region. For example, the study includes children from sites labeled Northeast, Midwest, South, Northwest, and Southwest. Each site collected samples in unique ways. At the Northeast site, children were referred to the study from a health clinic. The South site studied children who were deemed "at risk" at the time of birth based on socioeconomic and demographic characteristics. Children in the Northwest study group were referred to the program because of reports to Child Protective Services (CPS), and children in the Midwest were either receiving services from CPS or members in a neighborhood control group.

For this paper, I will use the LONGSCAN sample from the Southwest site. In this sample, children were identified through child welfare records. Each child had been removed from his or her family before the age of 42 months because of verified child maltreatment. These children were then located at four years old and received an initial analysis. This analysis included interviews of parents and the primary teacher (if appropriate) as well as some basic self report data from the child. The initial analyses were conducted during the years of 1992 to 1996.

As the children got older, the study followed up with more interviews and data collection every two years. Data were collected at age 6 and again at age 8. This study

focuses on the data collected at age 8. The data were collected through face to face interviews during the years from 1996 to 2000.

The fact that all the children were victims of child maltreatment is a critical component to the study because past research has revealed that children in kin foster care placements are more likely to have been placed in foster care because of child abuse or neglect, opposed to other family issues including but not limited to parental death and abandoment (Cook and Ciarico, 1998; Iglehart, 1994). By involving only children who had suffered child maltreatment in early childhood, I can essentially control for that factor. I opted against including all test sites to avoid any inconsistencies that may exist across groups because of differing sampling methods. Also, other sites had significantly lower diversity in child placements. In all other samples, over 90 percent of children were placed with their biological parents. The risk of inconsistency across data collection sites is thus greater than the possible reward of increased sample size because so few of the children in other sites were in out of home placements.

The primary data from the southwest sample study consists of 275 children and their available data at the age of 8 years old. The dataset has in-depth information derived from face to face interviews with not only the children, but also the caregivers and teachers of the children. Although the sample presented the possibility to use the data longitudinally, I chose to conduct a cross-sectional analysis of only the data collected at age 8. This decision was based on small gaps at various stages of the data collection for individual cases. If a variable measurement was missing from a case at any stage, that variable could not be measured longitudinally for that case. The choice

to conduct a cross-sectional analysis was done with the intention of including as many of the 275 cases as possible.

Furthermore, the difference in longitudinal and cross sectional data is assumed to be make little difference at least in regards to the independent variable. This is because permanency, as measured by (the lack of) reported moves a child endured, was so high. Only a small minority of children reported moving from their "initial" placement at age four to a new home, and even less reported moving into a different type of placement. This result shaped the study in two ways. One, I assumed that results of children in regards to their current placement were not largely driven by a previous and different type of placement. Two, I chose not to examine permanency in depth, since the reported out of family moves in some placement categories were as low as 5.

Dependent Variable: Child Well-Being

Child well-being is an extremely complex measurement. I broke down the concept of well-being by choosing a series of scales measuring major mental and physical health that were readily scored using child behavior scales as reported by the child, the primary caregiver, and the teacher. (To see a complete list of questions linked to each measure see the appendices at the end of this paper.). The results provide symptomatic data on possible well-being and health problems that the subject may be suffering from.

Every proxy (excepting one) for child well-being was created using a scale according to the coding, aggregating responses to individual questions using simple

addition. Measures for anxiety, depression, anger/aggressive behavior, social problems, and somatic complaints were also then computed into a T-score ranging from 0-100. T-scores are most often used in psycho/emotional measurements. They are calculated by adjusting the raw scores of a scale so that responses in the general population will be normally distributed around a mean of 50. T-scores are commonly used so that minor differences are not exaggerated. The only dependent variable in which a scale was not computed was for major violence, which was coded as a binary score.

Specifically, the measurements included a list of child, parent, and teacher reported data. Children reported their individual levels of anxiety, depression, and anger. Parents and teachers reported on the child's anxious or depressed behavior, aggressive behavior, social problems, and somatic complaints (somatic complaints will be explained later in this section). For a list of the questions included in each measurement scale for well being, please see Appendices A, B, and C.

Depression was measured for two reasons. First, it can serve as a symptom of exposure to violence or maltreatment (Margolin and Gordis, 2004) that may fail to show up in the self-reported data as well as its linkages to negative life events. Second, theorists have noted the reciprocal relationship between depression and negative life events (Hammen, 1991, 1992), meaning that depressed individuals actively contribute to the occurrence of negative life events. Therefore, higher levels of depression at a young age could lead to a vicious circle of low well-being that lasted well into adulthood.

Hostility, anger, and aggressive behavior have also been noted as a symptom of exposure to violence and or maltreatment (Margolin and Gordis, 2004). It is also a measure that may be an indicator of anti-social behavior that could cause a child to develop difficulties in school, friendships, and other social gatherings. Such difficulties could translate into barriers to a successful and well adjusted life.

Childhood anxiety (or psychological stress), like depression, has been recently linked to current child maltreatment and future negative life events (Uhrlass and Gibb, 2007). Accounting for the children's depression, hostility, and anxiety allowed our analyses to be thorough in examining possible mental health issues that are not only important, but may be indicative of maltreatment that might not show up in a caregiver's self-reported data. Also, separating each measurement left room for the concept that certain placements may have different effects on individual aspects of mental health.

The Social Problems scale measures the social well-being (or lack thereof) of the child. This scale consists of questions relating to the child's need to cling to adults, inability to make friends, and problems with getting teased. Smit (2002) noted the acute feelings of rejection that children in out of home placements sometimes feel. Though her work was primarily done on those in adoptive care, it addressed issues that would relate to children who had ever been placed in out of home care. Smit writes, "the child beings to wonder why his/her birthparents... did not choose to care for him or her. Adopted children may view themselves as responsible for the birth family's decision not to parent them" (Smit, 2002: 147). These feelings may make it difficult for children to develop positive social relationships, and may cause them to cling more

closely to adults. Furthermore, these issues may be less present in children who have been reunified with their parents or placed in kin care as such children may not feel rejected by their families to the same extent. Still, it is important to remember that all of these children have been placed in out of home care at least once. Smit writes later, "[c]hildren may worry that they will be rejected once again" (Smit, 2002: 148).

In addition to the mental issues of child well-being, I also included the levels of somatic complaints by the child. The questions on this scale ask things such as whether or not the child often felt dizzy or nauseous or if the child often felt sick for no apparent reason. Recent research has linked higher rates of somatic complaints in children to higher rates of exposure to violence and higher levels of trauma related internalizing symptoms (Hilker, Murphy, and Kelly, 2005).

Physical well-being was also measured in relation to the question of safety. Because I wanted the analysis to go beyond simple measures of safety, I measured it in terms of violence directed at the child through discipline, safety problems at school, and exposure to violence in a variety of settings. (For a list of specific questions tied to each measure, see appendix D).

Violence directed at the child through discipline is broken down into two categories. The first category, a scale, measures the extent to which the child is subjected to verbal aggression and minor forms of violence in the home. This violence could be taken out on the child by the caretaker or another individual, and it included such things as yelling, threatening, or spanking or slapping. The second measure is a binary notation of 0 or 1 that noted whether or not major violence has been used in

disciplining the child. Major violence includes such activities as punching the child, striking the child with an object, or using a weapon on the child.

School safety is measured from a scale that includes items regarding such things as gangs, drugs, and weapons and their presence in the school. This form is filled out by the child's teacher.

The last form of safety deals with what the child has seen or heard. This is primarily a measure of neighborhood safety, but it extends beyond that. This scale consists of questions asking the child if he or she has seen various acts that are either violent in nature (fights, stabbings, shootings) and others that are indicative of a high crime area (e.g. drug deals).

Independent Variable: Placement Options

Within the sample there are data to verify what the initial placement of the child was at 4 years old as well as the current placement of the child. All children were placed in some type of care before this time, but data collection did not begin until the child reached the age of 4 years old. Current placements (at age 8) were based on data from the primary caregiver that was cross-checked from family inventory sheets. The inventory sheets note who was living with the child, their "role" (e.g. Mom, sister, brother, cousin, etc.) and their relation to the child (e.g. foster, biological, adoptive, unrelated, etc.).

After these classifications, I included only children who could be verified as being in one of four categories at the time of their age 8 interviews:

(1)	Reunified and living with biological or step parents	(N=103)
(2)	Living with kin in foster care or similar arrangements	(N=47)
(3)	Living with non-kin in foster care or similar arrangement	(N=32)
(4)	Placed in permanent adoptive care (kin or non-kin)	(N=89)

It should be noted that five of the 89 children in permanent adoptive care, five were in verified kin placements. Also, four children are in placements that I was unable to classify, limiting the sample to 271 children.

Control Variables

The first step in preparing this sample for a quantitative analysis was to establish a set of meaningful control variables so that any differences between placements can be traced to the care the child has received, not other social, economic, or demographic variables that are available in the data.

Past research indicated that kin care providers were likely to have lower amounts of resources available to them, lower rates of education, and less likely to be married (Ehrle and Green, 2002). If such differences exist across placement groups in the data, it is important to control for them. Any significant differences between placement options should be linked to the placement itself and not any of the above listed factors.

For income, I took the total family income reported on a 1-10 scale (see Appendix E). I also included a measure asking how many people were dependent on said income. This gives a better idea of the resources available to care providers than simply measuring income. Two care providers with equal incomes will face very

different resources difficulties if one has two children dependent on the income while the other has five. These measurements are also useful because policy proposals often involve payments to care providers per dependent children. Although this does not account for differences between adult and child dependents or the needs of dependents that are not related to money, it is a more robust way to measure resources than leaving the number of dependents out of the model altogether.

Education can simply be measured as the highest grade level achieved by the primary caregiver. A better measure, however, includes spousal/partner education levels to determine the highest level of education in the household. Such a measure better accounts for the human capital within the household. I used the highest educational level, whether it was the survey's primary respondent or the primary respondent's partner or spouse as a control within my study.

In terms of marriage, I used the question "Does [Primary Caregiver] currently live with a spouse or partner?" Although there was also a question that asked for the legal marital status of the primary respondent, I was more interested in the possible resources a partner or spouse could offer, not whether or not such a partner had a legal marital status. One question that would have been interesting to explore would be the different effects that a stepparent would have as compared to the presences of the second biological parent. The data was available to conclude that out of the 124 children who were households where the primary caregiver lived with a spouse or partner, the breakdown is as follows:

(1)   Biological Parent as Partner   (N=24)

(2)   Step Parent as Partner   (N=32)

(3)   Both Parents Unrelated to Child   (N=96)

The categories were not separated for the regression analysis for two reasons. One, the categories were exclusive to the type of the placement a child was in. For example, a child placed in foster or adoptive could not fit into the biological parent as a partner or the step parent as a partner. Conversely, children that had been reunified with their parents could not be in the category where both parents are unrelated to the child. Second, the relationship between step and biological parents within identical placements was not the primary focus of this study.

To determine the possible effects of keeping the partner/spouse variable as a simple yes or no, ANOVA tests (not included in this paper) were run to examine the differences in the dependent outcome variables between reunified children with two biological parents and reunified children with one biological and one step parent. None of the differences were statistically significant at the $p < .05$. Because of the lack of variation between these two groups, this relationship was not explored any further.

In addition to these three variables, I also controlled for the race of the child. I controlled race by adding a measure for whether or not the child was a non-white racial minority. Growing up as a non-white racial minority in the United States can possibly create difficulties for children that have nothing to do with their care placement. Gender was not controlled for because the standardized T-scores already took gender into account.

The Models

Within the placement categories listed in the above section, I was most interested in how children in kin care compared to those in non kind care and those

who had been reunified with their parents. For each placement, a dummy variable was created that could be used in linear and logistic regression to compare placement options. Kin care was used as the reference group because this study was most concerned how kin care differed from other placement options.

When controlling for these variables, I conducted three regression models for each dimension of child well-being and child safety. One model involved no controls, only examining the direct bivariate relationships between the placements and the dependent variable. In the second regression model, I controlled only for the measure of income and the number of dependents in the household. In the third model, however, I controlled for education level of the caregivers, whether or not the child was a racial minority, and whether or not the a spouse or partner of the caregiver was present in the home. The reasoning behind these divisions between the models lies in what policy options are available. Policy makers can most easily change the amount of resources available to caretakers. Encouraging higher levels of education may also be possible but is significantly more difficult while other factors (caretaker's partner/spouse available or the child's race) are not substantive policy decisions, but still important to consider. If the latter dimensions prove critical, however, it could possibly inform policy makers as to challenges and problems that different children are facing. Thus, it is important to separate two distinct controlled blocks because their differences could shape how my data is interpreted.

Model I
$$\text{Well-Being} \quad = \quad \beta_0 + \beta_1 \text{Placement} + e$$

Model II
$$\text{Well-Being} \quad = \quad \beta_0 + \beta_1 \text{Placement} + \beta_2 \text{Income} + \beta_2 \text{Dependents} + e$$

Model III

$$\text{Well-Being} = \beta_0 + \beta_1 Placement + \beta_2 Income + \beta_2 Dependents + \beta_3 Education + \beta_5 Minority + \beta_6 Spouse/Partner + \beta_7 Yearofinterview + e$$

Permanency was not analyzed using the regression models because of a low sample size. There were not enough cases of reported impermanency to warrant a regression model. This study recognizes the important role that permanency can play, but it was simply not possible to conduct a robust analysis on this measure.

RESULTS

Univariate Analysis

The first analyses done in this paper are univariate measurements of all the variables that will be present in the regression models. The mean values as well as their ranges and standard deviations. The independent variable, a child's placement, has been listed above in the methods section.

Table 1 indicates the measurements of dependent variables that were reported from the children directly. This includes the T-scores of child reported anxiety, depression, and anger levels as well as the child's raw score from responses to how much violence he or she has seen and heard. All of the T-scores are interval variables with a range of 0-100. In the general population, the T-scores are normally distributed among a mean of 50. In this sample, the mean T-scores for anxiety and depression are higher than 50 and the mean T-scores for anger are below 50. In each case, however, a standard deviation larger than 10 indicates that these differences are not very meaningful. The raw score regarding how much violence the child has seen and heard is an ordinal scale with a range of 1 to 53.

Table 2 lists all the dependent variables that were reported by the caregivers of the children. This table reports the basic descriptive statistics for parent reported T-Scores regarding the child's anxious or depressed behavior, aggressive behavior, socially problematic behavior, and somatic complaints. These T-scores are an interval variable. In the general population, these T-Scores would be normally distributed among a mean of 50. In this sample, all of the means were above 50, but within one standard deviation of 50. Table 2 also lists descriptive information for the verbal &

minor physical violence ordinal scale as well the binary variable for major physical violence. The former is a scale variable ranging from 0-18 with a mean of 3.27 while the latter is a nominal binary variable with 0 and 1 as the only possible scores.

Table 2 lists all the dependent variables that were reported by the primary teachers of the children. This table reports the basic descriptive statistics for teacher reported T-Scores regarding the child's anxious or depressed behavior, aggressive behavior, socially problematic behavior, and somatic complaints. These T-scores are an interval variable. In the general population, these T-Scores would be normally distributed among a mean of 50. In this sample, all of the means were above 50, but within one standard deviation of 50. Table 3 also lists descriptive information for the school violence and risk ordinal scale. This scale has scores that could range anywhere from 12 to 48, and the average score was a 17.56.

Table 4 presents a look at the control variables that are present in the regression models. Family income is measured on an ordinal scale ranging from 1-11 with an average score of 6.24. The number dependents in the household and the highest household educational level (years) are interval variables ranging from 1-12 and 3-20 with means of 4.78 and 13.11 respectively. The variables concerning whether or not a child is a racial minority and whether or not a spouse or partner lives in the home are both binary nominal variables. In both cases a 0 represents a no response and a 1 represents a yes response.

Table 1

Child Reports for Measures of Child Well-Being (N = 273)

Variables	M	SD	Range
Anxiety	56.90	16.160	0-100
Depression	53.76	13.811	0-100
Anger	46.57	11.422	0-100
Seen and Heard Violence	17.53	9.743	1-53

Table 2

Caregiver Reports for Measures of Child Well-Being (N=271)

Variables	M	SD	Range
Anxious/Depressed Behavior	55.69	7.734	0-100
Aggressive Behavior	58.66	10.105	0-100
Social Problems	57.44	8.869	0-100
Somatic Complaints	54.46	6.392	0-100
Verbal & Minor Physical Violence	3.27	2.880	0-18
Major Physical Violence[a]	0.10	0.296	0-1

[a] Major Physical Violence (MPV) is 0 = No MPV Took Place   1 = Some form of

MPV took place

Table 3

Teacher Reports for Measures of Child Well-Being (N=245)

Variables	M	SD	Range
Anxious/Depressed Behavior	56.26	7.248	0-100
Aggressive Behavior	59.25	9.630	0-100
Social Problems	58.55	8.149	0-100
Somatic Complaints	54.79	7.232	0-100
School Violence/Risks	17.56	4.526	12-48

Table 4

Control Variables for Hierarchical Regression Models (All Caregiver Reported)

Variables	M	SD	Range
Family Income	6.24	3.076	1-11
Dependents	4.78	2.030	1-12
Highest Household Educational Level (years)	13.11	2.436	3-20
Racial Minority[a]	0.720	0.450	0-1
Spouse/Partner Present[b]	0.495	0.580	0-1

[a] Racial Minority (RM)　　0 = Child is not a RM　　　　1 = Child is a RM
[b] Spouse/Partner Present (SP) 0 = SP is not present　　　　1= SP is present

Bivariate Analysis

Before conducting the regressions, bivariate analysis was done to examine some basic differences across child placement options to see if our sample matched up with what had already been found in past research. Ehrle and Green (2002) found that when compared to non-kin care, families providing kin care had less economic, educational, and other general resources available to them.

Table 5 substantiates those past finding to some degree. Children in kin care come from households with lower income scores and lower education scores compared to children in non-kin care and adoption placements. The income scores, however, are not statistically significant (p<.05), and the education scores were significantly different (p<.05) only compared to children in adoption placements. Furthermore, kin care households have higher scores in both categories compared to households where children have been reunified with their parents. Neither of these differences are statistically significant (p<.05). Parents reunified with their children also report the lowest average level of education. This difference is, however, only significantly different (p<.05) when compared to adoptive parents.

More interesting, perhaps, are the demographic differences in kin care and reunified parent households compared to other groups. Table 6 shows that kin care households have a greater percentage of both male and minority children than any other category. Also, the table shows that caregivers in kin care and reunified parent households are far less likely to be living with a partner or a spouse compared to non-kin care providers or adoptive parents (47.1 and 44.1 percent compared to 69 and 71 percent). The $\chi2$ values suggest that all of these differences are significant (p<.05).

Table 7 illustrates the rate of impermanence across child placement. It is measuring how often a child had to move to a new family since age 4. Although children that were reunified with their parents at age 4 had the highest number of family moves followed by non kin care, these results were not significant. Furthermore, the numbers represented such a small portion of the sample, this issue was not looked at further for a regression analysis.

The bivariate analyses revealed similar trends to those found in Ehrle and Green's national survey of kin and non-kin foster homes. There were, however, differences. In this sample, many of the disparities between groups were not significant as they were in the national data. This leaves two possibilities open. One, the data from the southwest sample of the LONGSCAN project could be in some way different than the national data. Two, the sample could be too small, causing type II error. Essentially, this would cause me to accept the null hypothesis even in situations when I should not.

Table 7
Percentage of Children with reported moves by PLACEMENT AT AGE 4

	Child's Placement									
	Reunified (N=88)		Kin Care (N=51)		Non-Kin Care (N=63)		Adoption (N=60)		X^2	*sig*
	%	SR	%	SR	%	SR	%	SR		
Out of placement move reported	13.6	0.4	9.8	-0.5	15.9	0.8	8.3	-0.9	2.072	

†$p < .10$. *$p < .05$. **$p < .01$.

SR = Standard Residual

Table 6

Means of Income Scores per Dependents by CHILD'S CURRENT PLACEMENT
AND
Means of Highest Education Level between Primary Caregiver and Spouse/Partner

	Child's Placement			
	Reunified N=102	Kin-Care N=47	Non-Kin Care N=31	Adoption N=89
Income / Dep.	1.090_a	$1.354_{a,b}$	1.967_b	$1.803_{b,c}$
Highest Ed in HH	12.275_a	12.723_a	$13.167_{a,b}$	14.258_b

Note: Means in the same row that do not share subscripts differ at $p < .05$ in the Student Newman-Keuls comparisons

Table 5

Percentage of Minority Children, Female Children, and Caregivers with a Spouse/Partner by Placement

| | Child's Placement | | | | | | | | |
| | Reunified (N=103) | | Kin Care (N=47) | | Non-Kin Care (N=32) | | Adoption (N=89) | | X^2 | U |
	%	SR	%	SR	%	SR	%	SR		
Non-White Racial Minority Children	72.5	0.1	87.2	1.3	78.1	0.4	59.6	-1.3	12.686**	0.026**
Female Children	47.1	-0.6	38.3	-1.3	48.4	-0.3	65.2	1.8	10.862*	0.021*
Primary Caregiver has a Spouse or Partner	47.1	-1.4	44.7	-1.1	69.0	0.8	71.9	1.8	16.809**	0.033**

†$p < .10.$ *$p < .05.$ **$p < .01.$

SR = Standard Residual

Emotional Well-Being: Anxiety and Depression

Because Smit (2002) noted feelings of rejection that children in out of home placements sometimes feel, I expect to find lower levels of anxiety and depression in children that had been reunified. Nevertheless, the children in this sample all left their initial homes because of abuse and neglect, and re-entry into a past situation could cause both anxiety and depression. Such a situation makes one question the original hypothesis.

Table 8 shows child reported anxiety levels and table 9 reports child reported depression levels. These two tables do in fact support the original hypothesis. Children that have been reunified with their parents report lower levels of anxiety than those in kin care placements, and this relationship is approaching statistical significance ($p<.10$) in model III where all control variables were present. This same group of children report significantly ($p<.05$) lower levels of depression than those in kin care placements. This relationship is evident in model I (the bivariate analysis), model II (controlling for income and dependents), and model III (controlling also for social variables). Children in adoptive and non-kin care placements do not differ significantly from those in kin care placements in terms of either child reported levels of anxiety or depression in any model.

Table 10 shows parent reported levels of anxious and depressed behavior of their children, and it showed that, keeping all other variables equal, increases in the number of dependants in the household will likely correspond with increased levels of child reported depression. This connection was statistically significant ($p<.05$) in model II, but weakened and was only approaching significance ($p<.10$) in model III.

Table 10, however, also shows that the parent reported data on anxious/depressed behavior of their child tell a different story. In contrast to the child reported data, parents reunified with their children report seeing, on average, higher levels of behavior associated with being anxious or depressed. This relationship is approaching statistical significance (p<.10) in models I and II, but disappears when all the control variables are added in model III. In table 10, higher levels of household income were associated with lower levels of anxious or depressed behavior by the child, and This relationship approaches significance (p<.10). Negative outcomes are associated with the caregiver having a live in spouse or partner, and this connection is also approaching significance (p<.10). Caregivers and parents of minority children report, on average, less anxious and depressed behavior than those of white children, and this relationship is statistically significant (p<.01).

In table 11, the data reveal that teachers do not note a statistically different amount of anxious or depressed behavior from children in any particular placement option. Furthermore, teachers do not report significantly different levels of anxious or depressed behavior for children based on their family's household income, the number of dependants in the family, or any other of the control variables.

The differences across reporting methods may simply be caused by reporting bias. In these reports, the child reports seem to be the most reliable statistics. Not only are self reports more reliable for inner feelings, but child reported depression levels were the only measure were there as a fully significant difference across placements. This finding also coincides with past research, as noted above.

Table 8

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Self Reported) Anxiety Level T-Scores

(N = 245)

Variable	Model 1		Model 2		Model 3	
	B	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	-4.091	2.917	-4.812	2.951	-5.116†	2.965
Non-Kin Care	0.724	3.978	1.654	4.018	1.077	3.996
Adopted	-1.507	3.023	-0.920	3.042	-1.527	3.119
Financial Resources						
Income			-0.172	0.423	-0.690	0.499
Dependents			0.793	0.536	0.684	0.536
SES + Demographic						
Highest HH Ed.					-0.247	0.494
Minority Child?					-0.254	2.436
Live-in Spouse / Partner?					5.549	2.222
R^2		0.013		0.022		0.048
F for change in R^2		1.038		1.107		2.104†

†$p < .10$. *$p < .05$. **$p < .01$.

Table 9

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Self Reported) Depression Level T-Scores (N = 245)

Variable	Model 1		Model 2		Model 3	
	B	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	-5.051*	2.440	-5.374*	2.474	-5.456*	2.519
Non-Kin Care	0.311	3.327	-0.069	3.452	0.409	3.465
Adopted	-3.291	2.528	-3.492	2.663	-3.552	2.699
Financial Resources						
Income			-0.076	0.352	-0.421	0.419
Dependents			0.924*	0.446	0.840†	0.449
SES + Demographic						
Highest HH Ed.					0.423	0.420
Minority Child?					0.545	2.072
Live-in Spouse / Partner?					2.732	2.062
R^2		0.029		0.046		0.057
F for change in R^2		2.358†		2.157		0.965

†p < .10. *p < .05. **p < .01.

Table 10

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Parent Reported) Anxious/Depressed T-Scores (N = 260)

Variable	Model 1		Model 2		Model 3	
	B	$SE\ B$	B	$SE\ B$	B	$SE\ B$
Reunified	2.291†	1.247	2.311†	1.274	1.504	1.269
Non-Kin Care	-0.646	1.709	-0.618	1.776	-0.390	1.734
Adopted	1.797	1.283	1.828	1.355	1.138	1.336
Financial Resources						
Income			-0.025	0.178	-0.399†	0.204
Dependents			0.110	0.224	0.112	0.220
SES + Demographic						
Highest HH Ed.					0.252	0.201
Minority Child?					-3.062**	1.032
Live-in Spouse / Partner?					1.730†	1.026
R^2	0.023		0.024		0.082	
F for change in R^2	1.981		0.122		5.284**	

†$p < .10.$ *$p < .05.$ **$p < .01.$

Table 11

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Teacher Reported) Anxious/Depressed T-Scores (N = 245)

Variable	Model 1		Model 2		Model 3	
	B	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	0.896	1.826	0.924	1.855	2.093	1.906
Non-Kin Care	-0.772	2.316	-0.708	2.445	-0.562	2.439
Adopted	-0.503	1.846	-0.371	1.930	0.099	1.921
Financial Resources						
Income			-0.079	0.238	0.306	0.288
Dependents			0.155	0.346	0.185	0.343
SES + Demographic						
Highest HH Ed.					-0.206	0.314
Minority Child?					2.193	1.473
Live-in Spouse / Partner?					-2.381	1.495
R^2	0.009		0.011		0.057	
F for change in R^2	0.373		0.139		2.062	

†p < .10. *p < .05. **p < .01.

Behavioral Well-Being: Aggressive Behavior & Social Problems

Because past research (Hammen, 1991; Margolin and Goldis, 2004) notes the connection between hostility and aggressive behavior with not just negative life outcomes, but depression as well, I expect to find similar results to what I found on anxiety and depression. Social problems should step in line with anger and aggressive behavior in the sense that the latter should cause, or at least exacerbate the socially difficult behavior of a child.

Table 12 shows the results from the child reported levels of anger. This regression, however, does not reveal any significant differences in child anger across placement. There is also no significant relationships between anger and any of the control variables. This is somewhat surprising because of the differences that are found in children's anxiety and depression levels.

Table 13 shows the results of parent reported levels of their child's aggressive behavior. As it is with anxious and depressed behavior, reunified parents note higher levels of aggressive behavior in their children than caregivers in kin foster care, but again, it is only approaching statistical significance (p<.10). This relationship exists in all three regression models. Children in non-kin foster care and adoptive care have no significant differences on this measure in relation to children in kin foster care. Also, table 13 revealed a relationship indicating that as the number of dependents in a household rose, so does a child's level of aggressive behavior (p<.10).

Table 14 documents the levels of children's aggressive behavior as reported by their teachers. Teachers report lower levels of aggressive for children in adoptive care as compared to those in kinship care. This relationship approaches significance

(p<.10) and is present in all three models. Reunified and non-kin foster care children do not significantly differ from children in kin care in any of the models for this data. Interestingly, teachers reported significantly (p<.05) higher levels of aggressive behavior students who identify as racial minorities compared to non-minority students. This is particularly interesting since minority children did not report comparatively higher levels of anger and parents and caregivers of minority children did not report higher levels of aggressive behavior in their children. It is possible that discrimination at school could bring out aggressive behavior in minority children. It is also possible, however, that teachers impart their own subconscious prejudices and expectations onto minority children.

In terms of social problems, direct reports from children are not available. Table 15, however, notes the parent reported data on the level of a child's social problems. In this analysis, there are no significant differences across child placement. There is an inverse relationship with income levels and the reported amount of social problems, which is approaching statistical significance (p<.10). Also, parents of minority children report lower levels of social problems than parents of non-minority children.

Teachers do not report significantly different levels in social problems across child placement. They do note differences depending on whether or not the child lives in home where the parent has a spouse or a partner. Table 16 shows that teachers report lower levels of social problems for children whose parents have a spouse or a partner compared to those who do not.

Overall, there are no patterns of significant differences in behavioral well-being across child placements. Although reunified parents report seeing lower levels of aggressive behavior in their children compared to kinship caregivers, this relationship is only approaching significance ($p<.10$). Not only that, this relationship is not matched by child or teacher reported data. Teachers note lower levels of aggressive behavior in adopted children compared to children in kin foster care, but this is not matched by parent or child reported data, and like the previous difference, is merely approaching significance ($p<.10$). There are also no significant differences across child placement concerning social problems.

Table 12

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Self Reported) Anger Level T-Scores
(N = 245)

Variable	Model 1		Model 2		Model 3	
	B	SE B	B	SE B	B	SE B
Reunified	-2.180	2.070	-1.805	2.114	-2.073	2.137
Non-Kin Care	0.917	2.823	0.127	2.949	0.746	2.939
Adopted	-2.198	2.145	-2.882	2.275	-3.088	2.289
Financial Resources						
Income			0.243	0.301	-0.223	0.355
Dependents			0.174	0.381	0.076	0.381
SES + Demographic						
Highest HH Ed.					0.519	0.356
Minority Child?					-0.189	1.758
Live-in Spouse / Partner?					3.359	1.749
R^2		0.010		0.015		0.041
F for change in R^2		0.851		0.508		2.132†

†$p < .10$. *$p < .05$. **$p < .01$.

Table 13
Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Parent Reported) Aggressive Behavior T-Scores (N = 260)

Variable	Model 1		Model 2		Model 3	
	B	$SE\ B$	B	$SE\ B$	β	$SE\ B$
Reunified	3.107†	1.759	3.259†	1.787	0.158†	1.822
Non-Kin Care	0.000	2.410	0.027	2.492	0.001	2.491
Adopted	2.702	1.808	2.748	1.901	0.129	1.918
Financial Resources						
Income			-0.080	0.249	-0.024	0.294
Dependents			0.529†	0.314	0.107†	0.316
SES + Demographic						
Highest HH Ed.						0.289
Minority Child?						1.482
Live-in Spouse / Partner?						1.474
R^2		0.018		0.029		0.043
F for change in R^2		1.537		1.417		1.252

†p < .10. *p < .05. **p < .01.

Table 14

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Teacher Reported) Aggressive Behavior T-Scores (N = 245)

Variable	Model 1		Model 2		Model 3	
	B	$SE\ B$	B	$SE\ B$	B	$SE\ B$
Reunified	-2.896	2.350	-2.843	2.377	-1.517	2.432
Non-Kin Care	-4.184	2.980	-3.917	3.134	-3.185	3.111
Adopted	-4.836†	2.376	-4.406†	2.474	-4.267†	2.451
Financial Resources						
Income			-0.246	0.305	-0.010	0.367
Dependents			0.423	0.443	0.377	0.438
SES + Demographic						
Highest HH Ed.					0.389	0.401
Minority Child?					4.548*	1.879
Live-in Spouse / Partner?					-1.654	1.907
R^2	0.033		0.043		0.096	
F for change in R^2	1.460		0.700		2.457†	

†$p < .10$. *$p < .05$. **$p < .01$.

Table 15
*Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Parent
Reported) Level of Social Problems T-Scores (N = 260)*

Variable	Model 1		Model 2		Model 3	
	B	SE B	B	SE B	B	SE B
Reunified	0.844	1.486	0.550	1.506	-0.061	1.534
Non-Kin Care	2.336	2.035	3.159	2.100	3.188	2.098
Adopted	1.454	1.527	2.225	1.602	1.943	1.616
Financial Resources						
Income			-0.358†	0.210	-0.491*	0.247
Dependents			0.358	0.265	0.360	0.266
SES + Demographic						
Highest HH Ed.					-0.155	0.244
Minority Child?					-2.192†	1.249
Live-in Spouse / Partner?					0.817	1.241
R^2		0.006		0.022		0.037
F for change in R^2		0.539		2.014		1.327

†$p < .10$. *$p < .05$. **$p < .01$.

Table 16
Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Teacher Reported) Level of Social Problems T-Scores (N = 245)

	Model 1		Model 2		Model 3	
Variable	*B*	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	-0.646	2.039	-0.407	2.054	0.831	2.120
Non-Kin Care	-1.801	2.586	-2.067	1.708	-1.897	2.712
Adopted	2.358	2.062	-2.246	2.138	-1.740	2.136
Financial Resources						
Income			-0.123	0.263	0.278	0.320
Dependents			0.588	0.383	0.629	0.382
SES + Demographic						
Highest HH Ed.					-0.200	0.349
Minority Child?					1.601	1.638
Live-in Spouse / Partner?					-2.925†	1.662
R^2	0.013		0.032		0.070	
F for change in R^2	0.578		1.220		1.706	

†$p < .10$. *$p < .05$. **$p < .01$.

Physical Well-Being: Somatic Complaints & Safety

The strong connection between emotional, behavioral, and physical health (Hammen, 1991; Margolin and Goldis, 2004) suggests that we should see parallels between them. The problem, however, is that there are not clear trends in either emotional or behavioral well-being. Although there are some relationships that approach significance, only child reported depression yielded a statistically significant (p<.05) difference across placements. This particular difference suggests that children who are reunified with their parents have higher levels of well-being than children in kin foster care.

Table 17 suggests similar findings. This table reports parent reported data on the child's somatic complaints. In this data, children reunified with their original parents had lower reports of somatic complaints compared to those in kin care. This relationship is present in all three models, but only approaches significance (p<.10). Differences between non-kin care or adoptive care and kin care do not approach significance for somatic complaints. Higher levels of income were also associated with lower levels of somatic complaints. This relationship was statistically significant (p<.05). Teacher reported data on somatic complaints are less conclusive. Table 18 shows no differences across placements or relationships with the control variables that even approach significance.

The above regressions as well as the parent reported data in table 17 suggests that I should expect greater levels of safety for children reunified with their parents. This, however, is not the case. First, there is an issue of the timeliness of the connections. Although there is no dispute that depression and factors like somatic

complaints are tied to exposure to violence, there is some question about how long a child must endure or experience violence before it manifests itself into emotional or behavioral problems. This is one of the reasons that longitudinal data is preferable to the cross-sectional variety that was available to and used in this study. Second, there is some concern about children returning to parents who have been abusive or neglectful in the past. Because of these two issues, I expect (in spite of the past regressions) reunified children to report a slightly higher exposure to violence.

Table 19, showing parent reported data on verbal and minor physical violence directed toward the child, and table 20, showing child reported about the violence they have "seen and heard," confirm the above hypothesis. Although there are no significant differences between kin foster care, non-kin foster care, and adoptive care, children reunified with their original parents report significantly higher levels of "seen and heard" violence (p<.05). Parents reunified with children also report higher levels of verbal and minor physical violence directed at their children (p<.05). Both of these relationships are significant in the bivariate model and the complete model. For both measures of safety, a spouse/partner in the home increases the levels of violence that a child is exposed to. In terms of verbal and minor physical violence, the relationship is significant. Regarding violence that has been "seen or heard" by the child, the relationship is only approaching significance.

It is important to note to that there was no difference across placements in terms of major physical violence. This measure is somewhat suspect in the sense that it is parent reported. Caregivers may be wary of admitting that they engaged in major acts of physical violence, regardless of whether or not they did and regardless of how

much confidentiality is promised. As such, only 24 caregivers reported that a child had experienced any kind of major physical violence whatsoever. The only significant dimension involved the presence of a partner of spouse in the home. Having a partner or spouse in the home increased a child's chance of experiencing major physical violence by over 28 percent. This factor is statistically significant (p<.05). Nevertheless, it remains possible that caregivers are simply more willing to admit acts of violence by their partner or spouse than their own, thus skewing the data towards homes were a partner or spouse is present.

There is also no significant difference in school violence across child placements. The only significant (p<.05) factors for violence in schools are the family's income, and whether or not the child is considered a racial minority. Higher levels of family income are associated with less school violence while being a racial minority are associated with higher levels of violence in one's school.

Comparing all of the regression analyses, children who were reunified with their original parents were more likely, even controlling for a number of social and economic variables, to be exposed to violence and have violence directed at them.

Table 17

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Parent Reported) Somatic Complaints T-Scores (N = 245)

Variable	Model 1		Model 2		Model 3	
	B	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	0.794	1.064	0.201	1.069	-0.053	1.082
Non-Kin Care	-2.007	1.457	-0.915	1.490	-0.762	1.479
Adopted	0.704	1.094	1.700	1.137	1.268	1.139
Financial Resources						
Income			-0.390**	0.149	-0.545**	0.174
Dependents			-0.171	0.188	-0.142	0.188
SES + Demographic						
Highest HH Ed.					0.301†	0.172
Minority Child?					-1.636†	0.880
Live-in Spouse / Partner?					-0.160	0.875
R^2		0.019		0.052		0.079
F for change in R^2		1.690		4.418*		2.447**

†p < .10. *p < .05. **p < .01.

Table 18

Summary of Hierarchical Regression Analysis for Variables Predicting Child's (Teacher Reported) Somatic Complaints T-Scores (N = 245)

Variable	Model 1		Model 2		Model 3	
	B	$SE\ B$	B	$SE\ B$	B	$SE\ B$
Reunified	-3.188†	1.834	-3.113†	1.862	-1.931	1.922
Non-Kin Care	-2.262	2.325	-2.323	2.455	-1.862	2.458
Adopted	-1.858	1.854	-1.796	1.938	-1.502	1.937
Financial Resources						
Income			-0.053	0.239	0.223	0.290
Dependents			0.204	0.347	0.211	0.346
SES + Demographic						
Highest HH Ed.					0.139	0.317
1.804					1.804	1.485
Live-in Spouse / Partner?					-2.691	1.507
R^2		0.023		0.026		0.064
F for change in R^2		1.025		0.185		1.695

†p < .10. *p < .05. **p < .01.

…

Table 19

Summary of Hierarchical Regression Analysis for Variables Predicting (Verbal)/(Minor Physical Abuse) Directed at Children (N = 258)

Variable	Model 1		Model 2		Model 3	
	B	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	1.215*	0.492	1.332**	0.500	1.178*	0.507
Non-Kin Care	-0.340	0.673	-0.582	0.699	-0.517	0.696
Adopted	0.688	0.506	0.469	0.535	0.360	0.537
Financial Resources						
Income			0.080	0.070	-0.026	0.082
Dependents			0.049	0.090	0.037	0.090
SES + Demographic						
Highest HH Ed.					0.065	0.081
Minority Child?					-0.341	0.415
Live-in Spouse / Partner?					0.807*	0.411
R^2		0.038		0.045		0.068
F for change in R^2		3.345*		0.933		2.013

†$p < .10$. *$p < .05$. **$p < .01$.

Table 20

Summary of Hierarchical Regression Analysis for Variables Predicting Violence "Seen and Heard" by Children (N = 246)

Variable	Model 1		Model 2		Model 3	
	B	*SE B*	*B*	*SE B*	*B*	*SE B*
Reunified	3.555*	1.742	3.387†	1.770	3.883*	1.767
Non-Kin Care	3.294	2.367	3.780	2.483	4.166†	2.455
Adopted	-2.253	1.796	-1.816	1.914	-1.553	1.897
Financial Resources						
Income			-0.208	0.247	-0.429	0.288
Dependents			0.226	0.312	0.141	0.310
SES + Demographic						
Highest HH Ed.					0.546†	0.282
Minority Child?					3.452*	1.467
Live-in Spouse / Partner?					2.487†	1.437
R^2	0.069		0.074		0.112	
F for change in R^2	6.020**		0.548		3.448*	

†$p < .10$. *$p < .05$. **$p < .01$.

Table 21

Summary of Hierarchical Regression Analysis for Variables Predicting Violence in Children's Schools (N = 130)

Variable	Model 1		Model 2		Model 3	
	B	$SE\ B$	B	$SE\ B$	B	$SE\ B$
Reunified	0.264	1.139	-0.162	1.102	-0.375	1.144
Non-Kin Care	-2.479†	1.455	-0.967	1.459	-0.995	1.458
Adopted	-1.492	1.139	-0.427	1.131	-0.593	1.132
Financial Resources						
Income			-0.486**	0.140	-0.525**	0.170
Dependents			-0.132	0.206	-0.170	0.204
SES + Demographic						
Highest HH Ed.					0.000	0.185
Minority Child?					1.707†	0.880
Live-in Spouse / Partner?					1.440	0.908
R^2	0.049		0.141		0.180	
F for change in R^2	2.171†		6.624**		1.933	

†p < .10. *p < .05. **p < .01.

Table 22

Summary of Logistic Regression Analysis for Variables Predicting "Major Violence"
Directed at Children (N = 258)

Predictor	B	SE B	e^B
		Major Violence	
Placement Options			
Reunified	0.694	0.642	2.001
Non-Kin Care	-18.988	7479.797	0.000
Adoption	0.061	0.704	1.063
Financial Resources			
Income	0.024	0.110	1.024
Dependents	0.254	0.107	1.289*
SES + Demographic			
Highest HH Ed.	0.071	0.102	1.073
Minority Child	0.578	0.576	1.782
Caregiver Live-in Spouse/Partner?	-0.194	0.524	0.824
Constant	-5.190		
χ^2		13.438†	
Df		8.000	
Experience Violence		9.300	

†p < .10. *p < .05. **p < .01

DISCUSSION

The purpose of this study is to examine children in the Southwestern United States who, at a young age had been removed from their home because of substantiated child abuse and or neglect. The LONGSCAN study tracked them from age 4, meeting up with them to collect various data every year. The analyses above were created using data from the children collected at age 8, which consists of some of the most recent data available.

More specifically, this study wanted to examine the differences between children who are currently in placed in kin care opposed to those who have been adopted, placed in non-kin care, or reunified with their parents. In light of some of the demographic differences outlined in the bivariate analysis, one might suspect that children in kin care and children reunified with their parents would score significantly worse in terms of child well being. Children in these two latter categories come from families that lower levels of education and lower household incomes. Children in these two categories, however, do not always score lower, specifically in the case of child reported dimensions. In comparing all placements to kin care, neither children in adoption nor non-kin care placement options reported, on average, statistically significant better scores in any child reported measure. Children reunified with their parents did report, in comparison to children in kin care, significantly lower levels of depression that were and lower levels of anxiety that approached significance (p<.10). Surprisingly, the presence of a partner or spouse for the caregiver is often associated with lower levels of child well-being. This possibly could turn out different if spouse and live in partner were placed in separate categories, but not necessarily. Further

research comparing a spouse or partner with a biological connection with the child to step-parents may also be warranted.

Parent reported and teacher reported measurements on mental health and somatic complaints reveal particularly interesting results in that no significant ($p<.05$) differences exist across placements in any category. Surprisingly, income is more often not linked to these dimensions of well-being in a significant manner. Still, higher income is associated with higher levels of well-being on somatic complaints, and other factors. More important, however, is that there is not any extremely convincing evidence within these data to suggest that children are achieving higher levels of emotional, social, or behavioral well-being because of any particular placement.

The results for a child's physical well-being in terms of safety tell a somewhat different story. In these models, no placement option scores significantly ($p<.05$) better than kin care in any model, and children that have been reunified with their parents experience higher levels of verbal and minor physical violence directed at them compared to children in kin care placements. Reunified children also report higher scores on the "seen and heard" scale for violence. The verbal and minor physical violence difference remains significant past the .05 level as controls are added to the model, but the differences for violence seen and heard does not. Other than those two examples, there are no significant differences in safety scores across placements. Only 24 children (out of 258 valid scores) were listed as experiencing any form of major violence. This is likely because the data is self reported by the parents or caregivers. Although minor physical or verbal violence may seem appropriate to some, striking a child with a fist or a weapon is almost universally regarded as

unacceptable. The discomfort of admitting to such an act may motivate caregivers to underreport such incidences, even with a promise of confidentiality.

In addition to the differences across placement, a couple of the control variables reveal statistically significant connections to safety. First, higher incomes are associated with lower amounts of violence in the child's school as well as lower scores for the "Seen and Heard" violence scale. These differences are also significant past the .05 level. This is likely caused by higher household incomes being able to afford to live in a safer neighborhood or more desirable school district. Secondly, children who are racial minorities reported, on average, higher amounts of school violence ($p<.05$) as well as higher scores on the "Seen and Heard" scale ($p<.05$). The control variables reveal that minority and low income children continue to live in neighborhoods and go to schools that have higher rates of violence. Having a family with a low income limits the resources available to a child and, thus, fewer resources to keep them out of harms way. The effects associated with minority children are also not all that surprising considering the history of institutional and individual acts of racism against racial minorities in the United States. It is this exposure to violence, perhaps, that plays a factor in the increased hostility levels and somatic problems that low income children report when compared to others.

CONCLUSIONS

These analyses are, if anything, too limited in numbers and too unique a sample to conclusively recommend specific policy decisions. Further research using similar methods, but involving larger and more geographically diverse samples could be beneficial to limiting the chances of type I or type II error. It is also likely that large samples tracked over time would offer an important component of any analysis involving child placement. Still, these analyses can offer some initial findings that, alongside other information and theory, could potentially help inform the policy process. Likewise, the data does suggest that certain policy options may be more desirable than others.

First, these data suggest that there are in fact risks involved with reuniting children with their parents. Reunified children scored the same or worse than children in kin care placements in every category of safety. Furthermore, the results were the same when reunified children were compared to other placement categories (regressions not included in this paper). One must be cautious in reading too much into these results because child well being scores reveal that reunified children do not exhibit lower levels of well being in self, teacher, and parent reported data. In fact, the data clearly state that reunified children have lower levels of depression (p<.05). They also suggest that reunified children may even have lower levels of anxiety (p<.10). Still, it seems that some children could be better off if they were not reunified with their parents.

Further research can play an important role in determining what dimensions are driving these safety differences. According to the tables above, the increased

violence a child experiences goes beyond socio-economic or demographic differences between biological parents and caregivers in other placements. Still, this paper recognizes the political reality in the United States in regards to family. There is, and will continue to be in the indefinite future, a strong desire to see children placed with biological and step parents. If a separation is needed because of substantiated child abuse and or neglect, there is a desire to keep the separation as short as possible. Government agencies, policy makers, and the public at large respect not only a traditional concept of family, but also the rights of parents to have access to their children. Furthermore, it is not beyond reason to assume that when asked, young children could request reunification, whether it is in their best long-term interests or not.

In the meantime, however, my research shows kin care to be a viable option for children who cannot or should not be reunified with their parents because of safety concerns. Unlike reunified children, youth placed in kin care did not score significantly lower ($p > .05$) in any means of child safety or child well being compared to other placement options, at least not when the model fully controlled for economic, social, and demographic dimensions. Additionally, policy that emphasizes kin care still contains some of the appeal of "family placement." Perhaps equally critical, kin care is often cheaper than non-kin care, even when equal payments are made to kin and non-kin caregivers. This is simply because agencies need less time to search through appropriate listings for children to find an appropriate placement when kin care is chosen (Hegar and Scannepieco, 1995). Last of all, kin care potentially offers children a more permanent social support system. At the age of 18, many children in

non-kin arrangements may have to move out. And, if they are representative of other foster care children, they have higher risks for unemployment, homelessness, and unwanted pregnancy (Reilly, 2003). Kin care arrangements may be more likely to accommodate the child as he or she transitions from adolescence on to early adulthood. Children do not "age out" of a kin relationship as they do with traditional foster care arrangements. According to the data in this study, kin care appeals to a sense of family autonomy, it does not appear to jeopardize the child's well-being in any measurable way, and could potentially save money within government programs.

The last step for policy makers hoping to adopt kin care practices to consider two important factors: defining kin and determining payments.

Concepts of fictive kinship, step parents considered as family, and non-traditional family constructions cited throughout this paper make a clear case for an adaptable definition of kinship. They are why I chose to define things such as "Grandmother Figure" as kin in this study, and they reveal why it is imperative for government to also be flexible in defining kinship. Having a close relationship with a child in a family setting is no different for a "legal" Aunt as it is for a "fictive" Aunt. Both academics and laypersons understand this concept, and government programs should as well.

Income did not play as critical a role in this study as one might have predicted, but income was still a critical factor in determining the amount of violence a child would be exposed to in the school specifically. Additionally, income also played a limited role in specific measures of child well-being. If programs are placing children in kin care as an alternative to non-kin foster care, there is no justification to deny kin

caregivers compensation to help support the child. Such a denial of funds could, as the data reveal, have serious adverse effects on the child and also makes a strange statement about our preferences for child placement.

Kin care deserves serious consideration when children require an out of home placement. It also deserves to be approached with flexible ideas regarding who is considered kin and an attitude of fairness when it comes to payment benefits to the caregiver. Children in foster care need as much help as they can get. Although kin care will certainly not solve all the crises in foster care, it seems that it has the potential to do more good than harm.

Limitations

After reporting the data, it is important to discuss the limitations of both the methods, and the data available to the study. As mentioned earlier in the paper, this is a purely quantitative analysis. This study in no way attempts to address some of the more complex and inter-related dimensions that may be better addressed through an in depth qualitative process. The other limitations of the study center around three issues: who is asked; how many are asked; and how questions are measured.

First, the study uses a very unique sample. Although it sheds some light on how victims of child abuse and neglect respond to certain placements, these results may not be generalizable to children in other situations. Specifically, reunifying children with parents will likely yield different results if the original separation was not because of child abuse and neglect.

Second, the study asks questions only in regards to children. Although there are many who may be interested in the well-being of parents or even extended family,

this study does not address them. Instead of examining a number of different family members at a surface level, this research elects to observe one family member (the child) across a number of measures in an in-depth manner. This limitation represents a choice, a conscious decision to focus on the outcomes of children outside of any effects to others.

Third, the study would have been bolstered by a larger sample. A sample of 271 individual cases may not seem prohibitively small. Nevertheless, it becomes difficult to establish conclusive results when the original 271 must be divided across four groups. This challenge is only exacerbated when the groups are not evenly divided. For example, having only 32 children in non-kin care arrangements and only 47 in kin care placements increases the chance for both type I and type II error (especially the latter). In type I error, the null hypothesis is incorrectly rejected. In type II error, the null hypothesis is incorrectly accepted, simply because significance could not be established. A lot of the conclusions of this paper rely on the lack of statistical difference between kin and non-kin foster care. If the lack of such differences are due solely to type II error, the conclusions are incorrectly drawn.

The number of cases was the most difficult limitation this study dealt with, and it determined how other challenges would be dealt with. For example, another limitation this study faced was in how to measure child outcomes, specifically some of those in the well-being category. Mental and emotional outcomes such as depression, hostility, interpersonal sensitivity, and anxiety are possibly the result of long-term (opposed to immediate) effects. In this sense, the strongest model would examine children who

have had a steady placement over a period of time, and measure the change in depression (for example). Not only would such a model be preferable to measuring a child's current level of depression, it would have also been possible with the data available. The LONSCAN data is, after all, longitudinal. This, however, would seriously limit the samples I had. I would have to remove any child who did not have a steady placement over the past four years. I would also have to remove any child who was missing data on their placement at any stage throughout the longitudinal data I hoped to link together. Although the number of children who had reported moves was a relatively small number, many children had missing information at one point of the study or another. The total effect would have reduced the sample size too drastically to justify a *possibly* more accurate measure.

Finally, the data tell the story of "what." It determines what the child outcomes are in specific placements. Furthermore, by controlling for a variety of socio-economic and demographic variables, it can even determine what is *not* driving the observed differences. Past these controls, however, this research does not, in any way, even attempt to tell the story of "why." It does not explain why the results turn out the way the do, or how outcomes could be changed outside of controlling for the listed variables. My findings can speak to how children in specific placements differ from one another, but they do not explain why. That question, if someone finds it compelling enough, will have to be answered through further research.

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APPENDICES

Appendix A: Child Reported Data

Children were given the prompts below with the following answer options:

0   = Never
1   = Sometimes
2   = Lots of Times
3   = Almost all the time

Their responses were summed, given a raw score, and labeled as a scale according to the titles above them. These raw scores were then normed and controlled for gender to calculate an appropriate T-score.

Anxiety
Feeling afraid something bad might happen
Get scared all of a sudden, and don't know why
Feeling scared of men
Feeling scared of women
Feeling nervous or jumpy inside
Feeling afraid
Being afraid of the dark
Worrying about things
Feeling afraid someone will kill you

Depression
Feeling lonely
Feeling sad or unhappy
Crying
Wanting to hurt yourself
Washing yourself because you feel dirty inside.
Feeling stupid or bad
Feel like you did something wrong.
Feeling like nobody likes you.
Wanting to kill yourself.

Anger
Arguing too much
Wanting to yell and break things
Getting mad and can't calm down
Wanting to yell at people
Wanting to hurt other people
Getting into fights
Feeling mean
Feeling like you hate people
Feeling mad

Appendix B: Parent Reported Data

Parents were given the prompts below in relation to their child with the following answer options:

1 = Never
2 = Sometimes
3 = Lots of Times
4 = Almost all the time

Their responses were summed, given a raw score, and labeled as a scale according to the titles above them. These raw scores were then normed and controlled for gender to calculate an appropriate T-score.

Anxious/Depressed
Complains of loneliness
Cries a lot
Fears he/ she might think or do something bad.
Feels he or she has to be perfect.
Feels or complains that no one loves him/ her.
Feels others out to get him/ her.
Feels worthless or inferior.
Nervous, high-strung, or tense.
Too fearful or anxious.
Feels too guilty.
Self-conscious or easily embarrassed
Suspicious.
Unhappy, sad, or depressed.
Worries

Appendix B CONT'D

Aggressive Behavior
Argues a lot
Cruelty, bullying, or meanness to others
Demands a lot of attention
Destroys his/ her own things
Destroys things belonging to his/ her family or others
Disobedient at home
Disobedient at school
Easily jealous
Gets in many fights
Physically attacks people
Screams a lot
Showing off or clowning
Stubborn, sullen, irritable
Sudden changes in mood or feelings.
Unusually loud
Threatens people
Temper tantrums or hot temper
Teases a lot
Talks too much.

Social Problems
Acts too young for his/ her age
Clings to adults or too dependent
Doesn't get along with other kids
Gets teased a lot
Not liked by other kids
Overweight
Prefers older kids
Prefers younger kids

Somatic Complaints
Feels dizzy
Overtired
Physical problems without known medical cause - Aches or pains (not headaches)
Physical problems without known medical cause - Headaches
Physical problems without known medical cause - Nausea, feels sick
Physical problems without known medical cause - Problems with eyes
Rashes or skin problems
Stomachaches or cramps
Vomiting, throwing up
Other problem

Appendix C: Teacher Reported Data

Teachers were given the prompts below in relation to one of their students with the following answer options:

1 = Never
2 = Sometimes
3 = Lots of Times
4 = Almost all the time

Their responses were summed, given a raw score, and labeled as a scale according to the titles above them. These raw scores were then normed and controlled for gender to calculate an appropriate T-score.

Anxious/Depressed
Complains of loneliness
Cries a lot
Fears he/ she might think or do something bad.
Feels he or she has to be perfect.
Feels or complains that no one loves him/ her.
Feels others out to get him/ her.
Feels worthless or inferior.
Nervous, high-strung, or tense.
Too fearful or anxious.
Feels too guilty.
Self-conscious or easily embarrassed
Suspicious.
Unhappy, sad, or depressed.
Worries

Appendix C CONT'D

Aggressive Behavior
Argues a lot
Cruelty, bullying, or meanness to others
Demands a lot of attention
Destroys his/ her own things
Destroys things belonging to his/ her family or others
Disobedient at home
Disobedient at school
Easily jealous
Gets in many fights
Physically attacks people
Screams a lot
Showing off or clowning
Stubborn, sullen, irritable
Sudden changes in mood or feelings.
Unusually loud
Threatens people
Temper tantrums or hot temper
Teases a lot
Talks too much.

Social Problems
Acts too young for his/ her age
Clings to adults or too dependent
Doesn't get along with other kids
Gets teased a lot
Not liked by other kids
Overweight
Prefers older kids
Prefers younger kids

Somatic Complaints
Feels dizzy
Overtired
Physical problems without known medical cause - Aches or pains (not headaches)
Physical problems without known medical cause - Headaches
Physical problems without known medical cause - Nausea, feels sick
Physical problems without known medical cause - Problems with eyes
Rashes or skin problems
Stomachaches or cramps
Vomiting, throwing up
Other problem

Appendix D: Measures of Physical Child Well-Being in Terms Safety

Parents were given the prompts below with the following as possible answer choices:

0	=	Did Not Occur
1	=	Caregiver OR other directed behavior at the child
2	=	Caregiver AND other directed behavior at the child

Their responses were summed, given a raw score, and placed into a scale named according to the titles below.

Verbal/Minor Physical Violence Directed at the Child
Yell or scream at him/ her.
Insult or swear at him/ her.
Sulk or refuse to talk.
Stomp out of the room or yard.
Do or say something to spite him / her.
Threaten to hit or throw something at him / her.
Throw, smash, hit, or kick something?
Push, grab or shove him/ her.
Spank him / her.
Slap him/ her

Major Physical Violence Directed at the Child
Kick, or bite or hit him/ her with a fist.
Hit or try to hit him/ her with some THING. (like a switch or a belt or a hairbrush)
Beat him / her up.
Burn him or her, or scald him/ her with hot water.
Threaten him/ her with a knife or gun?
Use a knife or a gun on him / her.

Appendix D Cont'd

Teachers were given the prompts below with the following as possible answer choices:

1	=	Very Much Like My School
2	=	Like My School
3	=	Somewhat Like My School
4	=	Not Like My School
5	=	Not At All Like My School

Their responses were summed, given a raw score, and placed into a scale named according to the titles below.

Violence and At-Risk Behavior in the School

Students are safe from violence on the school's playground.
This school is a safe place for teachers and students.
This school is in a safe neighborhood.
There is open drug activity in the neighborhood around this school.**
There is no drug activity in this school.
There are students in this school who carry weapons, such as knives and guns.**
Maintaining discipline is a continuing problem at this school.**
There are students involved in gangs in this school.**

**Coding for these questions was reversed so that a consistent scale could be calculated.

Appendix D Cont'd

Children were asked how many times they had seen, heard, or experienced the events listed below. Their answer choices were coded as such:

0	=	Never
1	=	One
2	=	Twice
3	=	Three Times
4	=	>Three Times

Their responses were summed, given a raw score, and placed into a scale named according to the titles below.

Violence Seen and Heard by the Child

How many times have you heard guns being shot?
How many times have you seen somebody arrested?
How often do you feel safe when you are at home?
How many times have you seen drug deals?
How many times have you seen somebody being beat up?
How many times have you heard grown-ups in your home yell at each other?
How many times have you seen someone get stabbed?
How many times have you seen someone get shot?
How many times have you seen a gun in your home?
How often do you feel safe when you are at school?
How many times have you seen grown-ups in your home hit each other?
How often do you feel safe when you are outside in your neighborhood?
How many times have you seen a dead body around your neighborhood? [Do not include wakes or funerals.]
How many times have you seen gangs in your neighborhood?
How many times have you seen somebody pull a gun on another person?
How many times have you seen someone in your home get shot or stabbed?
How many times has your house been broken into?
How many times have you seen somebody pull a knife on another person?
How many times have you seen somebody steal something from another person?

Appendix E: Income Classifications

Parents were asked the question, "What is your total household income?" Their responses were coded as such:

1	=	Less than $5000 a year
2	=	$5,000 - $9,999 a year
3	=	$10,000 – $14,999 a year
4	=	$15,000 – $19,999 a year
5	=	$20,000 – $24,999 a year
6	=	$25,000 – $29,999 a year
7	=	$30,000 – $34,999 a year
8	=	$35,000 – $39,999 a year
9	=	$40,000 – $44,999 a year
10	=	$45,000 – $19,999 a year
11	=	Over $50,000

SPECIAL NOTE: For more information on measures contact the author or, if one has access to it, see the LONGSCAN project data dictionary.