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Child Protection Investigations in Out-of-Home Care: Perpetrators, Victims, and Contexts

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Abstract

Keeping children safe in out-of-home care requires an understanding of the contexts under which maltreatment occurs. This study examines how maltreatment investigations differ across four settings (nonrelative foster, informal kinship, formal kinship, and congregate care). I focus on four elements of maltreatment: the perpetrator's role (e.g., out-of-home caregiver and peer), maltreatment type, probability of substantiation, and victim characteristics. I use statewide Wisconsin administrative data in years 2005–2012, which has an analytic sample of over 96,000 placements. Data are analyzed using descriptive statistics and multi-level logistic regression. Alleged maltreatment is not uncommon in out-of-home care—the total investigation rate ranged from 5% (congregate care) to 15% (informal kinship care). Four percent of all placements were investigated for maltreatment by an out-of-home caregiver, of which 9% were substantiated. Maltreatment by peers (siblings or other foster children) was investigated in 1% of all placements, of which 20% were substantiated. Neglect was the most commonly alleged maltreatment type in informal kinship care, whereas physical abuse was most commonly alleged in all other placement types. Children who were female, Black, or between ages 6 and 10 experienced heightened risk of maltreatment in out-of-home care.

Keywords

child maltreatment; child welfare services/child protection; foster care; kinship care

Approximately half a million children experience the U.S. foster care system each year, primarily in nonrelative foster care (NRFC; 47%), formal kinship care (FKC; 28%), or congregate care (CC; 15%), which refers to group homes and institutions (U.S. Department of Health and Human Services, 2013). An additional half-million reside in informal kinship care (IKC) with caregivers who receive payments through Temporary Assistance to Needy Families child-only grants (U.S. Department of Health and Human Services, 2003). Children in the IKC are not included in most studies of maltreatment in out-of-home care: As they are not part of the formal child welfare system, there is not always quality data available on those placements and their comparability to foster children may be in question. However,

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IKC is increasingly used as a diversion tactic to keep maltreated children out of the foster care system (Casey Family Programs, 2007); consequently, IKC placements may be serving children with similar needs and histories as the foster care system and yet they receive little screening, oversight, or support. In addition, many studies only compare FKC and NRFC—in part because they are the most common types of foster care placements but also because children in CC are considered too dissimilar (in that they are rarely young children and often have behavioral or emotional difficulties). Thus, the comparative safety of different types of out-of-home care settings is not well established.

As child safety is the primary goal of out-of-home care, the extent to which it prevents further harm to children is an important metric. Many studies on maltreatment in out-of-home care are based on small samples (e.g., Benedict, Zuravin, Somerfield, & Brandt, 1996; Hobbs, Hobbs, & Wynne, 1999; Zuravin, Benedict, & Somerfield, 1993) or use data that are one to three decades old (e.g., Benedict et al., 1996; Hobbs et al., 1999; Poertner, Bussey, & Fluke, 1999; Spencer & Knudsen, 1992; Zuravin et al., 1993). Given the multitude of state and federal policy changes in that time, more recent estimates are needed. Moreover, it is largely unknown whether there are differences in the profiles of alleged maltreatment across out-of-home care settings. This study addresses four research questions: (1) Do placement settings differ in their risk of maltreatment by specific types of perpetrators? (2) Do the most commonly alleged types of maltreatment differ across placement setting? (3) Does the probability of substantiation differ by placement setting and perpetrator role? and (4) What are the characteristics of children at greatest risk of maltreatment in out-of-home care?

Literature Review

The federal performance standard for safety in foster care (which does not include IKC) is the absence of substantiated maltreatment by a foster parent or facility staff member for 99.68% of foster children in a given year (U.S. Department of Health and Human Services, 2011). Over a longer time period, two state-level studies found a rate of 2% (Poertner et al., 1999; Spencer & Knudsen, 1992). Yet, alleged maltreatment in out-of-home care is typically not substantiated. Estimated rates of investigated maltreatment vary widely across studies, from 4% to 32% (Biehal, Cusworth, Wade, & Clarke, 2014; Biehal & Parry, 2010). However, the investigation rate may also be an undercount: in two studies, one in four foster children reported physical abuse (Euser et al., 2014) or psychological abuse (Baker, Brassard, Schneiderman, & Donnelly, 2013) by a foster parent.

There are somewhat inconsistent findings on how risk of maltreatment varies across placement settings; this is likely reflective of differences in the placement settings, categories of maltreatment, and geographic regions included in each study. Nevertheless, some generalizations can be made. Alleged and (to a lesser extent) substantiated maltreatment may be less common in FKC than in NRFC (Tittle, Poertner, & Garnier, 2001; Winokur, Crawford, Longobardi, & Valentine, 2008; Zuravin et al., 1993), particularly for sexual abuse (Benedict et al., 1996). Notably, however, one of the only multistate U.S. studies in this area finds no differences in substantiated maltreatment between FKC and NRFC (Testa, Bruhn, & Helton, 2009). This may, in part, reflect the fact that the

substantiation rate for investigated maltreatment varies across states; thus, there may be differences within state that are not identifiable at the national level.

Studies also differ on whether children in CC are at higher risk of maltreatment than children in other out-of-home care settings. For example, Poertner, Bussey, and Fluke (1999) reported that the rates of maltreatment in foster care in Illinois were 2.5% for NRFC, 1.9% for FKC, and 1.3% and 1.5% for group homes and institutions, respectively. However, Spencer and Knudsen (1992) reported that the risk of maltreatment in Indiana was 7 times higher in residential placements than in foster homes, with this heightened risk being partially driven by especially high rates of sexual abuse in residential homes (13 times higher than in foster homes). Overall, some evidence indicates that physical and sexual abuse represent a larger proportion of maltreatment investigations and substantiations in out-of-home care than in the general population (where neglect is most common; Benedict et al., 1996; Benedict, Zuravin, Brandt, & Abbey, 1994), especially for CC (Biehal et al., 2014; Poertner et al., 1999; Spencer & Knudsen, 1992).

Biehal and Parry (2010) review evidence on the characteristics of children maltreated in out-of-home care. Children with disabilities or histories of abuse may be at higher risk of maltreatment in out-of-home care. Consistent with the general population, girls in out-of-home care appear to be at higher risk of sexual abuse and lower risk of physical abuse than boys. Finally, several studies have noted that less than half of investigations in out-of-home care allege maltreatment by the foster caregiver, and the remainder primarily allege maltreatment by biological parents, siblings, or peers (Biehal & Parry, 2010; Hobbs et al., 1999).

Overall, estimates of the prevalence of maltreatment in out-of-home care vary based on sample characteristics, including location and the placement settings of the children. Estimates also vary based on measurement—including whether the outcome was substantiated or investigated maltreatment, whether the outcome was inclusive of children whose victimization in out-of-home care was not perpetrated by the out-of-home caregiver, and the length of time for which outcome data were available. In addition to variation in researchers' approaches, not all studies considered the types of maltreatment children experience in care—information that is vital for crafting policy and programmatic solutions. This study sought to address many of these issues. Instead of measuring maltreatment in out-of-home care as a monolithic event, this study examined how the risk of an investigation differed across placement setting, and how, when investigated, the role of the alleged perpetrator, substantiation risk, and types of alleged maltreatment varied by placement setting. In addition, this study evaluated which child characteristics predict investigated maltreatment by various perpetrators, whether the role of child characteristics varied by placement type.

Method

Data and Sample

This study uses administrative data for the full state of Wisconsin from years 2005–2012, which include all placements for all children who spent time in foster care during those

years (approximately 110,000 placements). Observations are excluded if the placement setting is a shelter, missing, or does not fall into a category of substantial size (e.g., hospital). Detention placements are also excluded because these may involve children who are only juvenile justice involved in addition to youth with both child protection and juvenile justice cases. These exclusions result in an analytic sample of 96,489 placements involving 43,320 children.

Measurement

Child protective service (CPS) records are merged with out-of-home care records to identify all investigations that occurred while a child was in out-of-home care. Records are then coded by perpetrator type and type of maltreatment alleged. Perpetrator types are coded as (1) out-of-home caregiver, including staff with caregiving responsibilities in CC settings; (2) child (sibling and other foster child); (3) preplacement caregiver (biological, step, or adoptive parent); and (4) other (most commonly, family friends or other noncaregivers and unknown perpetrator). Maltreatment type is categorized as neglect (physical or supervisory), physical abuse, sexual abuse, and emotional or other maltreatment. Neither perpetrator nor maltreatment type is mutually exclusive: An investigation may involve multiple perpetrators and types of maltreatment. In addition, investigations are indicated as either substantiated or not.

Placement setting is categorized into four types: NRFC, FKC, IKC, and CC. IKC refers to non-court-ordered placements, wherein the relative caregiver received a Temporary Assistance to Needy Families child-only grant. Some analyses include child characteristics such as sex, age-group, race and ethnicity, and maltreatment history in the 6 months prior to entering out-of-home care (neglect, sexual abuse, and/or physical abuse).

Analysis

Descriptive statistics are used to estimate maltreatment prevalence in out-of-home care by alleged perpetrator and maltreatment type. These analyses use placement (rather than child) as the primary unit of observation. Two-level random-intercept logistic regression models, with placements nested within children, are used to identify characteristics associated with maltreatment by specific perpetrator types.

Results

Prevalence

As shown in Table 1, nearly 9% of out-of-home placements experienced a CPS investigation. The probability of an investigation was highest in IKC and lowest in CC. Less than half of these investigations involved allegations against an out-of-home caregiver. While 4.1% of NRFC placements and 3.6% of FKC placements experienced alleged maltreatment by an out-of-home caregiver or facility staff, this was true for only 2% of CC placements. The highest rate was in IKC, where over 7% of placements were investigated for maltreatment by an out-of-home caregiver. A smaller portion of investigations involved allegations against a peer (typically another foster child or a sibling). Investigations of peer maltreatment were most common in NRFC (1.4% of placements) but accounted for the

largest proportion of CC investigations, with about 19% of investigations in CC involving allegations against a peer.

Over one third of investigations involved allegations against a preplacement caregiver (biological, step, or adoptive parent). This may reflect either retrospective reports (delayed disclosure of maltreatment that occurred prior to out-of-home care) or new maltreatment that occurred during visitation. Alleged maltreatment by a preplacement caregiver was most common in IKC and least common in CC. Finally, over 15% of investigations involved a perpetrator categorized as other (typically noncaregiver adults or unknown perpetrators). While more common overall in kinship and NRFC, these types of perpetrators are involved in nearly a quarter of all CC investigations, a higher proportion than any other placement type.

Probability of Substantiation

About one in four investigations in out-of-home care were substantiated. Table 2 depicts the substantiation rate by alleged perpetrator across placement types. Investigations alleging maltreatment by an out-of-home caregiver or peer were substantiated 9% and 20% of the time, respectively, with no significant variation across the placement types. The substantiation rate for allegations against preplacement caregivers varies significantly across placement type, with rates of 23% and 26% for children in NRFC and FKC, respectively, and much lower rates for children in IKC and CC. Finally, substantiation of maltreatment by perpetrators in the “other” category also differs significantly across placement types: The rate was highest in CC (32%) and lowest in IKC (17%).

Allegations

Remaining analyses exclude investigations of preplacement caregivers because delayed disclosures cannot be clearly distinguished from new occurrences. Figure 1 shows the types of maltreatment alleged in investigations of out-of-home caregivers and CC staff. Physical abuse was the most common allegation in NRFC, FKC, and CC. Neglect was the most common allegation in IKC, and the rates of alleged neglect were higher in both IKC and FKC placements than in NRFC or CC placements. In addition, CC placements had the highest proportion of allegations involving sexual abuse—40% of investigations involved sexual abuse allegations.

Investigations of peer maltreatment involved alleged sexual abuse in over 80% of cases. This finding was fairly consistent across all placement types, although sexual abuse constituted a smaller proportion of peer maltreatment investigations in IKC than any other placement type. Physical abuse was present in approximately 40% of these investigations, indicating that a substantial portion of investigations of siblings or other children involved multifactorial maltreatment. Allegations against other perpetrators often involved sexual abuse, particularly in CC placements, where sexual abuse was alleged in 83% of investigations. Sexual abuse was alleged in 56% and 60% of other perpetrator investigations in NRFC and IKC, respectively. In FKC, investigations of other perpetrators were slightly more likely to involve physical abuse (49%) than sexual abuse (46%).

Characteristics of Alleged Victims

Table 3 depicts the results of multilevel logistic regression models predicting investigations of maltreatment perpetrated by out-of-home caregivers, peers, and other perpetrators. Models include interactions with placement setting for sex, race, and age. Results are presented in the form of odds ratios. Overall, IKC placements had significantly higher odds of maltreatment by an out-of-home caregiver than all other placement types, whereas FKC placements had lower odds than IKC and NRFC placements but equal odds as compared with CC placements. Male children were at higher risk of out-of-home caregiver maltreatment in IKC and CC only. Black children had over twice the odds of out-of-home caregiver maltreatment as compared with White children, and they were at even higher risk in FKC. However, IKC placement appears to moderate this risk: In IKC, Black children were still at higher risk of maltreatment than White children, but the disparity was much smaller than in the other placement types. Black children also had higher odds than Whites of maltreatment by out-of-home peers or other perpetrators in FKC and NRFC, but lower odds in CC and lower or equal odds in IKC. Latino children also experienced increased risk of maltreatment by an out-of-home caregiver relative to White children, but this was moderated by IKC placement. Age was also associated with maltreatment risk. Compared to children aged 6–10, all other age-groups tended to have lower odds of maltreatment for all perpetrator types. However, there were significant interactions between the 0–2 age-group and both types of kinship placement, such that the reduction in odds of maltreatment associated with that age-group was less pronounced for children in IKC or FKC. Finally, preplacement physical abuse predicted increased odds of out-of-home caregiver maltreatment and preplacement sexual abuse predicted increased risk of other perpetrator maltreatment.

Limitations

This study has a few important limitations to note. First, these data do not allow for some important child characteristics to be controlled, such as disability status or behavior problems. Child disability and behavioral issues are associated with a lower probability of being placed in kinship care (Font, 2014) and with increased risk of maltreatment (Font & Berger, 2015; Hershkowitz, Lamb, & Horowitz, 2007; Jaudes & Mackey-Bilaver, 2008). Consequently, the inability to account for these factors is likely to inflate estimated differences in maltreatment risk for kinship care versus other placement settings. Second, this study is based on data from a single state and may not be generalizable to other states due to differences in both population characteristics and child welfare systems. Third, as previously mentioned, it cannot be discerned whether allegations against biological, step, or adoptive parents are retrospective or whether they occurred during a supervised or unsupervised visitation.

Discussion

This study suggests several points of interest for child maltreatment policy and practice. First, maltreatment investigations in out-of-home care are not rare. Nearly 9% of all placements had an investigation. Although some of those investigations may reflect delayed disclosure of preplacement maltreatment, even after excluding investigations that include

allegations against a biological, step, or adoptive parent, nearly 6% of placements were investigated. Maltreatment by an out-of-home caregiver is likely to compound the negative impacts of maltreatment by children's family of origin (which often precipitates out-of-home care), as chronic maltreatment is believed to result in greater adverse effects on children as compared with single occurrences (Éthier, Lemelin, & Lacharité, 2004; Jaffee & Maikovich-Fong, 2011). The rate of investigated maltreatment in IKC is particularly notable. Although Wisconsin does not appear to have a formal policy on the use of informal kinship placements to avoid taking custody of maltreated children (Casey Family Programs, 2007), it is likely that it occurs in practice. Children who have been maltreated may exhibit behavioral problems or have other issues that make the provision of care more difficult; indeed behavioral problems can both result from and increase the risk of maltreatment (Font & Berger, 2015). Yet, whereas foster parents typically receive training intended to prepare them to care for children who have experienced trauma, informal kinship caregivers receive no such preparation.

Second, investigations of maltreatment in out-of-home care were rarely substantiated. About 9% of investigated maltreatment by out-of-home caregivers was substantiated. This is notably lower than the overall substantiation rate for the state, which was 20% in 2005 and 13% in 2012 (Wisconsin Department of Children and Families, 2013). When 90% of allegations of maltreatment by out-of-home caregivers cannot be confirmed, two scenarios warrant consideration: (1) false allegations against out-of-home caregivers are quite prevalent or (2) the standard of evidence for substantiation, perhaps, should be reconsidered. If the former is true, fear of false allegations may deter prospective foster parents or result in increased attrition. An inadequate supply of foster parents, due to both low recruitment and high attrition, has been an ongoing concern (Chipungu & Bent-Goodley, 2004) although it is unknown whether false allegations have played a role. At the same time, a case review study has documented erroneous decision making in investigations of maltreatment in out-of-home care, wherein cases with sufficient evidence of maltreatment are not being substantiated (DePanfilis & Girvin, 2005). In the child welfare system at large, however, research has called into question the extent to which substantiation is a meaningful indicator of maltreatment. That is, the association between CPS-investigated maltreatment and adverse child outcomes is the same irrespective of whether the maltreatment was substantiated (Hussey et al., 2005; Leiter, Myers, & Zingraff, 1994), and agency-level characteristics are strongly predictive of the probability a case will be substantiated, net of family and child characteristics, and risk factors (Font & Maguire-Jack, in press). This issue has not been studied specifically in the context of maltreatment in foster care.

Third, neglect is the most common maltreatment risk for children in IKC and second most common for FKC. Yet, neglect allegations in nonrelative care and CC are comparably infrequent. Neglect is significantly more common in families experiencing poverty or forms of economic hardship (Berger & Waldfogel, 2011; Slack et al, 2011; Slack, Holl, McDaniel, Yoo, & Bolger, 2004), and although it is not firmly established that poverty has a causal impact on neglect, there is some emerging evidence of causality (Berger, Font, Slack, & Waldfogel, 2015). In addition, both formal and informal kinship caregivers experience, on average, greater socioeconomic disadvantage than nonrelative foster parents (Dolan, Casanueva, Smith, & Bradley, 2009; Ehrle & Geen, 2002; Harden, Clyman, Kriebel, &

Lyons, 2004; Strozier & Krisman, 2007). In part, this is because kinship caregivers are not always held to the same income standards as are nonrelative foster parents, and nonrelative foster parents receive greater economic support from the child welfare system. Accordingly, addressing income differentials across placement types may—though, again, this area requires greater research—reduce neglect in kinship care. Minimum income requirements for kinship caregivers, or greater financial supports, may reduce the risk of child neglect. While some informal and formal kinship foster parents receive financial support through the Temporary Assistance to Needy Families system, this amount is typically less than foster care reimbursement payments, and many caregivers receive no assistance at all (Murray, Ehrle, & Geen, 2004).

Finally, the risk of maltreatment, particularly for sexual abuse, by a peer or other noncaregiver adult in nonrelative care and CC suggests that foster care workers may need to more carefully consider not only the compatibility of children and prospective foster parents but also the risk presented by others present in the home or facility. However, CC placements, where allegations against other children are most prevalent, are often already a last resort and thus alternative placement options may not exist for some children. Nevertheless, CC staff should minimally provide adequate supervision to diminish risks.

Overall, findings suggest that allegations of maltreatment in out-of-home care are not uncommon. However, efforts at preventing maltreatment in out-of-home care must consider how risks differ across placement setting. Adherence to income requirements or increased economic supports may reduce physical neglect risk in kinship placements. Parent training, respite care, or other supportive services may reduce risk of physical abuse, which is the most common maltreatment type in most out-of-home care settings. Sexual abuse, which is most common in nonrelative and CC, may be prevented through enhanced screening of employees at care facilities and prospective nonrelative and kinship foster parents.

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Figure 1.
Types of maltreatment alleged in investigations of out-of-home caregivers.

Table 1

Maltreatment Investigations by Perpetrator Type.

	Any investigation	Alleged perpetrators		
		Out-of-home caregiver	Peer	Preplacement caregiver
Other				
Nonrelative foster care (NRFC)	8.8	4.1	1.39	2.6
Informal kinship care (IKC)	15.2	7.4	0.88	6.6
Formal kinship care (FKC)	7.6	3.6	0.65	2.9
Congregate care (CC)	4.8	1.9	0.89	1.3
Total	8.9	4.2	1.05	3.1
$p(\chi^2)$	***	***	***	***

 $p < .001$.

Table 2

Substantiation Rate by Perpetrator Type and Placement Setting.

	Out-of-home caregiver	Peer	Preplacement caregiver	Other
Nonrelative foster care (NRFC)	9.01	20.45	23.03	17.62
Informal kinship care (IKC)	9.11	13.79	14.35	16.79
Formal kinship care (FKC)	8.03	16.55	26.05	25.77
Congregate care (CC)	10.79	25.00	10.45	31.96
Total	8.98	19.60	19.66	21.06
$p(\chi^2)$			***	***

 $p < .001$.

Table 3

Predictors of Investigated Maltreatment in Out-of-Home Care.

	Out-of-home caregiver		Peer		Other	
	OR	95% CI	OR	95% CI	OR	95% CI
Placement (reference nonrelative foster care [NRFC])						
Informal kinship care (IKC)	2.72*** <i>a,c</i>	2.19 3.36	.89 ^a	0.58 1.38	1.34 ^a	0.91 1.98
Formal kinship care (FKC)	0.64*** ^a	0.51 0.81	.35*** <i>b,c</i>	0.22 0.53	0.47*** <i>b,c</i>	0.32 0.69
Congregate care (CC)	0.82 ^a	0.44 1.53	.85 ^a	0.33 2.24	1.41 ^a	0.55 3.65
Sex (reference female)						
Male	1.06	0.95 1.17	.83 [*]	0.70 0.98	0.75**	0.64 0.88
IKC × Male	0.76*** <i>a,c</i>	0.64 0.89	.61 [*]	0.41 0.90	0.71*** ^c	0.52 0.97
FKC × Male	0.93 ^b	0.78 1.12	0.74	0.50 1.09	0.94 ^c	0.70 1.27
CC × Male	0.64*** ^b	0.50 0.82	0.89	0.61 1.30	0.47*** <i>a,b</i>	0.33 0.66
Race (reference White)						
Black	2.32***	2.05 2.61	1.33**	1.10 1.61	1.56***	1.30 1.88
IKC × Black	0.51***	0.42 0.62	.55*** ^a	0.36 0.82	0.86	0.60 1.22
FKC × Black	1.30 [*]	1.06 1.61	1.18 ^{b,c}	0.78 1.78	1.20 ^c	0.85 1.68
CC × Black	0.76	0.57 1.02	.41*** ^a	0.27 0.64	.65 ^a	0.45 0.94
Hispanic	1.62***	1.35 1.95	0.89	0.64 1.23	1.28	0.96 1.71
IKC × Hispanic	.59*** <i>a,c</i>	0.44 0.81	.45 ^a	0.19 1.07	0.69	0.38 1.27
FKC × Hispanic	1.01 ^b	0.72 1.41	1.32 ^b	0.67 2.59	1.04	0.60 1.78
CC × Hispanic	1.18 ^b	0.74 1.90	0.88	0.41 1.85	0.96	0.51 1.79
Other race	1.05	0.87 1.26	.63***	0.45 0.88	0.94	0.71 1.23
IKC × Other race	.90 ^a	0.67 1.21	0.91	0.44 1.87	1.05	0.61 1.82
FKC × Other race	1.31 ^b	0.95 1.80	1.02	0.48 2.17	1.48	0.91 2.39
CC × Other race	1.33	0.87 2.02	0.76	0.38 1.53	0.87	0.49 1.54
Age (reference 6–10)						
Age 0–2	0.36***	0.30 0.43	.05***	0.02 0.10	0.58***	0.44 0.76

	Out-of-home caregiver			Peer		Other	
	OR	95% CI	OR	95% CI	OR	95% CI	
IKC × Age 0–2	1.71***	1.28 2.30	6.57**	2.25 19.15	1.11	0.66 1.88	
FKC × Age 0–2	1.96***	1.47 2.61	6.26***	2.32 16.88	1.76*	1.09 2.84	
Age 3–5	0.80**	0.69 0.92	.58***	0.45 0.75	0.94	0.75 1.18	
IKC × Age 3–5	1.12	0.89 1.41	1.39	0.81 2.38	1.01	0.66 1.53	
FKC × Age 3–5	1.12	0.88 1.44	1.58	0.95 2.63	1.52	0.99 2.32	
Age 11–14	0.77***	0.66 0.89	0.83	0.66 1.04	0.61***	0.47 0.79	
IKC × Age 11–14	1.24	0.99 1.55	0.80	0.47 1.37	1.03 ^a	0.66 1.63	
FKC × Age 11–14	1.08	0.83 1.41	0.77	0.42 1.41	2.10*** ^b	1.30 3.38	
CC × Age 11–14	0.93	0.50 1.75	1.55	0.58 4.09	1.46	0.54 3.93	
Age 15–18	0.38***	0.32 0.44	.44***	0.35 0.56	0.69***	0.55 0.87	
IKC × Age 15–18	1.01	0.79 1.29	1.31	0.79 2.17	0.59*	0.38 0.91	
FKC × Age 15–18	1.20	0.89 1.61	2.37***	1.43 3.92	1.21 ^b	0.76 1.94	
CC × Age 15–18	1.12	0.61 2.07	1.14	0.44 2.97	0.92	0.36 2.37	
Preplacement maltreatment							
Prior neglect	1.02	0.95 1.11	0.99	0.85 1.15	0.97	0.85 1.10	
Prior physical abuse	1.24***	1.12 1.38	1.06	0.88 1.29	1.13	0.95 1.34	
Prior sexual abuse	1.18	0.99 1.42	1.41	1.08 1.85	1.53***	1.20 1.95	

Note. N placements: NRFC: 41,246; IKC: 16,393; FKC: 22,286; CC: 16,564. Exponentiated coefficients with 95% confidence intervals. Results from two-level model with random intercept at child level.
OR = odds ratio; CI = confidence interval.

^a significantly different from FKC at $p < .05$.

^b significantly different from IKC at $p < .05$.

^c significantly different from CC at $p < .05$.

* $p < .05$.

** $p < .01$.

*** $p < .001$.