

# Clinical Research and Practices to Support Families at Risk of Child Neglect and Maltreatment



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Edited by

Kayoko Ito, Keiji Noguchi,  
Tadaaki Furuhashi, Norifumi Senga  
and Alessandro Cavelzani

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## CHAPTER 1

# WHAT IS FOSTER CARE SOCIAL WORK (SUPERVISING SOCIAL WORK) TO PREVENT FOSTER CARE DISRUPTION? REFLECTIONS FROM A CASE ANALYSIS OF FOSTER CARE DISRUPTION

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### 1. Introduction

This study aimed to identify the necessary elements of foster care social work that can prevent foster care disruption.

The UN Guidelines on Alternative Care state that the social care provided by countries to children deemed unsuitable to live with their parents should be a life close to their one at home, i.e. foster care, rather than residential care institutions, should be the mainstream. Furthermore, it is stated that children under the age of three should, in principle, be placed in foster care and not in residential care.

However, in Japan, the mainstream of social care is institutional (residential) care. As of 2023, 80% of children in social care are placed in children's homes, and only 20% are placed with foster parents.

To improve this situation, Japan's revised Child Welfare Law, which came into effect in 2017, indicated a direction to give priority to 'options that can provide a foster care environment closer to home' when considering where to place children in social foster care. In August of the same year, the "New Vision for Social Care for Children" set the improvement of the foster care placement rate as one of its goals, and the national foster care

placement rate is on a gradual but increasing trend. On the other hand, the number of cases where children entrusted to foster care are removed/changed due to the circumstances or wishes of the foster parents has been increasing. Therefore, this study analyses case studies to identify the support needed to prevent foster care disruption due to maltreatment by foster parents.

## **2. Research perspectives and methods**

### **2.1. Collection of research subjects and cases**

Individual interviews were conducted with foster care support workers (supervising social workers) working for fostering agencies that are contracted by local authorities to provide fostering services, regarding the ‘cases that resulted in the termination of placements due to foster care disruption’ that they were in charge of.

The survey period was from January to March 2019 for the first interview, and from November 2019 to March 2021 for the second and third interviews.

An overview of the nine cases collected and analysed is presented in Table 1-1.



**Table 1-1: Overview of survey collaborators and cases analysed**

		Age and gender	Placement period	Reason for care order	Special note
X	Case 1.	13-year old boy	2 years	Physical abuse by foster fathers	Foreign nationality of a foster father
	Case 2.	18-year old male	8 years	Physical abuse by foster fathers	Foster father to foster mother DV
	Case 3.	15- and 12-year old boys	8 years	Neglect and economic deprivation	Lost employment after registering as a foster carer
Y.	Case 4.	18-year old male	9 months	Childcare difficulties due to child misbehaviour	Foster parents who specialise in a particular field
	Case 5.	12-year old girl	5 months	Childcare difficulties due to child disability	Seasonal/foster care foster carers
	Case 6.	2-year old girl	1 month	Foster care insecurity and fostering difficulties	Adoption request
Z.	Case 7.	6-year old girl	4 years	Childcare difficulties due to child disability	Seasonal/foster care foster carers
	Case 8.	2-year old boy	6 months	Foster carers. Childcare insecurity and childcare difficulties	Husband not registered as a foster carer
	Case 9.	2-year old boy	1 year	Childcare difficulties due to child's characteristics	Grandparents are also foster parents

## 2.2. Analysis method: TEA

In this study, the analysis was conducted using the Trajectory Equifinality Approach (TEA), which is a double-track radial path equifinality approach. Table 2 lists the TEA terminology and its meaning in this study.

**Table 1-2: TEA terms and their meaning in this study**

TEA terms	Implications for this study
Equifinality Point (EFP)	Lifting of placements due to foster care disruption
Second Equifinality Point: EFP2	Reflection on the processes that led to the malfunction
Polarised EFP: P-EFP	Continued fostering as foster carers
BFP (Bifurcation Point)	Foster carers face “fostering difficulties”
OPP (Obligatory Passage Point)	OPP1: Wavelength matching in new life with children OPP2: Changes in the foster care environment
SD (Social Direction)	Support for foster carers
Social Guidance (SG)	Lack of support for foster carers and the resulting situation of foster carers and their surroundings

TEA was developed in the late 2000s by psychologists using cultural psychology and qualitative research. Also, according to Yasuda (2019), TEA refers to a research methodology based on the concept of “Equifinality”, which indicates that people live in a socio-cultural and historical context and that they “take different life and developmental paths but arrive at similar outcomes”.

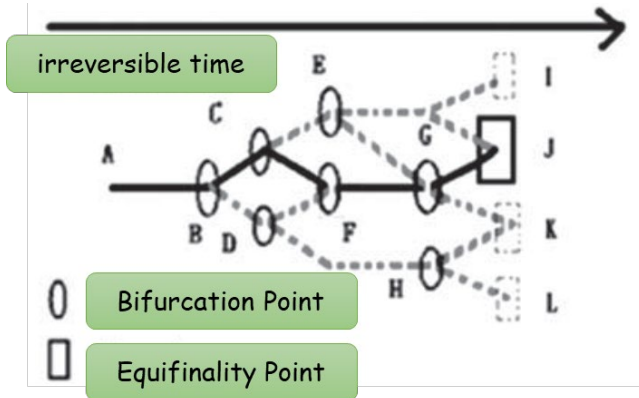
Therefore, TEA has three foundational concepts: (1) Trajectory Equifinality Modelling: TEM, (2) Historically Structured Inviting: HSI and (3) Three Layers of Genesis: TLMG.

### 2.2.1 What is TEM

The model diagram that is analysed and created using TEA is called TEM (Trajectory Equifinality Modelling). TEM assumes that there is more than one process that can be reached when focusing on similar equifinality points (EFP). The Process includes “Bifurcation Points (BP)” and “Obligatory Passage Points (OBPs)”.

There is also “Social Guidance (SG)” – that acts positively on these and “Social Directions (SD)” – that act negatively. Furthermore, there is the concept of “irreversible time”, a time that runs through all of these.

Figure 1-1: General TEM diagram schematic



### 2.2.2 What is “Irreversible time”?

“Irreversible time” means not measurable physical time, but a flow of time that persists in one direction and does not go backwards, a concept that relies on the philosopher Bergson’s position (Sato 2015). The introduction of “irreversible time” into TEA has made it possible to describe various pathways within a single framework.

When discussing an experience, it is sometimes a question of how long the experience lasted. However, by adopting “irreversible time”, it is possible to free oneself from discussions on the length and shortness of such periods and focus on the “diversity of the axis of experience”. Conversely, TEA is not a suitable analytical method for research topics where the length

of the physical duration of the experience is important.

### **2.2.3. What is “Historically Structured Inviting: HIS”?**

“Historically Structured Inviting: HIS” means that the researcher invites people who have experienced the Equifinality Point of interest to participate in the research. In actual interviews, it is possible that the Equifinality Point that the researcher had previously established does not match the experiences of the informants, and that the Equifinality Point may need to be revised. This is actively positioned as a “Second Equifinality Point (S-EFP)”, as it represents a goal or perspective for the informants after the equinoctial point.

### **2.2.4. What are the “Three Layers of Genesis: TLMG”?**

“Three Layers of Genesis: TLMG”, a self-model of TEA, details the “internal transformations that occur when people selectively internalise information from their environment” at the bifurcation point.

The first layer, the “personal activity level”, shows the actual act, the second layer, the “symbolic level”, shows the person taking in information and reconciling it with past experiences, and the third layer, the “belief/values level”, shows the change in a person’s beliefs and values. The changed beliefs and values are transmitted to the surroundings, i.e. “externalised”. This is where the aforementioned “SD” and “SG” are involved.

## **3. Ethical considerations**

The interviews were recorded using a digital recorder with the subject’s permission. The data storage and survey process procedures and the publication of the results were explained, and consent was obtained in advance. The survey was conducted with the approval of the Ethical Review Committee of the Graduate School of Human and Social System Sciences, Osaka Prefecture University (approved 20 June 2018).

## **4. Conclusion**

The results of the analysis are then described in turn, in three phases.

### **4.1. 1<sup>st</sup> phase: Until OPP1 (Wavelength matching in new life with children)**

The first phase is from the starting point, “placed the care of the child as a foster carer” to the essential point of passage (OPP), “wavelength matching in the new life with the child”.

Firstly, at the initial stage of commissioning the care of a child, it was found that several social workers had various concerns about the foster carers concerned at the stage of the pre-registration screening process (SG1: Pre-registration concerns). For example, discomfort with the couple’s relationship at the time of the background investigation, and unacceptable comments about their views on fostering, such as “corporal punishment for discipline should sometimes be tolerated”. In addition, discomfort held by the fostering agency in not knowing why the child was matched by CGC with the foster carers concerned was mentioned (SG 2: Discomfort with the matching by the Child Guidance Centre). Specifically, they consigned a foster child with high support needs despite having several biological children, consigned several adolescent children of the opposite sex to a foster home with a small number of rooms, etc.

This situation at the “individual activity level” (tier 1) is largely influenced by the national goal of “promoting foster care”, which is in tier 3, and the pressure to increase the number of registered foster carers, which is in tier 2. In any case, without increasing the number of registered foster carers, matching is difficult and the number of foster care placements cannot be increased, so the actual practice was to “close one’s eyes to some discomfort and proceed with the registration of foster carers”.

Then, during the wavelength matching phase when the foster child comes to the foster carers’ home and starts a new life, the reality that lack of preparation as a foster carer hinders the building of a relationship with the child and a smooth start in childcare was revealed (SG 3: Foster parents’ lack of preparation). For example, foster carers who work together are not prepared to take maternity leave, or lack the necessary parenting skills and knowledge as foster carers.

#### **4.2. 2<sup>nd</sup> phase: Until BFP (Foster carers face “fostering difficulties”)**

The second phase is up to the BFP “foster carers face [fostering difficulties]”.

If social workers had made more frequent home visits during the first few months after the child was placed in foster care, they could have prevented the situation from worsening, but they were too busy to assess the situation through appropriate home visits (SG4: Lack of appropriate home visits).

In the absence of appropriate home visits and monitoring by the Child Guidance Centre and fostering agencies, a phase of change in the foster parents' circumstances came as they continued to care for the children in their own creative ways (OPP2: Change in the foster parents' care environment). Specifically, these included the foster father leaving employment, the foster carers' health deteriorating, and the foster carers' marital relationship deteriorating. However, these changes in the foster care environment pass without the Child Guidance Centre and fostering agencies being aware of them, and the foster mother, who plays the role of the main carer of the foster child, is left feeling isolated due to the absence of a consultant (SG5: Isolation of foster parents due to absence of a consultant). Unstable foster care by unstable foster carers causes various problematic behaviours in children. In the absence of appropriate advisory support from the fostering agency, foster carers continue to respond incorrectly to the expressed problematic behaviour of the foster child, based on the mistaken perception that the child is “just spoilt” and so on (SG6: Lack of foster carers' understanding of the child's characteristics and behaviour).

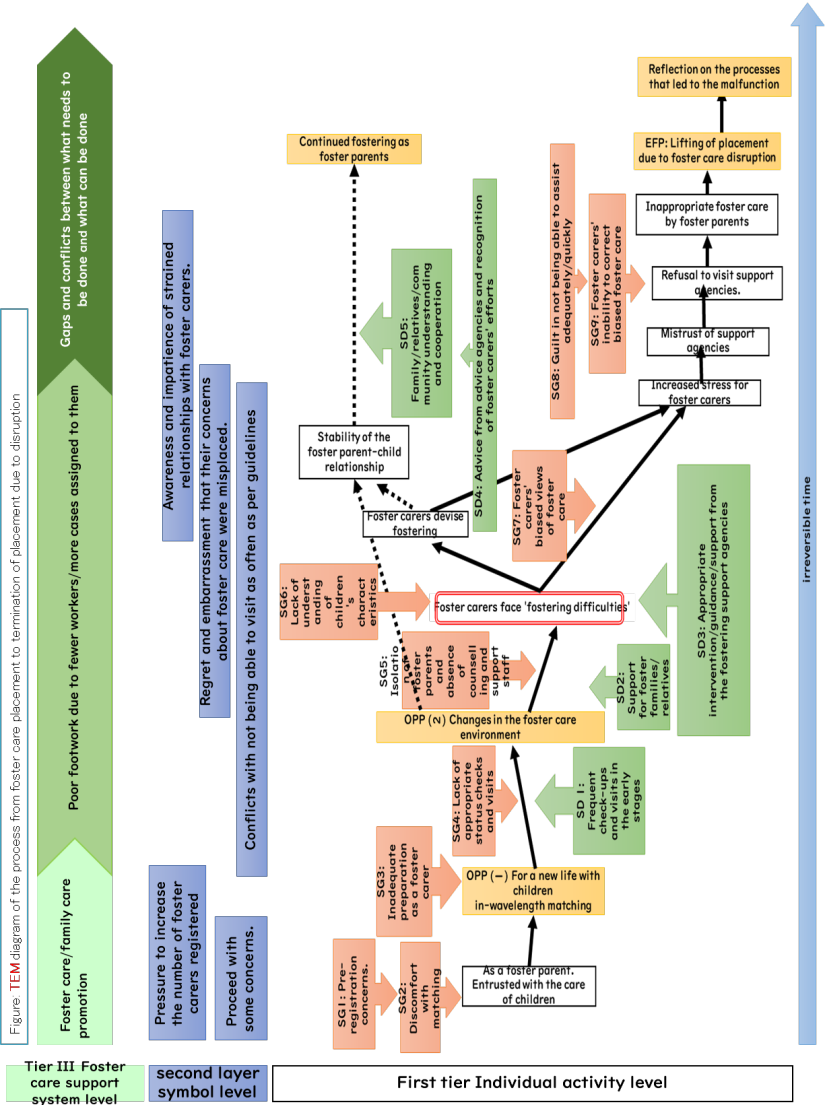
#### **4.3. 3<sup>rd</sup> phase: Lifting of placements due to foster care disruption**

The third phase is up to the EFP “De-commissioning due to poor foster care”.

In the absence of appropriate advisory support from child guidance and fostering agencies, inappropriate foster care based on foster carers' biased views of foster care will continue (SG7: Biased foster parents' views of

What is Foster Care Social Work (Supervising Social Work) to Prevent Foster Care Disruption? 9

Figure 1-2: TEM diagram of the process from foster care placement to termination of placement due to foster care disruption



foster care). The foster carers' biased view of foster care specifically includes: unnecessary discipline for issues such as incontinence or forgetfulness due to the foster child's anxiety or disability characteristics, prioritising pets over the children in their lives, and neglect.

As the inappropriate fostering by the foster carers continues, the fact gradually becomes apparent, but at that stage, the fostering agency is in a situation where it is unable to provide appropriate guidance to the foster carers because the "regret that we have not been able to visit and provide advisory support appropriately" (SG8: regret that they cannot provide appropriate support) outweighs the desire to "provide guidance to the foster carers" (SG9: Situation where they are unable to correct the inappropriate fostering by the foster carers). This situation has led to a situation where they are unable to provide appropriate guidance (SG9: Inability to correct inappropriate fostering by the foster carers).

Consistently affecting the second and third phases are 'the dilemma of workers who cannot provide prompt advisory support and home visits due to a lack of workers' and "workers' impatience with the worsening situation without being able to build a relationship of trust with foster carers". It became clear that, at a time when there was no turning back, unstable foster care by foster carers and the resulting manifestation of problematic behaviour in the children developed as an accelerated vicious cycle, leading to the termination of measures due to foster care disruption.

## **5. Discussions**

The results of the survey suggest the importance of the following three points.

### **5.1. Importance of foster carer assessment from the time of foster carer recruitment and pre-registration training**

In all of the nine cases analysed in this study, workers from the fostering agencies told me that they felt somewhat uncomfortable before registration. This suggests the need for a thorough assessment of the foster carer's suitability as a foster carer, from the stage of application through to pre-registration training, by having a thorough dialogue with the foster carer and observing their attitude to the training.



Specifically, careful assessment from the perspective of whether the motivation for becoming a foster carer is impure, whether it is for financial purposes such as foster care allowances, and whether there is too big a gap between the couple with regard to foster care will be important. In addition, statements and attitudes of concern need to be shared and discussed with co-workers.

In addition, it should be mentioned that foster care disruption is not limited to new foster carers. Of the nine cases analysed in this study, only three were first-time placements, while the other six were so-called experienced foster carers with experience of fostering a number of foster children. Careful matching and assessment are important, without being caught off guard by the fact that they have been placed more than once.

## **5.2. The importance of generous support at the time of, and immediately after, the commissioning of foster care**

In all cases analysed in this study, home visits were not possible for several months immediately after the foster care placement. The initial period of placement is an important and difficult time when both foster carers and foster children have to start a new life with a lot of exploration, so it is a time when detailed support is necessary. A good start is important for everything, so it is important to take a proactive approach that supports a smooth initial start. In addition, the lack of staffing in fostering agencies and child guidance centres is a persistent problem behind the failure to provide extensive follow-up, so strengthening the staffing structure of fostering agencies is also an urgent issue.

However, in addition to support provided by fostering agencies and child guidance centres, peer support among foster parents is also important and effective. Therefore, it is also important to build bridges and connect relationships between experienced and concerned foster carers living in the neighbourhood at an early stage.

It is also necessary for the foster care agency to establish a relationship where foster carers can feel free to discuss any problems that may arise, such as leaving the agency or marital discord. Furthermore, it is important to have a system in place so that supporters can be aware of problems even if they are not directly consulted by the foster carers. Frequent visits and

face-to-face meetings will be important for this purpose.

### **5.3. The importance of monitoring post-custodial care and of establishing a system that enables a rapid response to problems when they arise**

The results of this analysis suggest the importance of systemising routine monitoring of foster families and encouraging changes in attitudes/thoughts/behaviour in foster families in the early stages, when problems are small. In all cases, the social workers were reluctant to intervene due to the frustration of a poor initial response, and a vicious cycle of increasing mistrust of the social workers by the foster carers. It became clear that it was important to maintain a continuous monitoring system immediately after the foster care placement in order for the workers to fulfil their role appropriately.

In addition to the foster care situation and the foster-carer/child relationship, the study also suggested the need for close monitoring of the foster carers' financial management situation. This is because in several cases, misuse of child benefit and the use of allowances for children by foster carers were uncovered. In countries with high foster carer allowances, such as the UK, fostering agencies regularly check foster carers' money management. In Japan, family homes are subject to audits, but foster carers are not audited up to the point of money management. It is important to monitor foster care from various aspects to prevent foster parents becoming perpetrators and foster children becoming victims.

However, Japanese foster parents tend to be less welcoming of public intervention, and monitoring which is too strict could lead to a decline in the number of potential foster carers.

## **6. Future tasks**

The study clarified, by means of TEA, the process that led to foster care disruption and the foster care support that was considered necessary in each phase of the process. Based on the results, certain considerations and recommendations for improving the foster care support system in Japan in the future were also presented.

Future research tasks include further analysis of the different types of inappropriate foster care by foster carers (physical abuse and neglect separately) and content analysis of SGs in each phase in order to further consider the different reasons and backgrounds for foster care disruption.

The project would also like to collect and analyse cases in which foster care was able to overcome the crisis of foster care disruption and continue the fostering, in order to conduct a comparative study.

## **Acknowledgements**

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# CHAPTER 2

## CURRENT SITUATION AND SUPPORT NEEDS OF CHILDREN IN THE FAMILY HOME (FAMILY-TYPE BOARDING HOME)

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### **Introduction**

Child welfare services serve more than 46,000 children in the foster care system. Most receive services at residential care institutions, and foster parents' placement rates are low. The Japanese government is currently restructuring the system to prioritise the central role of foster parents to enhance this rate.

To promote foster parent placements, the government issued guidelines for foster parents through the Japanese Child Protection Agency, known as the Child Guidance Center (CGC), in 2011. The CGC is authorised to facilitate the placement of children in foster families and outlines the principles governing the prioritisation of prospective foster parents. Consistent with the government's plan, the foster parent placement rate increased from 10% in 2007 to 22.8% in March 2020. Hence, the placement rate has doubled in the last decade. Why was success achieved by doubling the placement rate? Establishment of family homes contributed to the increased placement rates.

Family homes, a new model within Japan's foster care system, are a family-type boarding home for the care and maintenance of no more than six children. Officially designated as "small-scale residential-type child care services" under the Child Welfare Act (Article 6-2(3) and Subsection 2), family homes offer a system that incorporates the advantages of foster parenting, including the experience of living together with other children. Fundamentally, family home caregivers are married couples who reside with the children. The stable and enduring relationships provided by these caregivers are the defining characteristics of family homes. Caregivers become residents and establish a life with the children, which fosters strong connections. Hence, the impact of maintaining these bonds is significant.

Children in family homes are considered part of the foster parent placement statistics. The number of family homes systematically implemented after 2009 significantly increased, and reached a total of 446 locations in a ten-year period (between 2009 and late March 2021). This effort has successfully placed 1,688 children. Of the 7,798 foster parent placements, 22.0% were placed in family homes.

Although the number of family homes has been steadily increasing, new challenges have arisen. Difficulties in the relationship between caregivers and children has led to an increasing number of children being transferred from foster homes to other facilities. While family care is desirable for the protection of children's rights, this situation highlights instances in which a lack of established support methods and systems for family homes results in breakdowns and placement changes. This could potentially affect the well-being of the children.

A Ministry of Health, Labour and Welfare (2020) survey examined the placement routes of children entrusted to child welfare facilities in February 2018. The findings revealed that among those who entered family homes, 112, 54, and 32 went to residential childcare facilities, other foster parent-boarding homes, and other family homes, respectively. This indicated that a significant number of placements changed from family homes. Considering their sustainability, the Japanese foster care system requires a further accurate and comprehensive support system and policies to minimise the number of placement changes to deal with family home breakdowns and placement changes.

## **Aim**

We conducted a nationwide survey that aimed to clarify the current situation and support needs of children placed in family homes in Japan.

## **Methods**

We mailed the survey form to 370 family homes across Japan and asked them to respond to the enclosed questionnaire. We used two questionnaires: one related to an overview of the family homes (family home questionnaire) and another to be completed for each eligible child (child questionnaire). We only reported the contents of the “child questionnaire”. In this context, the relevant children were those who lived in family homes.

The “child questionnaire” comprised four major parts: 1) the current situation of the participating child, 2) the child’s situation at admission time, 3) completed scales for the participating child, which included the Adverse Childhood Experiences Questionnaire (ACEs) and the Strength and Difficulties Questionnaire (SDQ), and 4) scales that assessed family home caregivers’ difficulties with child rearing.

The survey was conducted from November 2021 to January 2022.

## **Measures**

We used the ACEs questionnaire, which focused on the factors that influence children’s physical and mental development, and the SDQ, which measured the extent to which foster carers had difficulty raising their children.

ACEs were stressful or traumatic events that occurred before a child reached 18 years of age. The ten categories included physical, emotional, and sexual abuse, physical and emotional neglect, the mental illness of a caregiver, incarceration of a relative, violence towards the mother, substance abuse at home, and parental divorce or separation. This term was coined in 1998 after the publication of Felitti et al.’s study (1998) on groundbreaking ACEs. This study comprised ten widely researched items as ACEs.

The SDQ, a behavioural screening questionnaire, has been highly evaluated. This scale was rooted in the Rutter Child Behavior Questionnaire

(Elander and Rutter, 1996), which demonstrated effectiveness and reliability in various situations. This questionnaire was an evolved version that encompassed all the original Rutter items and additional items that focused on the child's strengths. The design adhered to specific criteria: it was easy to fit on one side of a page and was applicable to children and adolescents aged 1–16 years. Both parents and teachers were encouraged to complete the same version, with a similar version available for self-reporting. The questionnaire comprehensively covered both the strengths and weaknesses. Notably, the five related dimensions, emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviour, had an equal number of items.

## **Ethical Considerations**

This study was approved by the Ethical Review Committee of the Faculty of Education, Fukuyama City University (Approval Number: 2021008, date 17 November, 2021)

## **Results**

### **Response rate**

Of the 370 family homes, 261 responded (response rate: 70.5%). This study included 1,079 cases.

### **Current situation of the participating child**

This study included 563 boys (52.8%) and 504 girls (46.7%). The children's average age was 11.7 (SD=4.8) years and ranged from 0–21 years. More than 50% were aged over 12 years. The average duration for which children were entrusted to family homes was 4.49 (SD=3.8) years and ranged from 0–17 years. Regarding the children's physical and mental conditions, 49.4% had a developmental disorder, such as Attention Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, and Intellectual Disabilities. Furthermore, 65.1% had been abused by their own parents, with the most common type of abuse being neglect.



**Table 2-1: The current situation of the participating child**

Variable	category	Number	%	Range	Mean (SD)
Gender	Boys	563	52.8		
	Girls	504	46.7		
Age (years)				0-21	11.7(4.8)
Duration of placement				0-17	4.4(3.8)
Developmental disorder	Yes	524	49.9		
	No	536	49.7		
Child abuse experience	Yes	688	65.1		
	No	369	34.9		

### **Child's situation at admission time**

The average duration in which children were placed in family homes was 4.5 (SD=3.8) years and ranged between 0–17 years. The reasons for foster care were “parental abuse” and “parental neglect” (both at 27.4%) and “parental refusal to care for the child” (15.0%). Therefore, abuse and abandonment accounted for approximately half of the reasons. The major reasons for children being placed into family homes were “need for long-term care with no prospect of returning home” (47.3%) and “need to be attached to a specific adult” (12.0%). Moreover, 94 children (8.8%) underwent placement changes before being placed in their family homes.

**Table 2-2: Child's situation at admission time**

Variable	category	Number	%	Range	Mean (SD)
Average years of time the children placed in Family homes				0-17	4.5 (3.8)
Reason for foster care	Death of parents	84	7.9		
	Missing parents	47	4.4		
	Divorce	64	6.0		
	Parental discord	14	1.3		
	Parental detention	39	3.7		
	Parental hospitalization	14	1.3		
	Employment of parents	20	1.9		
	Parents mental disorders	145	13.6		
	Parental neglect or laziness	97	9.1		
	Parental abuse and maltreatment	198	18.6		
	Parental abandonment	14	1.3		
	Parental refusal to raise the child	162	15.2		
	Economic reasons, such as bankruptcy	21	2.0		
	Owing to the child being the second child birth	6	0.6		

	Taking care of a sick family member Child's behavioral problem Child's disability Others	2 37 5 94	0.2 3.5 0.5 8.8	
The major reasons for children being placed into Family homes	Need for long-term care with no prospect of returning home	506	47.3	
	Guardian's intention	148	13.8	
	Need to be attached to a specific adult	130	12.2	
	Maladjustment in foster parent home	56	5.2	
	Maladjustment in residential care institution	38	3.6	
	Do not know	32	3.0	
	Others	159	14.9	

## **ACEs score**

The ACEs questionnaire assessed adverse childhood experiences, such as physical, psychological, and sexual abuse. Although we employed a seventeen-item questionnaire, we only analysed ten items that allowed for comparison with previous studies.

According to Felitti et al. (1998), adverse childhood experiences increased the likelihood of socio-psychological and cognitive deficits and high-risk behaviours (e.g., drinking, drugs, smoking, delinquency, sexual behaviour, violent behaviour, and suicide attempts).

Many children reported experiences of adversity related to items on parental divorce (76.9%), face-to-face domestic violence (37.3%), and physical abuse (30.4%).

In the ACEs questionnaire, the cumulative score was calculated by focusing on the magnitude of the impact of multiple abuses rather than a single category. The minimum ACEs total score, maximum score, mean, median, SD, and variance were 0, 9, 3.64, 4.00, 2.40, and 5.75, respectively.

Furthermore, the cumulative score for the ten items showed that 10.0%, 21.9%, 14.0%, 11.5%, and 42.6% scored 0 (i.e. no abuse), 1, 2, 3, and 4 or more, respectively.

We compared the cumulative scores between general high school students indicated by Matsuura et al.'s studies (Matsuura, Hashimoto, and Toichi 2007; Matsuura and Hashimoto 2007) and this study and observed that the scores presented in this study were significantly higher.

Regarding male high school students, the cumulative score indicated that 89.3%, 8.6%, 0.9%, 0.3%, and 0.9% scored 0 (i.e., no abuse), 1, 2, 3, and 4 or higher, respectively. Among female high school students, 88.1%, 9.2%, 1.2%, 1.0%, and 0.5% scored 0, 1, 2, 3, and 4 or more, respectively. Table 3 presents the scores.

This result indicated that many children placed in family homes had experienced severe damage to their physical and mental well-being due to adverse childhood experiences.

**Table 2-3: Prevalence of adverse childhood experiences**

Question (Since the birth of the subject child)	Answer	
	No	Yes
1) The child's parents or guardians have divorced or separated.	247 (23.1%)	823 (76.9%)
2) The child has lived with a family member serving in prison.	956 (88.6%)	95 (9.0%)
3) The child has lived with a family member who has had depression, psychiatric illness, or has committed suicide or attempted suicide.	730 (67.7%)	330 (31.1%)
4) The child has seen or heard of families harming or threatening each other.	661 (62.7)	393 (37.3%)
5) A family member has frightened the child by swearing, hurting with words, or insulting, or, someone in the family has taken a frightening attitude that makes the child scared of being physically hurt.	599 (56.8%)	456 (43.2%)
6) Someone has sexually touched the personal part of the child's body or forced the child to sexually touch his or her part.	958 (90.6%)	99 (9.4%)
7) The child has had several experiences of having no food, clothes, or place to live. Or, there have been several experiences where no one protected him/her.	714 (67.4%)	346 (32.6%)
8) Someone has pushed, grasped, slapped, or thrown a thing at the child. Or, someone has hit the child as hard as the child was injured or so wounded that the scar has remained.	738 (69.6%)	322 (30.4%)
9) The child has lived with a person who has experienced social problems by drinking alcohol or who is using drugs.	955 (90.5%)	100 (9.5%)
10) The child often has felt that he/she is not valued, loved, or protected.	573 (54.1%)	486 (45.9%)

**Table 2-4: Comparison of prevalence of categories of adverse childhood experiences between general high school students**

Total Score	The current study	General boy high school students※	General girl high school students※※
0	101 (10.0%)	310 (89.3%)	356 (88.1%)
1	222 (21.9%)	30(8.6%)	37(9.2%)
2	142 (14.0%)	3(0.9%)	5(1.2%)
3	116 (11.5%)	1(0.3%)	4(1.0%)
4	431 (42.6%)	3(0.9%)	2(0.5%)
Total	100 (100.0%)	100.0%	100.0%

The data was obtained from Matsuura, Hashimoto and Toichi (2007).

※※ The data was obtained from Matsuura and Hashimoto (2007).

### SDQ score

The SDQ comprised 25 items and five subscales: emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviour. The total score was divided into three groups: low, moderate, and high needs. The cut-off categories in the original version of the SDQ were normal, borderline, and abnormal; however, the Japanese Ministry of Health, Labour and Welfare defined these as low, moderate, and high needs. Thus, we adopted these scores. Their meaning was the same as in the