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Mental health outcomes for adults in family foster care as children: An analysis by ethnicity

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ABSTRACT

Studies have linked the experience of child abuse or adversity to mental health problems in adulthood, and researchers have long documented ethnic/race disproportionality in foster care. Yet, the adult mental health outcomes of maltreated children placed in foster care have not been sufficiently examined across diverse ethnic groups. Although information on transitioning youth and young adults has emerged, the impact of ethnicity on adult mental health outcomes has been studied infrequently. Given the overrepresentation of ethnic minority children in foster care in certain communities, this study examined the relationship between ethnicity and mental health outcomes for Hispanic, African American, and White adults who experienced family foster care as children. Logistic regression models indicated that ethnicity was not a significant predictor of adult mental health ($p > .05$). However, gender, age of entrance into child welfare, maternal mental health, maltreatment while in care, number of placements, and degree of preparation for leaving care were associated significantly with the adult's mental health outcomes.

1. Introduction

Concerns about the short- and long-term mental health outcomes of abused children in foster care have long been documented (Bilaver, Jaudes, Koepke, & Goerge, 1999; Burns et al., 2004; Child Welfare Information Gateway, 2006; Dubowitz et al., 1994; Halfon, Berkowitz, & Klee, 1992; Hyucksun Shin, 2005; Kendall-Tackett, 2003; Kerker & Dore, 2006; Landsverk, Burns, Faw Stambaugh, & Rolls Reutz, 2006; McCue Horwitz, Owens, & Simms, 2000; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006; Sullivan & van Zyl, 2008; U.S. Department of Health and Human Services (USDHHS (1999)). Research connects child abuse or adverse childhood experiences to subsequent adult mental health, psychological, social, attachment, personal, and behavioral problems (Felitti et al., 1998; Gauthier, Stollak, Messe, & Aronoff, 1996; Moeller, Bachmann, & Moeller, 1993; Mullen, Martin, Anderson, Romans, & Herbison, 1996). Nevertheless, research pertaining to adult mental health outcomes of maltreated children placed in foster care is scarce.

Of particular importance for this study is the disproportionate representation of ethnic minority children in foster care in certain communities (Fluke, Jones-Harden, Jenkins, & Ruehrdanz, 2011; Fluke, Yuan, Hedderson, & Curtis, 2003; Hill, 2006; Schuck, 2005; USDHHS, 2008). The U.S. Census Bureau reported in the 2005 to 2009 American Community Survey a total population estimate of 73,878,478 children under age 18 in the U.S. Ethnic minority youth represented 43.6% of the nations' children (U.S. Census Bureau, 2010). However, ethnic minority children represented approximately 55% of the children in foster care in 2010 (USDHHS, 2011). African American children accounted for 29% of the children in foster care while they were 14.3% of the U.S. child population; Native American children were 0.9% of the U.S. child population but 2% of placed children. Hispanic children represented 21.3% of the child population in the U.S., but 21% of those in foster care with varying rates of disproportionality (over and under representation) across the country (Green, Belanger, McRoy, & Bullard, 2011; Hill, 2006; U.S. Census Bureau, 2010; USDHHS, 2011). In contrast, White children constituted 68.4% of the U.S. child population but only 41% of those in foster care in 2010 (U.S. Census Bureau, 2010; USDHHS, 2011). Though this large group of ethnic minority children in care may reflect differentiated service needs and risk factors (Drake et al., 2011), disparities in services have also been documented (Annie E. Casey Foundation, 2011; Fluke et al., 2011). The services ethnic minority children receive, often including developmental and psychological assessments, as well as worker contacts, differ from those received by White children (Courtney et al., 1996; Gebel, 1996; Scannapieco, Hegar, & McAlpine, 1997). For example, ethnic minority youth in care are less likely to receive therapeutic services and medications, but are placed in residential care at a higher rate than are White teens (McMillen et al., 2004). At the national level, minorities experience disparities in mental healthcare services (Le Cook, McGuire, Lock, & Zaslavsky, 2010; USDHHS, 1999, 2001). For example, African American, Latino, and Asian Americans youth are

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less likely to receive mental health services prior to presenting a mental health crisis than are White youth (Snowden, Masland, Fawley, & Wallace, 2009).

However, research on the mental health of adults with foster care experience as children is severely limited for ethnic minority adults. This raises questions regarding the long-term mental health outcomes for minority youth placed in foster care, and the role of race/ethnicity in those outcomes. In particular, is race/ethnicity a predictor of mental health outcomes for adults with placement experiences as children?

Focusing on race/ethnicity among other predictors, this study examined the outcomes of adults on two indicators of mental health: (a) the SF-12 Health Survey (Ware, Kosinski, & Keller, 1998) and (b) the Composite International Diagnostic Interview (CIDI) (World Health Organization (WHO) (WHO), 1996). The purpose of the study was to determine the strength of race/ethnicity as one of several predictors of mental health outcomes for Hispanic/Latino, African American, and White adults with experiences of family foster care in childhood.

2. Literature review

Information on adult mental health outcomes for those placed in family foster care as children is limited, and is almost nonexistent for ethnic minority adults. However, some studies document the long-term impact of childhood adversity on adults' mental health. For the foster care population, studies document mental health concerns for youth transitioning out of care and adults after exiting care. All of this information points to the need to explore the mental health of ethnic minority adults who had placement in out-of-home care as children.

2.1. Mental health of adults with childhood abuse or adversity

Information about the long-term mental health problems of adults with experiences of child maltreatment or childhood exposure to household dysfunction is abundant. Some relevant studies include the Adverse Childhood Experiences Study (ACE) by Felitti et al. (1998). This key study documented a strong association between child abuse (psychological, physical, and sexual abuse) or adversity (substance abuse, mental illness, family violence, and criminal behavior) and increased prevalence of and risk for depressed mood, suicide attempts, alcoholism, and substance abuse in adulthood. Later studies on the ACE database have confirmed a close response relation between the number of types of abuse experiences or adversities during childhood (ACE scores) and later adult mental health; a higher number of reported childhood abuse categories associates to lower mental health scores in adulthood (Edwards, Holden, Felitti, & Anda, 2003). After observing the graded link between the ACE score and the risk for long-term disturbances and impairments on 18 mental health outcomes, Anda et al. (2006) concluded that increases in the ACE score correspond to the child's accumulative brain stress responses, with resulting impairments on the affective, somatic, substance abuse, memory, sexual, and aggression brain functions. Other studies linked increases in the ACE scores to (a) the long-term risk for suicide attempts by both men and women (Dube et al., 2001); (b) the prevalence and risk for adult panic reactions, depressed affect, anxiety, hallucinations, substance use and abuse, uncontrolled anger, intimate partner violence, and comorbid disturbances (Anda et al., 2004); and (c) the increased rate of antidepressant, anxiolytic, antipsychotic, and mood stabilizing prescriptions (Anda et al., 2007).

Besides the ACE studies, Mullen et al. (1996) documented the association of childhood physical, emotional, and sexual abuse with increased rates of psychopathology, sexual difficulties, low self-esteem, and interpersonal problems in adulthood for a sample community of women. Widom (1999) also observed an increased lifetime risk for posttraumatic stress disorder (PTSD) for those with experiences of childhood abuse. The odds of developing PTSD were 1.75 times greater for those abused as children relative to the matched comparison group. The Horwitz, Spatz-Widom, McLaughlin, and Raskin-White (2001) longitudinal study indicated that relative to matched control groups, both women and men with child abuse experiences reported more symptoms of dysthymia, antisocial personality, and lifetime symptoms of alcohol abuse or dependence. When controlling for lifetime stressors, alcohol abuse or dependence for men was significant, so mental health measures of these adults related strongly to lifetime stressors. In 2004, Janssen et al. (2004) documented that the risk for psychotic symptoms increased with the frequency of reported experiences of child abuse. Those in the sample who reported the highest frequency of child abuse experiences were estimated to have a 30 times greater chance of having a psychotic diagnosis than those not exposed to child abuse. Rosenberg, Lu, Mueser, Jankowski, and Cournos (2007) confirmed that among individuals affected by schizophrenia, adverse events in childhood cumulatively predicted worse psychiatric problems, including PTSD, suicidal ideation, and alcohol and drug use disorders. Childhood adversities were prevalent for 96% of the sample; only 18% reported one adverse event, while 46% reported three or more. Using data from the Wisconsin Longitudinal Study, Springer, Sheridan, Kuo, and Carnes (2007) found a positive graded association between childhood physical abuse and adult depression, anxiety, anger, and physical problems for a sample of middle-aged participants. Bonomi, Cannon, Anderson, Rivara, and Thompson (2008) reported that women who had experienced physical and sexual abuse showed an increased prevalence of depression (1.85 prevalence ratio), including severe depression (PR, 2.40). Child abuse and adversity were also associated with adoptees' long-term internalization and externalization of psychiatric problems (Van der Vegt, van der Ende, Ferdinand, Verhulst, & Tiemeier, 2009). In this study, severity of child maltreatment, and the number of placements before adoption, related to the trajectories of psychiatric problems from childhood into adolescence and to adulthood up to 20 years post-adoption. In a follow-up report, Van der Vegt et al. (2009), Van der Vegt, van der Ende et al. (2009) documented an increased risk for anxiety, mood, and substance abuse and dependence disorders for adults with severe and multiple adversities in early childhood who were adopted. The researchers concluded that the impact of early childhood abuse and adversity persists into adulthood even when children are placed in improved social contexts.

In 2010, Sachs-Ericsson et al., 2010 reported on the association of childhood abuse (physical, emotional, and sexual) and DMS-IV internalizing disorders for adults in their late 60s. Child abuse experiences predicted long-term psychiatric disorders in adulthood, and the number of abuse experiences in childhood correlated with the number of internalizing disorders presented both at baseline and 3 years after. Self-esteem predicted also internalizing disorders, but contrary to findings with younger adults, self-esteem was not correlated to childhood abuse for this older sample. The researchers concluded that self-esteem moderates the relationship between abuse and internalizing DMS-IV disorders, with increased negative impact on those with low self-esteem.

With regards to child sexual abuse, women with experiences of childhood incest were reported to present symptoms fitting PTSD many years after the abuse ended (Lindberg & Distad, 1985). The women in the study ranged from 24 to 44 years of age, and all met criteria for chronic and/or delayed PTSD diagnosis 17 years (average) after the abuse ended. The researchers concluded that PTSD is a long-term effect of childhood incest. Childhood sexual abuse was also observed to be a strong factor of disordered interpersonal behaviors and functioning among adult patients with borderline personality disorders (Silk, Lee, Hill, & Lohr, 1995). Abuse duration, specifically repetitive sexual abuse in childhood, was the most frequent significant predictor linked to the functioning of borderline patients pointing also to the severity of the disorder. Fleming, Mullen, Sibthorpe, and Bammer (1999) reported significant positive associations between child sexual abuse and mental health problems, domestic violence, rape, sexual problems, and low self-esteem. Zuravin and Fontanella (1999) documented that