Foster Care and Healing from Complex Childhood Trauma

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KEYWORDS

• Foster care • Kinship care • Childhood trauma • Adverse childhood experiences
• Maltreatment • Complex trauma • Toxic stress • Resilience

KEY POINTS

- Children enter foster care after experiencing maltreatment, but also multiple other forms of adversity and trauma, that result in toxic stress.
- Toxic stress alters the architecture and function of the brain and adversely impacts physical health, mental health, cognitive abilities, and response to stressors.
- Complex trauma embodies both the toxic stress children have experienced and their subsequent responses to stressors.
- Foster care may exacerbate rather than ameliorate toxic stress and complex trauma.
- Pediatricians and other professionals caring for this population can help children to heal from toxic stress and complex trauma through developmentally appropriate, trauma-informed practices.

INTRODUCTION: FOSTER CARE AND TRAUMA

Annually, about one quarter of a million children are removed from their families and placed in foster care when the child's health and safety are deemed to be at imminent risk because of maltreatment. Removal of children from their family of origin and admission to foster care is and should be a weighty decision. Foster care is intended to be a temporary, healing refuge for children and families. But, because of the stressors that precipitate removal, the uncertainty, upheaval, and losses associated with placement, and the physiologic responses to these traumas, children in foster care often have a significant health burden. These effects are seen in children placed in various foster settings, with unrelated caregivers or with kin. The pediatrician needs

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to understand complex childhood trauma and how it affects children and families to provide care that promotes healing and improves outcomes.

EXTENT OF THE PROBLEM: OVERVIEW OF FOSTER CARE

Almost all children entering foster care are placed involuntarily by court order, the vast majority for reasons of maltreatment (70%) in the form of neglect (approximately 70%), physical abuse, sexual abuse, emotional abuse, or abandonment. Neglect of basic nutritional, educational, or medical needs, or lack of supervision, is the most commonly cited reason for placement; child physical and sexual abuse have declined in the recent decades.[1,2] Removal may occur urgently after a first-time report to child protective services, or, at the other extreme, after prolonged involvement with child welfare during which preventive strategies have been exhausted. The remaining 30% of admissions are predominantly teens placed by the courts because of their own behaviors or because parents are seeking mental health services, cannot manage their behaviors, or abandon them. However, careful interview with an adolescent often uncovers a history of maltreatment and adversity.

More than half of a million children spend at least some time in foster care annually. In the last decade, there has been an overall decline of 23% in the foster care population. The overall number of children in foster care on a single day (September 30) declined from 523,616 in 2002 to 399,546 in 2012.[3] The average duration of stay has also decreased from 31.3 to 22.4 months. These shifts occurred as child welfare made efforts to preserve families by diverting them from investigation to in-home support services and by engaging extended families as resources for children who could not safely remain at home. Child welfare also focused on shortening the time to permanency, whether through reunification, kinship care, guardianship, or adoption. Interestingly, these declines occurred despite an increase in child abuse reports and the numbers of children in foster care who had experienced multiple forms of maltreatment and were diagnosed as emotionally disturbed.[4]

Although many children (approximately 50%) cycle through foster care in weeks to months, approximately 10% to 20% remain in the system for years. In 2011, about 50% of children were in care for fewer than 12 months; 17% had been in care for more than 3 years.[5] Approximately 50% of children and teens will experience more than 1 foster care placement, with approximately 25% having 3 or more placements. The largest determinant of duration of stay is the biological family's level of cooperation with the individualized case plan for their family, although minority children, older children, children with severe behavioral and developmental disabilities, and children who are part of large sibling groups are almost twice as likely to remain in care longer.[5–7]

The average age of a child in foster care in 2011 was 9.1 years. Most children live either in nonrelative foster homes or kinship homes. Kinship is often broadly defined not just as relatives by blood or marriage, but other adult caregivers who have an established relationship with the child, such as godparents or family friends. Four percent of children reside in preadoptive homes and 16% live in group home or residential care. The race-ethnicity of children in foster care has changed, although minorities remain overrepresented. In 2011, 26% were black/Non-Hispanic, 21% were Hispanic, and 6% were multiracial. Subsets of children in foster care with unique needs and challenges include the intellectually disabled, the severely mentally ill, pregnant or parenting teens, unaccompanied refugee minors, and those abandoned by their families because of the child's mental health or behavioral issues, or because they are gay, lesbian, bisexual, or transgender. Unaccompanied refugee minors