



Adverse childhood experiences among youth aging out of foster care: A latent class analysis



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ABSTRACT

Research has demonstrated that youth who age out, or emancipate, from foster care face deleterious outcomes across a variety of domains in early adulthood. This article builds on this knowledge base by investigating the role of adverse childhood experience accumulation and composition on these outcomes. A latent class analysis was performed to identify three subgroups: Complex Adversity, Environmental Adversity, and Lower Adversity. Differences are found among the classes in terms of young adult outcomes in terms of socio-economic outcomes, psychosocial problems, and criminal behaviors. The results indicate that not only does the accumulation of adversity matter, but so does the composition of the adversity. These results have implications for policymakers, the numerous service providers and systems that interact with foster youth, and for future research.

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1. Introduction

1.1. Childhood adversities and foster youth

The rate of youth emancipate or “age out” of foster care each year is large and increasing. Specifically, between 2008 and 2013 the proportion of youth in foster care who aged out of the system rather than being adopted or entering a guardianship increased from six to 10% of all exits, totaling between 23,000 and >29,000 youth a year (U.S. Children's Bureau, 2009; U.S. Children's Bureau, 2014). These youth are frequently exposed to significant early adversity experiences and, perhaps resultant from these experiences, struggle in a number of domains during the transition to adulthood. Former foster youth particularly struggle with homelessness and housing stability (Dworsky, Napolitano, & Courtney, 2013; Fowler, Toro, & Miles, 2009; Reilly, 2003), education completion (Blome, 1997; Courtney, Dworsky, Brown, Cary, Love et al., 2011), employment and financial stability (Goerge, Bilaver, Lee, Needell, Brookhart et al., 2002; Needell, Cuccaro-Alamin, Brookhart, Jackman, & Shlonsky, 2002), and mental

health concerns (Pecora, White, Jackson, & Wiggins, 2009) during this period in the life course.

Further, many foster youth who emancipate or age out of foster care do not receive the social support that is typical of their general population peers. For example, Settersten and Ray (2010) find that parents are currently supporting their young adult children more than any other time in recent history. Many youth aging out of foster care not only contend with the effects of their childhood adversity histories, but also with the additional stress that a lack of social and financial support from families affords. The combination of early adversity histories and underdeveloped support networks leave some youth in foster care particularly susceptible to poor outcomes in young adulthood.

Studies on the heterogeneity of youth who age out of foster care have been conducted, primarily focused on their adult functioning. Keller, Cusick, and Courtney (2007) used latent class analysis to identify specific subgroups of youth about to age out of foster care in regards to their readiness for independent living. Four classes were identified: Distressed and Disconnected, Competent and Connected, Struggling But Staying, and Hindered and Homebound. A different study looked at how youth were doing in young adulthood, specifically ages 23 and 24 and in regards to their adult functioning (Courtney, Hook, & Lee, 2012). This study also found four classes: Accelerated Adults, Struggling Parents, Emerging Adults, and Troubled and Troubling. These studies highlight that aging out youth experience different trajectories of

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functioning as they enter young adulthood. Thus, more research is needed to understand what types of stress exposures lead to these diverse trajectories, to inform efforts to improve outcomes for all youth who emancipate from care.

Adverse childhood experiences (ACEs) research demonstrates that greater number of early life exposures to significant stressors (e.g., maltreatment, household adversities such as substance abuse, mental illness, intimate partner violence, and criminal behaviors) are significantly associated with greater mental and physical health problems in the adolescent and adult age periods (Anda, Felitti, Bremner, Walker, Whitfield et al., 2006; McLaughlin, Conron, Koenen, & Gilman, 2010). This research suggests that early life adversities are not only interrelated, but also that they function in a cumulative manner. Although details regarding onset, frequency, and duration of experiences are often assessed within clinical samples research, ACEs assessment has typically consisted of epidemiologic dichotomous assessment of types of adversity exposures suited to population-based sampling estimates (Anda, Butchart, Felitti, & Brown, 2010). Cumulative adversity assessed in this way has been linked with changes to various aspects of the developing brain, maladaptive health and behavioral habits, and difficulties in developing healthy relationships (Shonkoff, Garner, & Shonkoff, 2012 provides a summary).

Prevalence of ACEs in the general population has been estimated in prior research. For the original large HMO-based study of the traditional ACEs in adults, 49.5% of participants reported experiencing zero categories of ACEs, 24.9% experienced one ACE, 12.5% reported two ACEs, while 6.9% experienced three and 6.2% reported four or more categories of ACEs (Felitti, Vincent, Anda, Robert, Nordenberg et al., 1998). Similar results were found in another study using a sample of noninstitutionalized adults from five states, the authors found 40.6% reported no ACE categories, 22.4% reported one ACE category, two categories were reported by 13.1%, 8.8% reported three categories, 6.5% reported four, and 8.7% reported five or more ACEs (Ford et al., 2011).

Recent ACEs research expands upon the original set of childhood adversities used in assessing a predominantly white, educated sample (Felitti et al., 1998) to incorporate other experiences to which lower income and racial minority are differentially exposed. Specifically, qualitative methods have been used to identify environmentally based adversities among socially disadvantaged groups (Wade, Shea, Rubin, & Wood, 2014). Examples include hazards such as fires, accidents, witnessing violence or being victimized outside the home, and foster care settings (Cronholm, Forke, Wade, Bair-Merritt, Davis et al., 2015; Finkelhor, Shattuck, Turner, & Hamby, 2015). Parallel research has examined aspects of youth's social environments and residential instability as adversities that demonstrate impact on subsequent youth outcomes (Douglas, Chan, Gelernter, Arias, Anton et al., 2010; Wickrama & Noh, 2010).

These studies suggest that the relationship between stress exposure and adolescent/adult outcomes may be particularly impactful for youth who live within socially disadvantaged contexts and that expanded ACEs that capture environmental adversities is warranted. Initial results demonstrate gender (male), race (respondents of color) and poverty to be significantly associated with greater Environmental Adversity exposure (Cronholm et al., 2015). Thus, sociodemographic and other characteristics can differentially place youth in environments that carry additional risks, such as community violence or hazards. Further, there are indications that the structural factors of poverty and racism may increase the risk of experiencing ACEs (Kalmakis & Chandler, 2014). Given the sociodemographic diversity of foster care youth, assessment of both cumulative level and composition differences relative to types of adverse childhood experiences may be relevant.

The effects of early life adversity on later development and health have been established to function through multiple pathways across the life course. This includes biological mechanisms through which adversity exposures cause strain, dysregulations, maladaptive stress response habits, and poorer physical and mental health (Miller, Chen, &

Parker, 2011 provide a summary). It also includes psychosocial pathways through which secondary stressors (e.g., doing poorly in school settings) contribute to a pattern of subsequent stress exposures (e.g., school failure, low income, psychosocial difficulties, involvement in higher risk activities) that progressively leads to poor health and functioning outcomes (Baglivio, Epps, Swartz, Sayedul Huq, Sheer, et al., 2014; Boynton-Jarrett, Hair, & Zuckerman, 2013; Pearlin, 2009). As chronic stress accumulates and persists, self-regulation processes are overwhelmed, preventing youth from effectively coping with their life stressors, curtailing their future abilities to manage stress and to acquire protective resources toward reducing and buffering adversities (Evans & Kim, 2013).

The ecobiodevelopmental framework integrates these pathways from cumulative stress to poorer outcomes, noting that, "beginning prenatally, continuing through infancy, and extending into childhood and beyond, development is driven by an ongoing, inextricable interaction between biology (as defined by genetic predispositions) and ecology (as defined by the social and physical environment)" (Shonkoff et al., 2012, p. 234). This framework is particularly applicable to foster youth who have often spent at least part of their childhoods in environments or ecologies marked with stress and trauma, and has been recommended for use in support systems for vulnerable children and families such as foster care (Garner, Shonkoff, Siegel, Dobbins, Earls et al., 2012). Within this framework, the childhood adversities these youth endure become manifest, altering their biological and psychosocial development, which, in turn, biases the kind of future contexts and challenges with transitions they are likely to encounter.

1.2. The present study

Although emancipating foster youth approach the onset of adulthood with high rates of exposure to traumatic events and stressors (Courtney et al., 2011; Salazar, Keller, Gowen, & Courtney, 2013), little is known about the compositional variations of maltreatment and related adversity profiles, or implications of variations for youths' later health and functioning. Stress paradigms have been productive in linking cumulative adversity approaches to health and development outcomes in general populations, and hold promise for application to high-risk youth populations (Foster & Brooks-Gunn, 2009). Clearer characterization of the adversity histories that emancipating youth bring to their transition into adulthood will inform policy and practice to best serve the needs of these youth, with the hopes of disrupting trajectories of continued stress exposure in adulthood and maladaptation.

At this relatively early stage of ACEs research focused on emancipating youth in foster care, we also need a fuller understanding of the heterogeneity within this population. For that, person-centered tools, such as latent class analysis (LCA), provide complementary analytic approaches to variable oriented approaches. Variable oriented analysis (such multiple regression) are useful in characterizing aggregate trends across full samples and provide a strong foundation for subsequent investigations testing for variation—in this case differences in the nature of adverse experiences that may indicate differences in developmental contexts of foster care youth. Person-oriented tools support assessment of meaningful multivariate patterns among people on the basis of conceptually specified measures, such as violence and related adversity exposure (Logan-Greene, Kim, & Nurius, 2016; Nurius & Macy, 2008). These patterns distinguish one group from another, results that can potentially aid in subsequent investigation such as suggesting potential intervention strategies or assessing the effects of such interventions (Cooper & Lanza, 2014).

One innovative example has been the work of Havlicek (2014) applying a latent class analysis to explore the maltreatment histories of a cohort of Illinois youth who had aged out of foster care using administrative data. Four classes were identified as chronic maltreatment (five or more types of maltreatment occurring over at least three developmental periods), predominant abuse (higher levels of physical and

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