



Adverse Childhood Experiences and Young Adult Health Outcomes Among Youth Aging Out of Foster Care

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ABSTRACT

OBJECTIVE: Former youth in foster care (YFC) are at greater risk of chronic health conditions than their peers. Although research in general population samples has shown a dose-response relationship between adverse childhood experiences (ACEs) and adult health outcomes, few studies have conducted similar analyses in highly stress-exposed populations such as YFC. In this study we used person-centered latent class analysis methods to examine the relationship between different profiles of ACE exposures and divergent health trajectories among this high-risk population.

METHODS: Data are from longitudinal research that followed transition-age YFC from age 17 to 26 (N = 732). Using 3 subgroups previously identified by their ACEs histories—complex, environmental, and lower adversity groups—we applied group mean statistics to test for differences between the groups for physical and sexual health outcomes in young adulthood.

RESULTS: In contrast to previous research that showed that the environmental group was at the highest risk of criminal

behavior outcomes, for most of the physical and sexual health risk outcomes evaluated in this study, the complex adversity group had the highest risk.

CONCLUSIONS: This study shows that there are subgroups of YFC, which each have a distinct profile of risk in young adulthood, with the complex group being at highest risk of the physical and sexual health risk outcomes evaluated. Findings strongly suggest the need for targeted strategies to promote screening for ACEs and chronic health conditions, linkage to adult health care, and continuity of care for adolescents and young adults in foster care to offset these trajectories.

KEYWORDS: adverse childhood experiences; aging out; foster care; latent class analysis; youth; young adults

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WHAT'S NEW

We present findings indicating there are subgroups within the high-risk population of youth aging out of foster care on the basis of adverse childhood experiences. These subgroups have differential health trajectories measured in young adulthood.

YOUTH WHO HAVE been in foster care (YFC) are at high risk of many health problems in young adulthood including hypertension, diabetes, being a smoker, heart disease, stroke, attention-deficit/hyperactivity disorder (ADHD), and asthma compared with peers who have not resided in foster care.^{1,2} The disproportionately high rates of these negative health outcomes might be explained, at least in part, by the high levels of adverse childhood experiences (ACEs) to which these youth are exposed during their early years. In general

population samples, a large body of literature has consistently shown a dose-response relationship between the number of childhood stressors and the likelihood of mental health, substance-related, and physical health problems.³ Recent research has broadened our understanding of the effects of ACEs by measuring effects of these stressors in highly stressed groups (rather than in general population samples) such as those with lower household incomes and those who identify as racial/ethnic minorities. These studies have also expanded the ACEs framework to incorporate additional stressors that might be experienced by these groups (eg, racism).^{4,5}

However, little research has been conducted to understand the effects of ACEs exposures among YFC. These youth are exposed to high rates of poverty, abuse, neglect, domestic violence, and parental substance use.^{6–8} In addition to these family-based ACEs, YFC are also more likely to be

exposed to other forms of stress, such as being involved in or witnessing traumatic events and undergoing placement changes or adoption plan failures while in foster care.⁶ Finally, by definition they are universally exposed to one adversity—being removed from the home(s) of their parent(s).

The body of literature defining the effects of ACEs is an important and emerging area for the pediatric community.³ Although this significant population health relationship between cumulative stress and negative health outcomes has been broadly established, a gap in the literature is whether and how different patterns of ACEs exposure are associated with differential health outcomes later in life. Said another way, in addition to understanding that more stress equals higher risks, a clearer and more nuanced understanding of how adversity affects the transition into adulthood for specific groups of youth can inform policy and practice.

As a population, YFC have likely higher rates as well as different patterns of adverse experiences compared with the general public, thus, a nuanced understanding of the composition of adversities and their relationships to specific outcomes might provide distinguishing opportunities for interventions. Variable-oriented methods such as regression analyses provide estimates of sample-wide relationships between variables.⁹ In contrast, person-centered tools, such as latent class analysis (LCA), test for structure within a sample's heterogeneity.¹⁰ LCA and related techniques thereby build on sample aggregate analyses, offering potential for discerning subgroups of a population that are likely to benefit from tailored intervention efforts.

Previous studies have used LCA to assess subgroups within youth emancipating from foster care.^{11–13} The current study builds upon a previous analysis that included conventional ACEs variables alongside the previously described variables to which YFC have the potential to be uniquely exposed.¹⁴ This analysis yielded 3 subgroups of youth, which we labeled as complex, environmental, and lower adversity classes. The complex adversity class had the highest proportions of youth reporting conventional ACEs (maltreatment and adverse household factors). The environmental adversity class reported highest levels of exposure to harm in their environments (physical fighting, natural disasters), and the lower adversity class experienced adversity at the lowest rates (see the Methods section for more detail). That analysis established that these 3 patterns of adversity exposures were differentially associated with economic, psychosocial, and criminal behavior outcomes.¹⁴ Specifically, complex adversity youth reported greater homelessness and depressive symptoms, environmental exposure youth reported more crime-related indicators (eg, being arrested), and youth with the complex as well as environmental adversities reported higher proportions of the psychosocial problems and criminal behaviors than the youth in the lower adversity class.

In the present study, we sought to evaluate whether these patterns of adversity exposures are associated with differences in physical and sexual health risk outcomes over time among youth aging out of the foster care system. We included markers of overall health as well as several specific physical and sexual health risk indicators which: 1) have been

previously reported to be disproportionately represented among youth aging out of foster care,^{1,2} and/or 2) have potential to become chronic health conditions that affect lifelong quality of life. Thus, we selected outcomes that are likely to have particular relevance for early and preventive health care intervention among YFC.

METHODS

STUDY DESIGN AND DATA COLLECTION PROCEDURES

We used data from the Midwest Evaluation of the Adult Functioning of Former YFC (Midwest Study), the largest longitudinal study of youth aging out of foster care.¹ The Midwest Study followed youth who were in foster care in Illinois, Iowa, and Wisconsin from the time they were 17 years old (wave 1 assessment) through waves 2 through 5 at ages 19, 21, 23 to 24, and 25 to 26. Youth were eligible for the study if they had been in out-of-home care for at least 1 year, were between 17 and 17.5 years old at the time of recruitment (2002), and consented to participate. Youth were excluded if they had severe developmental disability or mental illness, were placed in a correctional/psychiatric facility, or were on runaway status. All eligible youth from Iowa and Wisconsin and a random sample of two-thirds of the eligible youth from Illinois who fit the study criteria were recruited for the study. Overall, the response rate was 95.4% for a total of 732 youth who participated in the study. Institutional review board approval and informed consent were obtained before all interviews.

VARIABLES

MEASURES USED TO IDENTIFY LCA SUBGROUPS

At wave 1 in accordance with the institutional review board, youth were asked about adversity that they had experienced during their childhood. We applied a modified cumulative scale that assessed: 1) conventional ACEs domains,^{3,15} 2) experiences in the youth's social environment relevant to YFC included in other previous expanded ACEs frameworks,^{16,17} and 3) childhood stressors associated with the foster care system (other illustrations of modified ACEs are reported elsewhere^{4,5}). Responses were coded dichotomously, including 4 maltreatment variables (sexual assault, physical abuse by a caregiver, neglect by a caregiver, and abandonment), 6 household factors: 4 characteristics of caregivers in the households from which youth were removed at the time they were placed in foster care (caregiver substance abuse, mental illness, domestic violence, and/or criminal record), as well as 2 adversities while in care (placement in 5 or more foster homes, adoption plan failure), and 5 environmentally-based factors (witnessed others being seriously hurt or killed, were involved in physical fighting, experienced a natural disaster or fire, experienced a life-threatening accident, and/or a very serious injury).

As previously noted, LCA methods assessed the sample for subgroup structure on the basis of these items. Unlike similar methods, such as cluster analysis, LCA uses statistical methods to test for goodness-of-fit, providing a more objective assessment of the identified groups.¹⁸ A 3-class

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