



## Trauma & Children in Foster Care: A Comprehensive Overview

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Child abuse is a global epidemic, distressing millions of children across all countries and within all cultures (Hayes & O'Neil, 2018). Although there are child protective laws in place, child abuse continues to remain a major problem in the United States and other countries (Bell & Higgins, 2015). In the year 2015, 3.4 million children were affected by some form of child abuse and/or neglect as indicated by Child Protective Services' reports (Bartlett & Rushovich, 2018). More than 250,000 children and adolescence enter the foster care system nationwide annually (Mitchell, 2018). Most of these children are removed from their biological homes due to cases of abuse and/or neglect, and thus victims are placed into foster care with minimal to zero notice.

Child abuse and maltreatment are grouped into four types including physical abuse, sexual abuse, emotional abuse, and neglect, leading to removal from the biological home. Such adverse experiences are usually multidimensional, long-lasting, and are linked with an assorted range of severe and complex consequences across prominent fields of functioning (Greeson et al., 2011). The transition into foster care is an extensive life conversion accompanied by loss, trauma, and grief (Mitchell, 2018). In many child welfare cases, siblings are separated from one another, causing significant emotional trauma. The child is placed into a stranger's home and is expected to be grateful to be relieved from the abuse and/or neglect that was endured prior.

Isobel (2016) classifies trauma as any form of impairment to the psyche that is a direct result of a difficult event. Individuals who have been through a traumatic event may develop physical, psychological, social, or emotional hardships because of the experience (Isobel, 2016). Children exposed to traumatic events experience long-lasting negative effects including brain impairments, variations to gene expressions, issues with physical growth and development, complications forming attachments, serious health problems, and significant mental health conditions (Bartlett & Rushovich, 2018). Children in foster care often experience such consequences due to family disruption and placement in multiple foster homes, which leads to experiences of separation and loss, inducing further mental health complications (Bartlett & Rushovich, 2018). Children who undergo unstable placement, in addition to prior abuse and neglect, are twice as likely to cultivate behavior problems versus foster youth who attain stable foster care placements (Dorsey, Burns, Southerland, Cox, Wagner, & Farmer, 2012).

A significant mental health concern among foster youth is post-traumatic stress disorder (PTSD); researchers have reported that 20 percent of abused children in foster care experienced symptoms of PTSD versus the 11 percent that remained in their original home (Bartlett & Rushovich, 2018). A study conducted in 2005 reported 30 percent of foster youth alumni met the conditions for this disorder, compared to less than 8 percent of the normal population (Bartlett & Rushovich, 2018). Youth in foster care have increased rates of trauma exposure; rates have been estimated to reach 90 percent; among trauma forms, foster care youth have an increased risk to have experienced abuse and/or neglect compared to the general population (Dorsey et al., 2012).

Furthermore, PTSD and other behavioral issues among children placed in foster care can result in placement instability; research reports that 20 percent of placement alterations are related to a child's behavioral issue (Bartlett & Rushovich, 2018). The longer the problems remain unaddressed, the more likely the child will begin displaying external and internal psychological stresses, resulting in further placement disruptions and additional consequences (Bartlett & Rushovich, 2018). When a placement is disturbed, feelings of guilt and rejection become more prominent in the child's life, resulting in damaged attachments, leading further to the child's traumatic experience (Dorsey et al., 2012).

Forkey, Morgan, Schwartz, & Sagor (2016) determined that out of the 400,500 children in foster care, trauma is not just extremely common, but often accumulative and chronic over the individual's lifespan. Childhood adversities, such as trauma caused by abuse or parental loss, are in many cases the precursors for the removal of the child, thus impacting the child's physical health as well as mental health. Toxic stress is deemed as the physiologic result of dangerous, recurrent, or prolonged experience of trauma caused by the initiation of the stress response without the protective existence of a compassionate adult (Forkey et al., 2016). Toxic stress impacts the child's domains of cognition, learning, and memory; this leads to negative changes in behavior and the decreased ability to regulate emotions properly (Forkey et al., 2016). In addition, toxic stress causes physical detriments and behavioral detriments including obesity, cardiovascular disease, COPD, diabetes, depression, anxiety, suicidality, and behavior issues (Forkey et al., 2016).

Similarly, children and youth in foster care have increased mental health issues; it is estimated that half (50 percent) of children and youth in the child welfare systems are at a 2.5 times heightened risk in developing mental health disorders compared to children not involved in the child welfare system. (Jankowski, Schifferdecker, Butcher, Foster-Johnson, & Barnett, 2019). Children in foster care are diagnosed with behavioral health issues five times as often

versus children not in care. Children who have undergone trauma typically develop unhealthy behaviors and habits which include increased aggression and disobeying adults; such behaviors assist in protecting the child from abuse in the past. Other common symptoms of trauma (often recognized among children in foster care) include:

- Sleeping difficulties
- Loss of appetite
- Toileting issues
- Inappropriate boundaries
- Nightmares and night terrors
- Flashbacks
- Distrust
- Hyper arousal
- Food hoarding
- Reactive attachment
- Tantrums

Co-occurring disorders, as a result of trauma-related risk factors, are also very significant among foster youth who have aged out of the system (Foster et al., 2015). Foster et al., (2015) report that over half of foster care children have succumbed to neglect (53 percent) and almost 16 percent have been victims of physical abuse; 4.4 percent have been victims of sexual abuse, and almost 30 percent have been victims of parental substance abuse. Excessive rates of abuse have contributed to extensive trauma-related mental ailments among foster care alumni (Foster et al., 2015). Such ailments include the following: attention deficit hyperactivity disorder, oppositional defiant disorder, mood disorder, anxiety, substance abuse, attachment difficulties, reactive attachment disorder, academic underachievement, involvement in the criminal justice system, and conduct disorders (Jankowski et al., 2019). According to the Casey Family National Foster Care Alumni Study, 90 percent of foster youth alumni reported a history of abuse and/or neglect, and 21 percent reported abuse and/or neglect that took place during out-of-home placement (Salazar, Keller, Gowen, & Courtney, 2013).

Foster parents, biological parents, and professionals who do not comprehend the consequences of trauma may mistakenly misjudge the child's behavior; efforts to address negative behavior may be ineffectual, and even damaging. Individuals who work with, or have close encounters with, foster children should demonstrate an understanding of Trauma-Informed Care (TIC). TIC is a psychological method which stresses how common trauma is, how trauma can negatively affect an individual's life, and incorporates a variation of services to reduce long-term harm. Professionals must incorporate knowledge about trauma pervasiveness and how this can affect the practice of mental health. Isobel (2016) states that professionals must realize the impact of how traumatic events affect an individual and understand how to utilize evidence-based methods in the treatment process.

TIC assists with how trauma affects the individual's life, as well as the individual's response to mental health treatment (Isobel, 2016). Due to TIC's emphasis on psychological, physical, and neurobiological safety, TIC assists professionals in helping the victim rebuild their self-confidence and develop control within their life. It is vital for professionals to recognize the different types of trauma and to educate the community regarding trauma and various triggers of trauma. Trauma-informed child welfare systems have the capacity to identify and actively react to the influence of

traumatic stress on individuals involved in the system (Bartlett & Rushovich, 2018). Programs encompassed within child welfare agencies, can incorporate techniques to promote trauma awareness, education, and skills in the agency's policies and practices (Bartlett & Rushovich, 2018). Such policies and practices can work to ensure the safety of the child, as well as the child's overall recovery and wellbeing. It is important for human service professionals to seek the proper education, preparation, and training necessary when working with individuals who are victims of childhood maltreatment and/or neglect.

In conclusion, children in foster care have undergone some form of trauma which has a significant impact over the child's lifetime, thus resulting in long-lasting consequences. Researchers confirm that adverse circumstances in a child's upbringing can lead to extensive problems surrounding the child's cognitive, emotional, social, and behavioral well-being. These can include maladaptive behaviors, medical complications, cognitive impairments, reactive attachments, and mental health problems. Children in the foster care system have experienced trauma, causing susceptibility to complications and challenges which can lead into adulthood. With Trauma-Informed Care, appropriate assessments, therapeutic services, and interventions, mental health professionals can assist in the prevention of ongoing trauma and mental health problems (Bartlett & Rushovich, 2018). It is imperative for human service professionals to practice early intervention and conduct therapeutic procedures given the child's history and severity of abuse. It is vital for human service professionals to recognize the causes, signs, symptoms, and consequences of trauma, properly intervene, and determine the most efficient therapeutic treatment. Professionals within the forensic setting must acknowledge new research and come together as a multidisciplinary team to prevent re-occurrence of adverse childhood experiences and ensure the community is aware of how childhood trauma can affect a child through adulthood.

### **Author's Biography:**

**Caitlin Papovich, M.A.**, is a Senior Case Coordinator for individuals with developmental and intellectual disabilities at Centerstone in Louisville, KY. Caitlin currently provides services for the Michelle P. Waiver and the Supported Community Living Waiver, in which the client's independence is promoted. Prior to working at Centerstone, Caitlin was employed at a Therapeutic Foster Care Agency and oversaw the Independent Living Program. The program consisted of foster youth ages 18-21 years old, who were transitioning from supervised foster placements (foster home, residential, group home) and into apartments; the program advocated and actively assisted in managing a positive transition into adulthood. While working with IL foster youth, Caitlin provided therapeutic services to address issues associated with trauma, including: substance abuse, human trafficking, academic underachievement, domestic violence, parenting, mental health disorders, and involvement with the Criminal Justice System. Caitlin has experience providing case management services for foster youth of various ages prior to becoming involved in the Independent Living Program. Caitlin received her Bachelor of Science in Criminal Justice Administration from the University of Louisville in 2010. Caitlin graduated from Concordia St. Paul in December of 2019, attaining a Master of Arts in Human Services with a concentration in Forensic Behavioral Health. Caitlin plans to continue raising awareness and educating the community on the issues surrounding child abuse and trauma.

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