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Trauma-symptom profiles of adolescents in child welfare



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ABSTRACT

In the province of Ontario (Canada), over 28,900 adolescents are investigated by child welfare agencies each year because of suspected maltreatment. Exposure to childhood maltreatment represents a major threat to the psychological well-being of young people, particularly in terms of trauma-related stress. The present study investigated trauma symptom profiles among 479 adolescents (13–17 years) involved with the Canadian child welfare system between 2003 and 2010. Latent profile analysis identified three profiles using self-report data from the Trauma Symptom Checklist for Children. Most adolescents (59%, $n = 281$) were classified into the profile depicting minimal trauma-related symptoms, 30% ($n = 144$) were characterized by moderate trauma-related symptoms, and 11% ($n = 54$) were in the profile reflecting severe trauma-related symptoms. Several variables predicted profile membership. Greater severity of sexual abuse and female sex were associated with a greater likelihood of belonging to the severe trauma symptom profile than both the moderate and the minimal trauma symptom profiles. In addition, having society ward status (compared to crown ward) was related to an increased likelihood of belonging to both the severe and moderate symptom profiles relative to the minimal symptom profile. This study provides some insight into the typologies of trauma experienced among child-welfare-involved adolescents and the set of factors which relate to the specific profiles. Findings are important for informing psychological assessment practices, as well as tailored interventions, for adolescents in the child welfare system.

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1. Introduction

According to the Ontario Incidence Study of Reported Abuse and Neglect (OIS-2013), it is estimated that 28,928 adolescents aged 12–15 years come into contact with child welfare each year in Ontario (Fallon et al., 2015). The OIS-2013 tracked 43,067 substantiated maltreatment investigations during the fall of 2013 among a representative sample of 17 child welfare agencies across the province of Ontario (Canada). Exposure to intimate partner violence was the most common form of maltreatment, representing 48% of all substantiated investigations, followed by neglect (24%), physical abuse (13%), emotional maltreatment (13%), and sexual abuse (2%; Fallon et al., 2015).

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Childhood maltreatment is a risk factor for the development of post-traumatic stress (PTS) symptoms. Current estimates of trauma-related symptomatology in the general population indicate that about 2.2% of adolescents manifest heightened PTS symptoms as measured by the Trauma Symptoms Checklist for Children (TSCC; Copeland, Keeler, Angold, & Costello, 2007). However, higher rates of PTS symptoms are found in adolescents in the child welfare system. In a nationally representative U.S. sample of 1848 child-welfare-involved children and young adolescents (ages 8–14) with varied maltreatment histories, Kolko et al. (2010) recorded heightened PTS symptoms for about 12% of the participants.

However, research also suggests that a substantial proportion of child-welfare-involved adolescents exhibit resilience (Guibord, Bell, Romano, & Rouillard, 2011), which is often conceptualized as positive adaptation and functioning following exposure to significant adversity (Masten & Wright, 1998). In a study examining the mental health outcomes of one hundred twenty-two 12- to 15-year-olds in the child welfare system in Ontario (Canada), findings indicated that slightly more than half (52.5%) displayed resilient functioning, which was defined as the absence of depressive symptoms or alcohol/drug use over the past year (Guibord et al., 2011). Even studies using more stringent definitions of resilience that require individuals to be functioning well across multiple domains (e.g., behavioral, social, and academic) have found that over half of the adolescents in child welfare exhibit resilience (Daining & DePanfilis, 2007; Jones, 2012). Because there is individual variability in the response to child maltreatment, empirical efforts have been made to understand the way certain socio-demographics, maltreatment-related, and welfare-related variables may influence the development of psychopathology (or lack thereof) in maltreated adolescents.

Studies of adolescents in child welfare that have examined the relation between various types of maltreatment and mental health outcomes have typically shown that psychological distress is highest among those adolescents who have experienced sexual abuse (Burns et al., 2004; McMillen et al., 2005). Sexual abuse may be associated with worse outcomes because it constitutes a gross violation of physical boundaries and often occurs alongside other forms of maltreatment (e.g., physical abuse, emotional neglect; Perez-Fuentes et al., 2013). Moreover, sexual abuse has specifically been linked to trauma-related symptoms in several general population studies (Boney-McCoy & Finkelhor, 1996; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995) as well as in studies with child-welfare-involved adolescents (Petrenko, Friend, Garrido, Taussig, & Culhane, 2012).

A substantial number of adolescents in child welfare experience multiple types of maltreatment (Richardson, Henry, Black-Pond, & Sloane, 2008; Trocmé et al., 2010). Results from the OIS-2013 indicated that 13% of newborn to 15-year-olds had experienced more than one type of maltreatment (Fallon et al., 2015). This finding is based on substantiated cases of child maltreatment. Though, whereas studies of child welfare samples using self-report questionnaires and/or interviews that do not require substantiation have typically yielded higher rates of multiple victimization (e.g., 72%; Lawrence, Carlson, & Egeland, 2006). Within the child welfare setting, some studies suggest a dose-response relationship, whereby those individuals experiencing more types of maltreatment show elevated levels of dysfunction relative to those experiencing only a single type (Griffin et al., 2011; McMillen et al., 2005).

Moreover, research on the relationship between sex and PTS indicates that females are more likely to suffer from trauma-related symptoms following childhood maltreatment (Keller, Salazar, & Courtney, 2010; Tolin & Foa, 2006). It has been suggested that females are more likely to ruminate following traumatic events, which increases their risk of developing trauma-related disorders (Ehlers & Clark, 2000). Moreover, females are at greater risk for sexual victimization in childhood (Dube et al., 2005), which has been strongly associated with the development of PTS (Tolin & Foa, 2006).

With respect to other demographics, such as ethnicity, research findings are mixed. Several studies suggest that, relative to their Caucasian counterparts, African American adolescents in child welfare typically exhibit fewer problem behaviours (Keller et al., 2001) and receive fewer mental health services (Garland, Landsverk, & Lau, 2003; Leslie, Hurlburt, James, Landsverk, & Slymen, 2005). Other studies, however, have not found any ethnic differences with regards to self-reported PTS (Keller et al., 2010; Kolko et al., 2010).

Research has also explored several child welfare-level predictors of psychological functioning, including the type of placement and number of placements. Compared to children living with their biological parents, children who are placed in non-kinship foster care or group homes show significantly higher rates of psychological difficulties (Burns et al., 2004; Keil & Price, 2006). Moreover, significantly more maltreated children in out-of-home care exhibit heightened PTS symptoms compared to those children who experienced maltreatment but remained in their homes (Kolko et al., 2010). In addition, research indicates placement instability is almost universally considered disadvantageous to children (Barber & Delfabbro, 2003). Multiple placements are associated with multiple school changes, difficulty maintaining attachment bonds with caregivers, and building new relationships within the home, school, and community (Barth et al., 2007). A greater number of placements have also been associated with more severe trauma symptoms among maltreated youth (Raviv, Taussig, Culhane, & Garrido, 2010).

Although extensive research has examined the well-being and functioning of child-welfare-involved adolescents, such studies have tended to rely on variable-centered approaches that describe the average behavior of a sample (Laursen & Hoff, 2006). While variable-centered analyses are informative, they underscore the importance of inter-individual variation. In contrast, person-centered mixture model approaches model population heterogeneity and identify distinctive subgroups or “profiles” of individuals within a sample that have similar psychological presentations (Laursen & Hoff, 2006). Hence, such analyses can provide a greater understanding of the diversity of psychological outcomes among maltreated adolescents in care.

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