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Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey☆

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ABSTRACT

Despite good reason to believe that children in foster care are disproportionately exposed to adverse childhood experiences (ACEs), relatively little research considers exposure to ACEs among this group of vulnerable children. In this article, we use data from the 2011–2012 National Survey of Children's Health (NSCH), a nationally representative sample of non-institutionalized children ages 0–17 in the United States, to estimate the association between foster care placement and exposure to an array of ACEs. In adjusted logistic regression models, we find that children placed in foster care or adopted from foster care, compared to their counterparts, were more likely to experience parental divorce or separation, parental death, parental incarceration, parental abuse, violence exposure, household member mental illness, and household member substance abuse. These children were also more likely to experience ACEs than children across different thresholds of socioeconomic disadvantage (e.g., children in households with incomes below the poverty line) and across different family structures (e.g., children in single-mother families). These results advance our understanding of how children in foster care, an already vulnerable population, are disproportionately exposed to ACEs. This exposure, given the link between ACEs and health, may have implications for children's health and wellbeing throughout the life course.

1. Introduction

Foster care placement is common in the United States, with estimates suggesting that 6% of U.S. children will experience this event at any point between their birth and their 18th birthday. Risks of foster care placement vary across the population, with vulnerable groups such as race/ethnic minority children and children living in poverty having the greatest risks of foster care placement. For example, in the United States, 12% of African American children and 15% of Native American children are placed in foster care at some point between birth and age 18, compared to 5% of White children (Wildeman & Emanuel, 2014). Cumulative risks of foster care placement are lower in the other developed democracies for which estimates have

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been generated. For example, Australia (O'Donnell et al., 2016), Canada (O'Donnell et al., 2016), Denmark (Fallesen, Emanuel, & Wildeman, 2014; Ubbesen, Gilbert, & Thoburn, 2015), and England (Ubbesen et al., 2015) all have cumulative risks of foster care placement that are non-negligible but roughly one-quarter to one-half as high as risks in the United States.

As many researchers and policymakers have noted, the foster care system merits attention because a substantial number of children will ever experience this event, because it is more commonly experienced among children from historically disadvantaged racial/ethnic groups, and because children in foster care disproportionately suffer from poor mental and physical health (for recent reviews on the topic, see Gilbert, Kemp, Thoburn, Sidebotham, & Radford, 2009; Gilbert, Widom, Browne, Fergusson, Webb, & Janso, 2009; Wildeman & Waldfogel, 2014). For example, recent research using nationally representative data on children in the United States finds that children placed in foster care, net of an array of demographic and socioeconomic characteristics, were three to five times more likely than children not placed in foster care to experience mental health conditions such as depression, anxiety, behavioral or conduct problems, and Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (Turney & Wildeman, 2016). These findings are broadly consistent with an earlier wave of research that documented children in the foster care system to be in extremely poor mental and physical health relative to other children (e.g., Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Halfon, Mendonca, & Berkowitz, 1995).

Although the degree to which foster care placement contributes to these poor mental and physical health outcomes is hotly debated (e.g., Berger, Bruch, Johnson, James, & Rubin, 2009; Doyle, 2007, 2008, 2013), there are certainly many other risk factors that could also be driving the poor outcomes of children in foster care (e.g., English, Thompson, & White, 2015). Indeed, it is well known that children ever placed in foster care are more likely than their counterparts to experience family instability (Taylor, Guterman, Lee, & Rathouz, 2009), to be exposed to socioeconomic disadvantage (e.g., Cancian, Yang, & Slack, 2013; Gilbert, Widom et al., 2009; Kruttschnitt, McLeod, & Dornfeld, 1994), and to live in poor neighborhoods (e.g., Andersen, 2010; Coulton, Korbin, & Su, 1999; Drake & Pandey, 1996; Freisthler, 2004; Garbarino & Sherman, 1980), all of which are risk factors for poor mental and physical health.

Unfortunately, existing research on the risk factors disproportionately faced by children in foster care is limited in two ways. First, this research has generally neglected to consider exposure to a broad range of adverse childhood experiences (ACEs) such as parental incarceration or violence exposure. Most individual empirical studies focus on a more narrow range of risk factors children have experienced (but see English et al., 2015; see also reviews of Gilbert, Widom et al., 2009; Wildeman & Waldfogel, 2014). Additionally, to date, data limitations have precluded a nationally representative examination of the differences in exposure to ACEs between U.S. children in foster care and their counterparts. These limitations are an oversight because indicators of childhood misfortune such as ACEs are strong predictors of poor health throughout the life course (Anda et al., 1999; Chapman, Wall, & Barth, 2004; Corso, Edwards, Fang, & Mercy, 2008; Felitti, 2009; Felitti et al., 1998; Gilbert et al., 2015; Klassen, Chirico, O'Leary, Cairney, & Wade, 2016; Wade et al., 2016).

In this article, we extend research on the correlates of foster care placement by using the 2011–2012 National Survey of Children's Health (NSCH), a nationally representative sample of children ages 0–17, to document the relationship between foster care placement and exposure to seven indicators of ACEs that are tightly linked to poor child health and wellbeing throughout the life course. Specifically, we provide two types of comparisons. First, we compare children placed in or adopted from foster care to children not placed in nor adopted from foster care, after adjusting for a range of covariates. Second, we compare children with foster care exposure (those placed in or adopted from foster care) to children across different thresholds of socioeconomic disadvantage (e.g., children in households with incomes below the poverty line) and to children in various family types (e.g., single-mother families). The latter two comparisons—across socioeconomic disadvantage and across family types—is important because it documents ACE exposure among other groups traditionally at risk of exposure to ACEs and, in so doing, provides unique insight into just how disadvantaged children in foster care are relative to other types of children who also experience risk factors for ACE exposure.

2. Method

2.1. Participants

We use data from the cross-sectional 2011–2012 National Survey of Children's Health (NSCH), a nationally representative survey of 95,677 children in the United States, to estimate the association between children's exposure to adverse childhood experiences (ACEs) and foster care placement. Survey researchers first identified households with list-assisted random-digit dialing, stratifying by state and telephone type (cell phone or landline), and conducted interviews between February 2011 and June 2012 (Centers for Disease Control and Prevention, 2013). In each household, interviewers selected a focal child and interviewed the household adult with the most information about the focal child (the child's biological/step/foster/adoptive mother, biological/step/foster/adoptive father, and other household member in 69%, 24%, and 7% of observations, respectively; hereafter referred to as the parent respondent). The survey completion rate was 54% for the landline sample and 41% for the cell phone sample. Sampling weights adjust for non-response. The 2011–2012 NSCH allows for a nationally representative examination of children placed in foster care, a difficult-to-reach population, both because of the large sample size and the information collected about children's living arrangements.

To comprise the analytic sample, we first dropped the 2443 (2.6% of the full sample) observations missing data on children's living arrangements and the additional 1973 (2.1%) observations missing data on any one of the seven ACE measures