



## Foster parents exposed to political violence: The role of social support in addressing emotional and functional difficulties



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### A B S T R A C T

**Background:** Being a foster parent is stressful. It becomes even more stressful when foster parents face major threats to their own families and to the foster children in their care, such as during war situations. This study focuses on foster parents' reactions to the war with Gaza in southern Israel that took place in 2014. The first goal of this study was to describe posttraumatic symptoms (PTS) and problems in functioning among foster parents following their exposure to the war. The second goal was to identify background and social support predictors of PTS and functioning problems among these parents. The third goal was to examine the role of formal and informal support received by the parents as a moderator of the association between exposure to war events and PTS and problems in functioning.

**Methods:** Participants were 354 Israeli foster parents who were exposed to the war. Participants completed structured instruments of exposure to war events, PTS, functioning, and social support.

**Results:** Exposure to war events was associated with PTS and related functioning problems. Education and religiosity were correlated with PTS and problems in functioning. Contrary to our hypothesis, more formal social support was associated with more PTS. Social support did not moderate the association between exposure to war events and PTS.

**Discussion:** The unexpected positive correlation between support and PTS was interpreted as either reflecting the fact that foster care agencies targeted foster parents who were most in need, or as a reflection of the inadequacy of the support they received. The findings indicate that foster parents need support during times of major stressful events such as natural disasters and wars, so that they will be able to help the children in their care. Specialized professional training for foster care workers needs to be implemented. Future longitudinal and mix-methods studies are suggested to help address the limitations of the present study.

### 1. Introduction

Foster care is one of the main sources of out-of-home care for children and young people whose biological parents are unable to fulfill their basic needs (Whenan, Oxlad, & Lushington, 2009; Zeira, Attar-Schwartz, & Benbenishty, 2012). As children who live in out-of-home placements frequently exhibit emotional and behavioral problems (Cole & Eamon, 2007; Vanderfaeillie, Van Holen, Trogh, & Andries, 2012), the role of foster parents in providing a stable and safe environment is essential for these children's psychological health (Blythe, Halcomb, Wilkes, & Jackson, 2013).

Foster parents provide for the ongoing needs of the children and youth in their care. As such, they are responsible for a wide range of tasks and challenges: caring for children with multiple behavioral and emotional difficulties (Van Holen, Vanschoonlandt, & Vanderfaeillie,

2017), interacting and negotiating with birth parents and a variety of professionals, trying to adhere to child welfare agency policies and requirements, and simultaneously caring for their own biological children (Wilson, Sinclair, & Gibbs, 2000). All of these responsibilities are physically and emotionally demanding (Blythe et al., 2013; Brown, Sigvaldason, & Bednar, 2005; Cole & Eamon, 2007).

Consequently, foster care givers are vulnerable to a greater number of emotional and functional difficulties and/or challenges than people in the general population (McCarthy, Janeway, & Geddes, 2003; Murray, Tarren-Sweeney, & France, 2011). These challenges include mental health difficulties such as anxiety (Farmer, Lipscombe, & Moyers, 2005; Morgan & Baron, 2011), depression (Cole & Eamon, 2007), both anxiety and depression (Whenan et al., 2009), and stress (Sinclair, Gibbs, & Wilson, 2004).

Although the literature describes some of the difficulties facing

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foster parents in their regular and everyday care of foster children, little is known about the challenges they face when the circumstances are especially demanding, such as during natural disasters (e.g., hurricanes) and episodes of political violence. Foster families may experience negative consequences deriving from these circumstances, such as post-traumatic symptoms and/or difficulties in everyday functioning, including in the caring of their foster children. These foster parent outcomes may have devastating effects on the foster children, many of whom have prior personal traumatic experiences. The aim of this paper is to describe a study of foster parents in Israel during a period of extreme political violence. In this study, we examined the emotional and functional difficulties associated with exposure to war events, and we also explored the role of social support, both informal and formal, in mediating the effects of exposure. The findings of this study may be relevant to a wider range of situations that tax the resources of foster families, including life-threatening natural disasters such as hurricanes, flooding, and wildfires, all of which have recently occurred in the United States.

### 1.1. Context: foster care in Israel

In Israel, there are about 8000 children who are placed annually in out-of-home care by the Welfare Ministry. For multiple historical and organizational reasons (Dolev, Ben Rabi, & Zemach-Marom, 2009), only about 30% are placed in foster care, and the rest are placed in a variety of institutions, ranging from small family group homes, with fewer than 10 children, to large institutions with > 100 children. Foster care is facilitated by regional foster care providers (mostly NGOs) that are responsible for recruiting foster families. Prior to being licensed, candidate foster families must first undergo an elaborate screening process and then participate in several training workshops. These families are financially compensated on the basis of the foster child's level of need. The professionals who work in the foster care system are all licensed social workers who engage with the entire foster care triangle: that is, foster parents, foster children, and biological families. They support the foster families and supervise the care that these families provide to the foster children. Foster care agencies provide additional referrals as needed, such as psychological testing and therapy, educational support, medical care, etc.

The Ministry of Welfare contracts with these foster care agencies, refers to them the children deemed suitable for foster care by the local public welfare department, and provides the funding for the services rendered by the foster care agencies. The Ministry also monitors and supervises the quality of care provided to these families and children, and is also involved in initiating new services and interventions. A recent foster care law provides the legal framework that governs foster care in Israel.

### 1.2. Exposure to political violence as a source of stress for Israeli foster parents

Being a foster parent is stressful and it has been shown that the level of foster parents' stress and emotional strain can be heightened by the disruptive behaviour of their foster children (Farmer et al., 2005; Jones & Morissette, 1999; Vanderfaillie, Van Holen, De Maeyer, Gypen, & Belenger, 2016). Wilson et al. (2000) reported on the prevalence of six types of stressful events that foster parents' experience: placement disruption, maltreatment allegations, difficulties with the child's birth parents, an adverse impact of the placement on the foster family, disagreements with social services about the child's placement, and other matters. In addition, the strain that foster parents experience can reduce their capacity to parent well and has been shown to have an adverse impact on placement outcomes (Farmer et al., 2005; Fuentes, Salas, Bernedo, & García-Martín, 2015). There are some indications that this strain also leads to psychological problems, such as depression, for these parents (Cole & Eamon, 2007).

Although foster parents in Israel presumably experience the same kinds of ongoing strains that all foster care givers experience, they may also be exposed periodically to additional distress as a result of war events. In July and August of 2014, Israeli civilians were exposed to severe hostilities taking place between Israel and Gaza. > 4500 missiles from the Gaza Strip landed in Israel, mostly – but not exclusively – near the border (Tangir, Dekel, Lavi, Gewirtz, & Zamir, 2017).

War exposure may be associated with psychological distress in the short term as well as with more long-term psychological disorders, years after the war ends, in the form of post-traumatic stress symptoms (PTS) and other disorders. Post-traumatic stress symptoms are the most common reaction following traumatic events and consist of several clusters of symptoms: re-experiencing the event, avoidance, and hyperarousal (Bleich, Gelkopf, Melamed, & Solomon, 2006). These symptoms are often accompanied by difficulties in daily functioning, such as problems at work and in interpersonal relationships. These symptoms may also develop over time into full-blown post-traumatic stress disorder (PTSD), a disorder which has significant emotional and functional implications.

The ill effects of exposure to political violence have been documented in multiple places across the world, such as in Lebanon (Khamis, 2012), in Gaza (Massad et al., 2011), in Bosnia (Hasanovic, Sinanovic, Selimbasic, Pajevic, & Avdibegovic, 2006) and in the US (Neria, DiGrande, & Adams, 2011). Extensive research in Israel has shown similar effects (Dimitry, 2012; Hobfoll et al., 2008; Slone & Mann, 2016). The consequences are especially severe for individuals living in areas most exposed to danger (Diamond, Lipsitz, Fajerman, & Rozenblat, 2010; Gelkopf, Berger, Bleich, & Silver, 2012; Gil et al., 2016; Nuttman-Shwartz & Dekel, 2009b).

Although ample research has shown how exposure to political violence bears many detrimental consequences for the general population (Nuttman-Shwartz & Dekel, 2009b), and specifically for parents (Schiff & Pat-Horenczyk, 2014; Tangir et al., 2017) and children (Shechory-Bitton, 2013), to the best of our knowledge no research has yet been conducted on the prevalence of war-related emotional and functional difficulties among foster care givers. Furthermore, the stress sensitization hypothesis suggests that individuals' psychological responses to current stressors are influenced by whether they faced previous traumatic events in their lives. Earlier exposure to traumatic events (usually but not necessarily in childhood) has been shown to lower individuals' tolerance to current stressors, even if these current traumatic events were relatively minor (Hammen, Henry, & Daley, 2000; McLaughlin, Conron, Koenen, & Gilman, 2010; Shao et al., 2015). On a regular basis, foster parents face substantial stressors associated with the challenge of raising a foster child who likely experienced childhood trauma, neglect, and the trauma of removal from his/her own home (Lietz, Julien-Chinn, Geiger, & Hayes Piel, 2016). Being their foster child's main source of support may lower foster parents' tolerance of additional stressors, such as war exposure. The literature on other types of “helpers” indicates that the responsibility of helpers to clients during times of shared stress and trauma has negative consequences for these helpers' conflicts (Baum, 2014; Ben-Ezra & Bibi, 2016; Nuttman-Shwartz & Dekel, 2009a).

It is reasonable to suggest, based on the stress sensitization hypothesis, that foster parents might be especially vulnerable to the added stresses of war exposure (Zvolensky et al., 2015). In the present study we therefore explored how foster parents responded to war exposure and how this exposure was associated with difficulties in functioning, both as parents of their own biological children and as care providers for foster children.

### 1.3. Factors associated with the consequences of war exposure

In the present study we aimed to go beyond describing the consequences of war exposure among foster parents and to explore which of the parents was more vulnerable. Prior research indicates that PTS

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