

Children in Foster Care: A Vulnerable Population at Risk

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TOPIC: Nationally, 542,000 children are in foster care. Many of these children have prior histories of maltreatment such as abuse and neglect, with neglect being the most common form of maltreatment and the reason for many children requiring foster care services. Painful experiences associated with maltreatment and the trauma of being removed from one's parents (foster care) may affect the developmental and mental health of children.

PURPOSE: This paper synthesizes the experiences associated with foster care and reveals foster care outcomes obtained through a literature search of published research. Specifically, the notions of oppression and domination defined by Young (1990) experienced by children in foster care are explored.

SOURCES: Review of the literature and clinical practice.

CONCLUSIONS: Most children in foster care, if not all, experience feelings of confusion, fear, apprehension of the unknown, loss, sadness, anxiety, and stress. Such feelings and experiences must be addressed and treated early to prevent or decrease poor developmental and mental health outcomes that ultimately affect a child's educational experience and the quality of adulthood. Systemic orientation for all children entering foster care is proposed as a preventative intervention that addresses associated experiences of children in foster care.

Search terms: Alumni of foster care, foster care, foster care experiences, foster care interventions, foster care outcomes, foster care perceptions, mental health

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In any given day, there are over half a million children in foster care in the United States (U.S. Department of Health and Human Services [U.S. DHHS], 2007b). Children in foster care are a vulnerable population (Kools & Kennedy, 2003; Leslie et al., 2005; Vig, Chinitz, & Shulman, 2005). Traumatic experiences and an increased susceptibility for further wounds from unstable environments created in foster care continue to increase the vulnerability of this already fragile population (Jones Harden, 2004). The removal of a child from biological parents requires a substantiation of maltreatment (sexual, physical, or neglect), not just an exposure to it (Pew Commission on Children in Foster Care, 2003). Maltreatment, such as neglect, and the removal from parents (foster care) are traumatic events that can affect the immediate and future developmental and mental health of children (Bowly, 1998; Dozier, Albus, Fisher, & Sepulveda, 2002; Substance Abuse and Mental Health Services Administration, 2005; Schneider & Phares, 2005; Vig et al.). Numerous children in foster care have poor developmental, mental, and educational outcomes (Casey Family Programs, 2005; Children's Administration Research, 2004). Many of them will struggle in their transition from foster care to young adulthood and will succumb to poor choices that will prevent them from obtaining an optimal level of health.

Mental Health Outcomes

Children with a history of maltreatment, such as neglect, who additionally endure the trauma of being separated from parents and experience feelings, for example, of fear and confusion, are vulnerable and susceptible to posttraumatic stress disorders (PTSD) (Dohner & Motta, 1999; Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). Some studies show that over

half of children in foster care may experience at least one or more mental disorder, and many (63%) are victims of neglect (U.S. DHHS, 2007a). The Northwest Foster Care Alumni Study found that 54.4% of alumni had significant mental health problems that included depression, social problems, anxiety, and PTSD (Casey Family Programs, 2005). The occurrence of PTSD after a traumatic experience is not uncommon. O'Donnell, Creamer, and Pattison (2004) write that abuse experienced in childhood is a risk factor for not only PTSD, but for depression as well. In a study funded by the National Institute of Mental Health, Burns et al. (2004), purport that children exposed to child welfare with factors such as neglect, poverty, and age necessitated a greater need for mental health services. In their sample of children in foster care, almost half showed clinical signs of mental health problems. Among those children who had the worst symptoms, only 4% received mental health care and 84% did not have any mental health services provided. Untreated psychiatric problems will most likely not improve over time, but may worsen (Stahmer et al., 2005). In order for children in foster care to succeed in school and in young adulthood, their experiences with child welfare (foster care) should be acknowledged and addressed.

Educational Outcomes

Children in foster care face many educational obstacles because of frequent moves. Thus, this already vulnerable population becomes more vulnerable educationally (Zellin & Weinberg, 2004). They will miss many school days while in transition from home to home in addition to facing the challenges of new schools; this will affect their attendance and comfort level, which in turn can impact their school experience as well as long-term performance outcomes (Jones Harden, 2004; Kools & Kennedy, 2003; Leslie et al., 2003; Racusin et al., 2005; Zellin, Weinberg, & Kimu, 2005). School credits may not always transfer between schools and school records may be lost as a result of frequent school changes. Zellin and Weinberg (2004), in their study of foster care children in Los Angeles, discuss the many obstacles previously mentioned that become barriers to successful education. Less than 20% of student records were available and 75% of student records had incorrect data inputted. Children

who moved more frequently had no records; they could not be located. A study done by Courtney, Piliavin, Grogan, and Nensmith (2001) revealed that 92% of the adolescents in their study were very hopeful about their future, but less than half of the 90% still attending high school would graduate.

In the final report of the Washington State's Office of Children's Administration Research (2004), results also revealed poor educational outcomes for alumni of foster care. The report found that only 50% of foster children in the study graduated from high school or earned a general educational development (GED) credential. Results showed that 89% of foster children in this study obtained a GED rather than completing high school; the rates of GEDs of children in foster care versus that of the general population were about six times greater (U.S. Census Bureau, 2003). For those seeking bachelor's degree or higher, only 1.8% of alumni would continue to postsecondary education compared to 24% of the general population (Casey Family Programs, 2005; Children's Administration Research, U.S. Census Bureau). Poor educational outcomes of children in foster care increase their vulnerability and can impact their future. A common belief, with growing support, is that early interventions, such as education, affect adult health outcomes and the quality of adulthood (Daniels, Kennedy, & Kawachi, 2000).

Transition from Foster Care to Adulthood

Many adolescents will age out of the foster care system when they turn 18 years old and will find themselves with little, if any, financial, medical, or social support (Kools, 1997; Simms, Dubowitz, & Szilagyi, 2000). The Foster Youth Transitions to Adulthood Study, a descriptive study of 141 young adults (former youth in foster care), showed that many young adults experienced difficult transitions from foster care to young adulthood (Courtney et al., 2001). Many will experience mental illness, criminality, and an inability to function productively and independently in society (Kools & Kennedy, 2003; Racusin et al., 2005). In another study conducted by Casey Family Programs (2005), countless alumni of foster care had a difficult time keeping a job; some had mental and emotional problems that interfered with work, and most had no insurance, leaving many susceptible to

homelessness. In this study, a high percentage of alumni experienced homelessness compared to that of the general population (Courtney et al.; Racusin et al.). Too many will begin adulthood feeling alone, insecure, and overwhelmed (Kools & Kennedy). Some will not know or remember their biological families, will not have close ties to their foster families, and will then be abruptly discharged from foster care with little support or assistance, which affects the quality of their adulthood (Courtney et al.; Kools; Simms et al.).

Child Welfare Accountability

Historically, child welfare has not been held accountable for performance outcomes related to children in foster care. In the past, performance outcomes were based on a child welfare agency's compliance to federal and state requirements, but, in 1996, the *Social Security Act* was amended so that part of performance outcomes emphasized the end results, in particular, positive end results of children and families in care (Administration for Children and Families, 2006). In 2000, the Children's Bureau developed an evidence-based statewide review of child welfare system outcomes and implemented it in 2001 (U.S. DHHS, 2005). The state assessments are called Child and Family Services Reviews (CFSRs). These reviews assess how well each state is meeting the needs of the children it serves in addition to how well they meet systemic requirements. Each state attempts compliance in 14 areas; 7 related to the needs of children and 7 related to system requirements. Areas of compliance related to the children they serve are divided into three categories: safety, permanency, and well-being.

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In March 2004, the first Child and Family Services Reviews were completed; the results were grim. Puerto Rico, the District of Columbia, and the rest of the 50 states failed to meet not just some, but all areas of child welfare standards (Children's Administration Research, 2004; U.S. DHHS, 2005). The median compliance of the 14 areas assessed was 6 of 14. Not one state met the federal requirements of providing permanency and stability for children in child welfare.

Improvement plans for the foster care system are being developed and implemented, but are traditionally and currently directed toward the system rather than directly toward the children served (Administration for Children and Families, 2006). Studies suggest a greater need to understand the perceptions and experiences of children in foster care as well as the need for early comprehensive developmental and mental health assessments that include effective interventions for children entering foster care (Leslie et al., 2003, 2005; Newton, Litrowick, & Landsverk, 2000; Racusin et al., 2005; Silver et al., 1999; Simms et al., 2000; Sprang, Clark, Kaak, & Brenzel, 2004; Shahrer et al., 2005). To improve developmental and mental health as well as educational outcomes, improvement plans must address the social environments of foster care created by child welfare that impact a child's developmental and mental well-being (Lunk, 1996).

Oppression and Domination

Young (1990) asserts that people who are obstructed or prevented from becoming competent or from being able to communicate their opinions, desires, and emotions experience a form of oppression. The social setting of child welfare, more specifically, foster care, has created a "systemic constraint" on children when they are prevented from experiencing a feeling of competence or from being able to voice their concerns (Young, 1990, p. 41). If children in foster care struggle through developmental stages without assistance, they are prevented from obtaining an optimal level of health. Clinicians and researchers agree that, in order for an adolescent to become a successful, healthy, and well-adjusted adult, they must be given support and assistance to successfully meet major developmental milestones (Erikson, 1986; Jones Harden, 2004).

Whether an infant, child, or adolescent enters the child welfare system through foster care or is placed

with a relative (kinship care) or placed in a group home, he or she share many similarities, such as being without parents (biological or primary caregiver), experiencing pain and confusion, being a dependent, having a social worker, living away from home, and so forth (Racusin et al., 2005). According to Young (1990), these shared similarities or characteristics are qualifications for what defines a collective group of people.

To illustrate the point of oppression children in foster care may experience, Young's definition of oppression and domination is used (1990). In the "Five Faces of Oppression," Young states that one of five conditions is needed to determine if a group of people is truly oppressed: (a) exploitation, (b) marginalization, (c) powerlessness, (d) cultural imperialism, and (e) violence. Bruskas asserts that children in foster care not only meet one of Young's five criteria, but all five.

Exploitation

Exploitation conjures up the notion of people being taken advantage of by big business (Westernized societies) in Third World countries or by ruling parties of dictatorships. Young (1990) believes that many groups of people in "capitalist societies" who "exercise their capacities under the control, according to the purposes, and for the benefit of others" constitutes a form of exploitation (p. 49). Although she is referring to adults in the workforce, the resultant effect is that people end up experiencing a loss of power and dignity, and a division is made between those who serve and those who are served. While most people "volunteer" to work for others, Young asserts that one can still be categorized as exploited. Unlike adults in the workforce, children in foster care do not choose or "volunteer" to be a part of the child welfare system. Even though children, by definition, present a clear picture of those who serve (parents) and those who are served (children) prior to their exposure to child welfare, they most often will experience a loss of control and self-esteem and a distinction between those who serve and those being served may become much more obvious and different after entering the child welfare system.

Young (1990) asserts that institutions can unintentionally oppress and dominate a collective group of people by not questioning routine implementation of

policies and procedures. Without interventions that address the feelings and experiences of children entering foster care, these children will continue to be exploited. According to Lunk (1996), "societies shape patterns of disease" (p. 471). Without institutional changes, children in foster care will continue to be shaped within an institution that currently generates young adults who struggle mentally, educationally, and relationally (Casey Family Programs, 2005; Children's Administration Research, 2004; Racusin et al., 2005; Simms et al., 2000; Shahrer et al., 2005; Zeitlin & Weinberg, 2004).

Marginalization

Young (1990) states that marginalization is the worst kind of oppression. Marginalization is when "a whole category of people is expelled from useful participation in social life" (Young, p. 53). This expulsion means that without a source of income, many will not be able to afford the basic necessities of life. Although Young refers to those who are distinctly visible such as the elderly, young people, or people of color, Bruskas argues that the collective group of alumni of foster care also fits this category. Alumni of foster care are not visibly distinguishable, but every year 287,000 will exit foster care and will struggle to participate in society (U.S. DHHS, 2006; Racusin et al., 2005). Society has attempted to address the problems of marginalized groups by offering support through welfare and various programs, but some institutions unintentionally create greater forms of oppression (Young). Dependency instills subjection to others, and in the case of children in foster care, this is a subjection to those who have inflicted or were associated with the trauma of removing them from their parents. Although child welfare meets federal and state requirements for providing food and shelter, requirements for permanency and well-being fall short. Many children need help adjusting to foster care and being supported through the developmental stages of childhood while in care; without this, a feeling of oppression is inevitable.

Powerlessness

Powerlessness, as defined by Young (1990), "are those who lack authority or power" and those who

must obey without say and who do not give orders themselves (p. 56). Decisions are routinely made regarding a child's placement that will have life-long consequences without the participation of most children (Schneider & Phares, 2005). In most cases, child welfare does not provide children in foster care opportunities to be a part of the decision-making process. This exclusion may create the feeling of having no control over one's life. Although it may not be practical to include small children in the decision-making process, they can still be included in this process through the provision of explanations of care. The powerlessness of children in foster care is dramatically increased when knowledge and information about their future is withheld. It is crucial that a child experiences a sense of control and have an understanding of their life's course in order to experience a positive childhood ensuring a healthy and successful adulthood (Bronfenbrenner, 1979; Jones Harden, 2004).

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Cultural Imperialism

According to Young (1990), cultural imperialism "involves the universalization of a dominant group's experience and culture, and its establishment as the norm" (p. 59). Furthermore, the dominant group makes the "other" group feel insignificant to the point of being "invisible." This invisibility is created when the dominant group fails to understand or cannot identify with the perspective of the "other" group (Young). Another form of invisibility may be experienced when a child is separated from his or her family. They can experience an exclusion from their biological family (not being retrieved) in addition to an exclusion from mainstream society (children without family).

Over the years, society will tell them that this is not normal (a child in foster care); eventually, they will not be able to resist the adoption of an identity defined by others, which intensifies the notion of oppression (Young).

Moreover, children in foster care are infrequently provided opportunities to encounter one another. Schoolchildren generally do not know who is in foster care or not. Most assumptions are that children live with their parents (a normal assumption). Child welfare does not have systemic programs that include all children in foster care; consequently, many children in foster care will not cross each other's paths. Unforeseen encounters with one another may occur during school years or later in life, but it is unlikely that they will share their status as children in foster care (former or current), delving into their pasts may provoke uncomfortable feelings, memories, and shame (Courtney et al., 2001; Kools, 1997; Kools & Kennedy, 2003). Consequently, this collective group continues their legacy of being invisible. According to Young (1990), this feeling of invisibility constitutes the notion of oppression: a criteria of cultural imperialism.

Another aspect of oppression observed in cultural imperialism is the portrayal of the "other" group as abnormal. There is a "deviance and inferiority" assigned to the collective group (Young, 1990, p. 59). Perceptions of abnormality and inferiority are experienced by some children in foster care (Kools, 1997). In a study reported by Kools, children in foster care shared their experiences of feeling scrutinized about their past by peers with a resultant affect of feeling "abnormal." Many experienced feelings of shame and discomfort. The views of others impacted their sense of identity. Another study found that in many instances, foster children did not share their status as a dependent (Courtney et al., 2001). Foster children living under cultural imperialism will struggle to understand why the dominant culture is defining them as the "other" group. Without support and guidance, cultural imperialism will inevitably damage their sense of self.

Violence

Violence as a form of oppression is experienced by many groups. Young (1990) states that violence can

exist as a social practice: a "social injustice" happens when "daily knowledge" of its occurrence is allowed to continue and becomes socially accepted (p. 63). In the case of foster children, as a collective group, they experience the trauma of being separated from their parents without the basic provision of systemic explanations and assistance to help them adjust (Leslie et al., 2003; Silver et al., 1999). The socially accepted fact that children enter foster care without systemic interventions to help them adjust to their new environment constitutes a social injustice. Most children in foster care are not aware that this is taking place until years later. As adults, some may become aware of the failure of child welfare to comprehend their experiences and perceptions, furthering the notion of a social injustice.

The Department of Health and Human Services and the Department of Social and Health Services have existed for many years. One has to ask why child welfare has continued as it has for so long. One reason may be that until recently, child welfare was not held accountable for performance outcomes related to the children they served (U.S. DHHS, 2005). Another possible reason may be due to the fact that alumni of foster care struggle in their transition from foster care to young adulthood, causing them to become preoccupied in attaining the basic necessities of life or working through mental and emotional problems. As a result, few alumni will be able to participate in child welfare reform, such as offering suggestions for preventative interventions that address the mental and developmental health needs of all children in foster care, to improve the foster care system as we know it today.

Need for Systemic Foster Care Orientation

Interventions that address children's experiences and feelings associated with foster care are needed. Although, more research can be done, especially of children's perceptions and experiences of foster care, to determine how best to address these issues, it would be reprehensible to do nothing at present (Leslie et al., 2005; Shims et al., 2000; Stahmer et al., 2005). To focus on continued research to identify sociodemographic factors linked with foster care and ignore the known factors associated with foster care or not intervene would be a depression and a continuance of a social

injustice (Leslie et al., Link, 1996; Racusin et al., 2005).

Most institutions have systemic orientations for employees or members. For example, a hospital will educate new employees about the history of their institution, their vision, mission statement, and what employees can expect from the institution as well as what is expected from employees. Children in foster care today are deprived of such orientations. Children in care should be educated about foster care and their relationship to foster care. Although, infants may not be able to participate in such an orientation, many young children can benefit. Children start wanting to know "why" at very early ages. But the author would argue that it is important to not wait until a child starts asking "why." In some cases, children in foster care will not ask questions about their environment because they will not know how to formulate their questions, will not be able to label such feelings as anxiety, insecurity, or fear, or will not know who to confide in (Duhner & Motla, 1999). Such an orientation, or anticipatory guidance, can answer questions children may have, legitimize their traumatic experiences, and create an opportunity for child welfare to affirm the importance and value of children. Additionally, it will let them know what to expect while in foster care.

An orientation for all children entering foster care about what child welfare is will help them understand their new environment, dispelling a perception of "hostile" intent by those who may have participated in the removal from their parents and everything familiar to them. Without such interventions, some children in foster care will struggle alone in their attempt to make sense of their new surroundings. Bronfenbrenner (1979) defines development as an evolution of change that involves how one interprets their environment. He states that what is important for human development is how the environment is "perceived rather than as it may exist in 'objective' reality" (p. 4). Education that helps a child interpret their "world" and adjust to their new environment can decrease factors such as confusion, fear, loss, anxiety, stress, and sadness associated with foster care.

The content of foster care orientations can incorporate each state's essential academic learning requirements to ensure that content is grade appropriate. When determining whether a child or adolescent understands orientation content (instructional objectives), a holistic rating scale can be used. For example, a child's

verbal or written response after an orientation session could end up with a rating of five, three, or one. The number five would signify that the response is clear, focused, and accurate. The number three would signify that the answer is clear and somewhat focused. Lastly, the number one would signify that the response either misses the point or contains inaccurate information. Continued education could then be provided to children who have ratings of one and so forth.

Children in foster care should be provided with basic definitions of terms such as *foster care* and *foster parents* and related child welfare terminology to help them understand their new environment. Educational content can also include an acknowledgment and validation of traumatic experiences. A provision and description of normal associated feelings, such as fear and sadness, can be provided to help children discern their feelings. Orientations can be conducted in a community setting conducive for education and environmentally friendly. In such a setting, healthy communication and relationships can be demonstrated and can also provide opportunities for children in foster care to practice and adopt them. This setting can also provide meeting opportunities with other children to create a sense of shared experiences in order to decrease feelings of isolation and increase a sense of belonging.

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Conclusion

The "loss of a loved person is one of the most intensely painful experiences any human being can suffer" (Bowlby, 1998, p. 7). Although Bowlby is

referring to a loss associated with death, his statement appropriately applies to children in foster care. In some ways, the loss of a parent through foster care is worse than by death because child welfare creates a "divorce" type of loss of a child's parents in addition to the loss of their family, friends, and environment with no sense of closure (Silver et al., 1999, p. 148). The social setting of foster care may interrupt children's developmental stages, preventing many from obtaining an optimal level of health. Although the institution of child welfare is motivated by good intentions to protect children from danger, the consequences of doing so have unintentionally increased the vulnerability of this already fragile population. In light of this, it may be that children in foster care without systemic interventions cannot be held accountable to the "ideology of choice" that presumes these children are responsible for their choices (Lowenberg, 1995, p. 320).

According to the definitions of Young (1990), foster children experience oppression and domination. As a collective group, children in foster care meet all five of Young's criteria for oppression and domination. Children in foster care need interventions that address their experiences and feelings associated with foster care. Institutional changes, such as systemic orientations, may help children in foster care adjust to their new environment and ultimately improve developmental and mental health as well as educational outcomes of the more than half a million children in foster care nationally.

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