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Abuse after abuse: The recurrent maltreatment of American Indian children in foster care and adoption

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ABSTRACT

Background: While maltreated children are at risk for recurrent maltreatment, less is known about the maltreatment recurrence of American Indian children in foster and adoptive homes.

Objective: This study examined the recurrent maltreatment of American Indian children in foster and adoptive homes, specifically the physical, emotional, sexual, and spiritual abuse subtypes, as well as poly-victimization of American Indian children in comparison to their White peers.

Participants and Setting: Data originated from the *Experiences of Adopted and Fostered Individuals Project*. The sample ($n = 230$) consisted of 99 American Indian and 131 White participants who experienced foster care and/or adoption during childhood.

Method: Chi-square analyses and a *t*-test were used to test differences in maltreatment recurrence. Ordinary least squares regression analysis was used to examine the factors that contributed to poly-victimization.

Results: Both American Indian and White participants reported high rates of emotional abuse. American Indian participants were particularly vulnerable to maltreatment recurrence in the forms of physical, sexual, and spiritual abuse, as well as poly-victimization in their foster and adoptive homes.

Conclusions: Our findings reflect high rates of maltreatment recurrence in foster care and adoption, which may be the result of retrospective self-report, rather than measures of rereport or substantiated recurrence.

1. Introduction

Child maltreatment (i.e., abuse and neglect) is a pressing issue in the United States as evidenced by the 678,000 children who experienced maltreatment in 2018 (U.S. Department of Health and Human Services, 2020). Children are reported to child protective services often with the intention of preventing the recurrence of maltreatment (DePanfilis & Zuravin, 1998). However, a number of children are rereported to child protective services, as maltreated children are particularly vulnerable to recurrent maltreatment (Hindley, Ramchandani, & Jones, 2006; White, Hindley, & Jones, 2015). The prevalence of maltreatment recurrence differs by type of

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maltreatment. Neglect is often considered the most common type of maltreatment recurrence, followed thereafter by physical then sexual abuse (DePanfilis & Zuravin, 1999; Fluke, Yuan, & Edwards, 1999). Maltreatment recurrence also varies by child level characteristics such as age and race; young children and racial minorities are particularly vulnerable to maltreatment recurrence (Bae, Solomon, & Gelles, 2009; Fluke et al., 1999; Jedwab, Harrington, & Dubowitz, 2017).

An alarming number of maltreated children are placed in foster care or for adoption each year in the United States. For example, approximately 262,956 children entered foster care and 63,123 children were publicly adopted in 2018 (U.S. Department of Health and Human Services, 2019). While the primary reason for foster care placement is to protect children from acts of maltreatment, children in foster care are at increased risk for maltreatment recurrence (English, Marshall, Brummel, & Orme, 1999; Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2014; Fluke, Shusterman, Hollinshead, & Yuan, 2008; Font, 2015; Hobbs, Hobbs, & Wynne, 1999; Poertner, Bussey, & Fluke, 1999; Tittle, Poertner, & Garnier, 2001; Tittle, Poertner, & Garnier, 2008). Child maltreatment is suspected to occur at higher rates in foster families than non-foster families (Bolton, Laner, & Gai, 1981). Yet, few studies in child welfare focus on the safety of and recurrent maltreatment of children in foster care (Benedict, Zuravin, Brandt, & Abbey, 1994; Benedict, Zuravin, Somerfield, & Brandt, 1996; Poertner et al., 1999). Research tends to focus on the risk for maltreatment recurrence among children exiting foster care (Jonson-Reid, 2003), rather than maltreatment recurrence in foster care or adoption.

Exact rates of maltreatment recurrence in foster care and adoption are often difficult to ascertain. Some scholars have found that reports of maltreatment in out-of-home settings such as foster care are approximately 2% (Garnier & Poertner, 2000; Poertner et al., 1999). Others have found rates of physical abuse as high as 25% among children in foster care (Euser et al., 2014). While neglect is the most common type of maltreatment recurrence among maltreated children, physical abuse is the most commonly reported type of maltreatment recurrence in foster care (Benedict et al., 1994, 1996; Spencer & Knudsen, 1992). In addition, reports of sexual abuse are twice as likely to occur in foster care than in a child's own home (Spencer & Knudsen, 1992). Children who experienced multiple types of abuse prior to foster care are also more likely to report maltreatment recurrence (specifically neglect, physical abuse, and sexual abuse) in comparison to children who experienced fewer types of maltreatment prior to foster care (Katz, Courtney, & Novotny, 2017).

1.1. Maltreatment rereport and recurrence

Two outcomes are primarily considered when examining the continued safety of children involved with child welfare, including maltreatment rereport and recurrence. Definitions of rereport and recurrence differ across studies (Casanueva et al., 2015). Rereport is typically defined as a subsequent or recurrent report of child maltreatment, regardless of substantiation (English et al., 1999; Fluke et al., 2008). Whereas maltreatment recurrence, also referred to as re-abuse, typically refers to subsequent episodes or occurrences of maltreatment, often with particular focus on rereports that are substantiated (Carnochoan, Rizik-Baer, & Austin, 2013; Casanueva et al., 2015). Maltreatment recurrence literature tends to rely on data from the child welfare system to suggest if a child has either been rereported to child protective services or a rereport of maltreatment recurrence has been substantiated. While child welfare data is important, not all episodes of maltreatment or maltreatment recurrence are reported; therefore, official reports tend to underestimate the problem of maltreatment recurrence (Sabol, Coulton, & Polousky, 2004). In other words, official reports of maltreatment recurrence only represent the proportion of recurrences that result in a child being rereported to the child protective system (Sabol et al., 2004). More maltreatment recurrence occurs than is reported.

The majority of maltreatment rereport and recurrence literature is specifically focused on children involved with child protective services, some of whom were never removed or were subsequently reunified with their family of origin (Bae et al., 2009; Fluke et al., 1999; Jedwab et al., 2017; DePanfilis & Zuravin, 1999). Fewer studies explore recurrent maltreatment in foster and adoptive homes. Studies examining rates of recurrent maltreatment in foster care and adoption that do exist often do not report on the race of the child (e.g., Benedict et al., 1994; Hobbs et al., 1999; Katz et al., 2017; Poertner et al., 1999; Spencer & Knudsen, 1992; Tittle, Poertner, & Garnier, 2008, 2001).

1.2. American Indian children

In 2018, American Indian children had the highest rate of maltreatment victimization among children in the United States population (U.S. Department of Health and Human Services, 2020). American Indian children were maltreated at a rate of 15.2 per 1000 children (U.S. Department of Health & Human Services, 2020). Of the 262,956 children that entered foster care in 2018, an estimated 5856 (2%) were identified as American Indian or Alaska Native (U.S. Department of Health and Human Services, 2019). While this percentage may appear small, it reflects an overrepresentation of American Indian children entering foster care – as the proportion of American Indian children in foster care is nearly double than that in the general child population (Child Welfare Information Gateway, 2016). Despite their overrepresentation in foster care, less is known about the maltreatment recurrence of American Indian children.

1.3. Maltreatment recurrence of American Indian children

Few studies examine the rereport and recurrent maltreatment of Aboriginal and American Indian children (Fluke et al., 2008; Hélie et al., 2013; Hélie, Poirier, & Turcotte, 2014). Such studies suggest that American Indian children are at increased risk for maltreatment rereport (English et al., 1999) and recurrence (Fluke et al., 2008; Hélie et al., 2013; Hélie, Poirier, & Turcotte, 2014). These studies tend to rely on samples of children rereported to child protective services (Fluke et al., 2008; Hélie et al., 2013) or exiting out-of-home placement (Hélie, Poirier, & Turcotte, 2014). To our knowledge, no studies have examined the maltreatment recurrence of American Indian children in foster homes (i.e., perpetrated by a foster caregiver), as studies of maltreatment in foster care and

adoption typically do not report on the race of the child (e.g., Benedict et al., 1994; Hobbs et al., 1999; Katz et al., 2017; Poertner et al., 1999; Spencer & Knudsen, 1992; Tittle, Poertner, & Garnier, 2008, 2001) or exclude American Indian children in racial classification (e.g., Benedict et al., 1996; Font, 2015). Studies of transracially adopted American Indian children suggest that they are at risk of maltreatment recurrence by their adoptive caregivers, particularly physical, emotional, and sexual abuse (Harness, 2006; Sindelar, 2004).

1.4. Types of maltreatment recurrence

Previous research suggests that the likelihood of maltreatment recurrence differs based on the type of maltreatment recurrence. Neglect is the most prominent type of maltreatment recurrence of maltreated children, followed by physical and then sexual abuse (DePanfilis & Zuravin, 1999; Fluke et al., 1999), whereas physical abuse is the most commonly reported type of maltreatment in foster care (Benedict et al., 1994, 1996; Spencer & Knudsen, 1992). Given that maltreatment recurrence rates differ by type of maltreatment, this study sought to explore the recurrence of four distinct types of abuse (i.e., physical, emotional, sexual, and spiritual). The decision to include spiritual abuse was based on the importance of spirituality in American Indian communities. In American Indian communities, spirituality, or the connection to earth, cannot be separated from the physical and emotional aspects of being (Giago, 1997). In accordance, Gray, LaBore, and Carter (2018) define spiritual abuse as actions in the context of interpersonal relationships that threaten or damage a person's sacred practices and disconnects them from their spiritual resources. Examples of spiritual abuse include the use of racial slurs or a denial or rejection of spiritual practices by preventing an individual from participating in ceremonies and pow wows (StrongHearts Native Helpline, 2017). In addition to examining types of maltreatment recurrence, this study also sought to explore the exposure of American Indian children to multiple types or categories of maltreatment (e.g., physical, sexual, emotional, and spiritual abuse) by the foster and/or adoptive caregiver, defined as poly-victimization (Gusler & Jackson, 2017). As such, poly-victimization represents the child's total or cumulative maltreatment recurrence.

1.5. The current study

Previous literature tends to rely on official reports of maltreatment recurrence to child protective services. While official reports of maltreatment recurrence only represent instances where a child is rereported to the child protective system (Sabol et al., 2004), this study sought to explore retrospectively recalled reports of personal experiences of maltreatment recurrence, rather than official reports. This study contributes to the contextualization of maltreatment recurrence. This study focuses on the maltreatment recurrences in foster care and adoption reported by the child (who is now an adult) who experienced them, rather than what happens to the child in the child protective system (rereport or substantiated rereport). In this study, maltreatment recurrence is as much about the place or context of the abuse (i.e., in foster care or adoptive homes) as it is about the type of recurrent abuse (i.e., physical, emotional, sexual, and spiritual abuse, as well as poly-victimization).

Given the lack of literature related to the recurrent maltreatment of American Indian children in foster care and adoptive homes, this study addresses that gap. The purpose of this study was to describe the maltreatment recurrence of American Indian children in foster and adoptive homes, with particular attention to physical, emotional, sexual, and spiritual types of maltreatment, as well as poly-victimization. American Indians who have experienced foster care and/or adoption were compared to White children. It was hypothesized that American Indian children would be more likely to experience maltreatment recurrence in foster care and adoptive homes in comparison to their White peers.

1.6. The theoretical framework

In 1972, Bateson defined a family system as two or more individuals and the patterns of relationship between them which he described as family functioning. The functions that families perform for its members and society are membership and formation, economic support, nurturance, socialization, and the protection of vulnerable members (Patterson, 2002). The outcomes that might result from the relationship patterns surrounding these functions can either be positive or negative, and one of the potential negative outcomes is maltreatment. This study is grounded in Family Adjustment and Adaptation Response (FAAR) Theory, which explains maltreatment recurrence in foster and adoptive homes as a result of an imbalance between family capabilities (i.e., resources and coping behaviors) and family demands (i.e., stressors and strains).

FAAR theory suggests that families use their capabilities to meet their demands (Patterson, 2002). Oftentimes foster and adoptive caregivers fail to receive adequate parent training and are ill equipped to parent a foster or adoptive child (this is a stressor). This is especially true for foster and adoptive parents of a child with emotional behavioral problems, which all too often manifest following maltreatment and placement disruptions. This stress is only further compounded by the reasons (e.g., infertility) that foster and adoptive caregivers tend to seek foster care and adoption as a means of family expansion. FAAR theory explains why some foster and adoptive caregivers engage in acts of maltreatment recurrence while others do not. Furthermore, FAAR theory explains why American Indian children may be more vulnerable to maltreatment recurrence in transracial foster and adoptive homes compared to their White peers (the majority of whom were fostered or adopted by a same-race family). Racial and cultural differences, often perceived as clashes, can be challenging for American Indian children and their foster and adoptive families, thereby increasing demands. In cases of the transracial adoption of American Indian children, it is not uncommon for the American Indian child to be perceived as a different skin color and struggle to fit in, and in egregious instances American Indian children may be alienated by their foster and adoptive families.

2. Method

2.1. Sampling procedures

Data was utilized from the *Experiences of Adopted and Fostered Individuals Project* ($N = 336$), a community-based participatory research project (described by Landers, Danes, & White Hawk, 2015; Landers, Danes, Harstad, & White Hawk, 2017; Landers, Danes, Ingalls-Maloney, & White Hawk, 2017). Researchers across disciplines at the University of Minnesota formed a partnership with grassroots community organizations including First Nations Repatriation Institute (FNRI) and Adoptees Have Answers (AHA). The Institutional Review Board (IRB) at the University of Minnesota approved the original study (IRB Approval #1202S10147). In order to bring forth broad exploratory data, an anonymous survey was utilized to inquire about the needs and experiences of adults who experienced foster care and/or adoption during their childhood. Participants were recruited through print and media advertisements (e.g., adoption websites, adoption facebook pages, tribal facebook pages, newsletters), FNRI and AHA listservs, and flyers distributed at the National Indian Child Welfare Association (NICWA) conference. No compensation was provided to the participants who completed the 45–75-minute survey. The secondary data analyses conducted in this study received IRB approval from Virginia Tech (IRB #17-849).

2.2. Sample description

The total sample of the *Experiences of Adopted and Fostered Individuals Project* was 336 participants. For the purposes of this study, the sample was reduced from 336 to 295 participants by dropping those participants who were African American, Latino, Asian American, Biracial, as well as those who failed to provide their race consistently. The questions of race included: (1) "Are you an American Indian/Native American?" (No, I suspect so, Not sure, Yes); and (2) "What race(s) do you consider yourself to be?" (open-ended response). Unfortunately, too few participants identified themselves as African American, Latino, Asian American, and Biracial to allow for sufficient power for group comparisons. The sample utilized for this study was further reduced from 295 to 230 participants who completed the Section I: Experiences, Health, & Wellness portion of the survey. The Experiences, Health, & Wellness portion of the survey asked participants about their time in foster care and adoption, experiences of abuse, addiction and recovery, mental health problems, and suicidal ideation and attempt. The questions utilized in this study pertained to experiences of abuse in foster care and adoption. There were 65 participants in total sample of 295 who did not complete the abuse questions in the Experiences, Health, & Wellness portion of the survey. Since the abuse questions were the primary focus of this study, those 65 participants were dropped from the analyses. While the authors explored other options to handle the missing data of those 65 participants, the authors decided not to employ multiple imputation for those cases as it would have required the imputation of all abuse data for those 65 participants. Instead, the sample of 230 participants reflects those participants who completed portions, if not all, of the abuse questions in the Experiences, Health, & Wellness portion of the survey.

The final sample ($n = 230$) consisted of 99 American Indian participants and 131 White participants who experienced foster care and/or adoption during childhood. Participants were a mean age of 48.93 years ($SD = 10.79$, range 21–71). The majority of participants were female (81.7%) and had completed at least a college education (48.3%). Few participants had a personal income below \$10,000 (11.7%). Table 1 provides the demographics for the total sample, as well as by American Indian and White comparison groups.

2.3. Missing data

All variables imputed had fewer than 5.2% missing data. Cases with missing data differed across variables. No common pattern of

Table 1
Demographic Characteristics ($n = 230$).

	<i>n</i>	Total Sample		American Indian ($n = 99$)		White ($n = 131$)	
		Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
Age (21–75)		48.93	10.79	50.39	9.87	47.82	11.35
	<i>n</i>	Percent	<i>n</i>	Percent	<i>n</i>	Percent	
Gender							
Male	41	18.10	21	21.20	20	15.30	
Female	189	81.70	78	78.80	111	84.70	
Education							
Less than high school	4	1.70	03	3.00	1	0.80	
High school diploma or GED	18	7.80	05	5.10	13	10.00	
Associates degree or other two year degree or certificate	34	14.80	19	19.20	15	11.50	
Some college, no degree	63	27.40	34	34.30	29	22.10	
Bachelors degree	49	21.30	16	16.20	33	25.20	
More than a bachelors degree	62	27.00	22	22.20	40	30.50	
Income							
Less than \$10,000	27	11.70	15	15.20	12	9.20	
\$10,000–\$34,999	68	29.60	35	35.40	33	25.20	
\$35,000–\$54,999	50	21.70	24	24.20	26	19.80	
\$55,000 or more	85	37.00	25	25.30	60	45.80	

missingness was identified. No significant differences were found between participants with and without missing data, specifically with regard to age, gender, education, or income. This study utilized multiple imputation to account for missing data. This method was chosen based on findings that multiple imputation offers superior performance to other approaches to handling missing data, specifically listwise deletion and mean substitution (Croy & Novins, 2005).

3. Measures

3.1. Dependent variables

This study relied on adult retrospective recall of abuse that occurred during childhood, rather than rereports or substantiated rereports to child protective services. This form of measurement reflects what happened to the individual child (i.e., experiences of maltreatment recurrence), rather than what happened at the child welfare system level (i.e., a child being rereported, a rereport being substantiated). While retrospective recall of abuse is an inherently different form of measurement than maltreatment rereport, it is arguably no less valuable. Episodic event questions that require a participant to personally recall a particular event in their past (such as maltreatment recurrence) are the most reliable form of autobiographical memory (Herrmann, 1994). Adult participants were asked to recall experiences of maltreatment during their time in foster care and/or adoption during childhood. Measures of physical, sexual, emotional, and spiritual abuse were retrospective in nature. Since the participants in our sample ranged in age from 21 to 71 years old, the recurrent maltreatment occurred anywhere from 3 to 71 years prior to the study depending on the participant's age at the time of data collection and the age at which the abuse occurred.

3.1.1. Physical abuse

Participants were asked, "Did you experience physical abuse in any foster home?" and "Did you experience physical abuse in your adoptive home?" The response options were None (0), Single Incident (1), Several times (2), or Long term (3). The response options were then dichotomized to represent the absence (0) or presence (1) of physical abuse. Accordingly, response options of none were coded as 0, whereas single incident, several times, and long-term were coded as 1.

3.1.2. Sexual abuse

Participants were asked, "Did you experience sexual abuse in any foster home?" and "Did you experience sexual abuse in your adoptive home?" The response options were None (0), Single Incident (1), Several times (2), or Long term (3). The response options were then dichotomized to represent the absence (0) or presence (1) of sexual abuse. Accordingly, response options of none were coded as 0, whereas single incident, several times, and long-term were coded as 1.

3.1.3. Emotional abuse

Participants were asked, "Did you experience emotional abuse in any foster home?" and "Did you experience emotional abuse in your adoptive home?" The response options were None (0), Single Incident (1), Several times (2), or Long term (3). The response options were then dichotomized to represent the absence (0) or presence (1) of emotional abuse. Accordingly, response options of none were coded as 0, whereas single incident, several times, and long-term were coded as 1.

3.1.4. Spiritual abuse

Participants were asked, "Did you experience spiritual abuse in any foster home?" and "Did you experience spiritual abuse in your adoptive home?" The response options were None (0), Single Incident (1), Several times (2), or Long term (3). The response options were then dichotomized to represent the absence (0) or presence (1) of spiritual abuse. Accordingly, response options of none were coded as 0, whereas single incident, several times, and long-term were coded as 1.

3.1.5. Recurrent maltreatment

The recurrence of maltreatment is measured in each type of abuse (i.e., physical, sexual, emotional, and spiritual abuse) that occurred in the foster and/or adoptive homes. The maltreatment is considered recurrent not because of the frequency of the abuse (e.g., it happened more than one time in the foster or adoptive home), but because the abuse occurred in foster care and/or adoption following the removal or surrender of the child by the family of origin.

3.1.6. Poly-victimization

Poly-victimization was defined as exposure to multiple types of abuse (e.g., physical, sexual, emotional, and spiritual abuse) by the adoptive and/or foster caregiver. The definitions of primary types of abuse (i.e., physical, emotional, sexual) were derived from the National Child Abuse and Neglect Data Systems. After participants were asked about exposure to each type of abuse (physical, sexual, emotional, spiritual), a sum total variable of poly-victimization was constructed (wherein 0 = none, 1 = one type of abuse, 2 = two types of abuse, 3 = three types of abuse, 4 = four types of abuse) ($M = 2.43$, $SD = 1.51$, range 0–4). This variable was constructed in a manner consistent with Finkelhor, Ormrod, and Turner (2007).

3.2. Independent variables

3.2.1. Race

Participants were asked two questions in regards to their racial identity. First, they were asked “Are you an American Indian/Native American?” Participants were given the following options (No, I suspect so, Not sure, Yes). Participants were also asked an open-ended question, “What race(s) do you consider yourself to be?” Responses were categorized using a dichotomous variable. The code “1” was given when participants identified themselves as American Indian (or any variation of language – Native American, Indigenous, First Nations, Native). All other responses were coded as “0”. The majority of American Indian participants (89.1 %) displayed identity salience wherein they answered “yes” to “Are you an American Indian/Native American?” and indicated that they were American Indian in the open-ended question. It is important to note that there is a lack of agreement about how to define and measure American Indian identity (Weaver, 2001), and thus a self-identification approach was utilized. This approach was similar to the racial self-identification utilized by the U.S. 1990 Census, in that we did not require any documentation for American Indian participants to substantiate their race (Passel, 1997).

3.2.2. Foster care

Participants were asked, “Have you ever lived in foster care with non-relatives?” The response options were No (0), Yes for a total of less than 6 months (1), and Yes for a total of 6 months or more (2). The response options were then dichotomized to represent whether the participant experienced foster care (1) or not (0). The majority of participants experienced foster care (62.1%).

3.2.3. Adoption

Participants were asked, “As a child, were you adopted?” The response options were No (0), Not sure (1), Yes by a step-parent or other relative (2), or Yes by a non-relative (3). The response options were then dichotomized to represent whether the participant experienced adoption (1) or not (0). The majority of participants (93.5%) were adopted by a non-relative.

3.2.4. Age

Participant age was established by asking participants to provide their year of birth. The year provided was then used to calculate the participant’s age at the time of data collection.

3.2.5. Age placed in foster care or adopted

Participants were asked, how old were you when you first went into foster care or when you were adopted? The response options were in years. The mean age of foster care or adoption placement was less than two ($M = 1.40$ years, $SD = 3.10$, range 0–16).

3.2.6. Gender

Participant gender was categorized by asking, “What is your gender?” (0 = male, 1 = female).

3.2.7. Education

Participant education level was categorized by asking, “What is your highest level of education or grade completed?” Response options included (1 = less than high school, 2 = high school diploma or GED, 3 = associates degree or other two-year degree or certificate, 4 = some college, no degree, 5 = bachelor’s degree, and 6 = more than a bachelor’s degree).

3.2.8. Income/Poverty

Income and poverty levels were categorized by asking participants to indicate their “approximate personal annual income from all sources” (1 = less than \$10,000, 2 = \$10,000–\$34,999, 3 = \$35,000–\$54,999, and 4 = \$55,000 or more). Participants were further categorized using a dichotomized variable to indicate participants with a personal income below poverty level (no = 0, yes = 1).

3.3. Data analysis

The analyses for this study were performed using IBM SPSS Statistics Version 26 (IBM Corp. Released, 2019). First, chi-square analyses were used to test differences in the physical, emotional, sexual, and spiritual abuse of American Indian children compared to White children in foster care and/or adoption. Second, a *t*-test was used to test differences in the poly-victimization of American

Table 2

Chi-square of Physical, Sexual, Emotional, and Spiritual Abuse in Foster Care and/or Adoption ($n = 230$).

	n	American Indian ($n = 99$)				White ($n = 131$)			95% CI		
		M	SD	n	M	SD	χ^2	Odds Ratio	Lower	Upper	p
Physical Abuse	63	0.64	0.48	50	0.38	0.49	14.634	2.835	1.652	4.866	0.001
Sexual Abuse	32	0.32	0.47	27	0.21	0.41	4.056	1.840	1.013	3.343	0.044
Emotional Abuse	64	0.65	0.48	72	0.55	0.50	2.188	1.498	0.876	2.563	0.139
Spiritual Abuse	49	0.49	0.50	42	0.32	0.47	7.167	2.077	1.212	3.558	0.007

Indian children compared to White children in foster care and/or adoption. Third, ordinary least squares regression analysis was used to examine the factors that contributed to greater poly-victimization including age when placed for foster care or adoption, gender, and race. The inclusion of these particular factors was based on previous research which suggests these factors are associated with maltreatment recurrence (Bae et al., 2009; Fluke et al., 1999; Jedwab et al., 2017). Statistical power was set at .80 and our sample size of 230 was large enough to allow for the detection of a medium size effect ($p = .05$) (Cohen, 1992).

4. Results

The frequencies of physical, sexual, emotional, and spiritual maltreatment recurrence in foster care and/or adoption following the removal or surrender of the child by the family of origin are presented in Table 2. American Indian participants reported higher percentages of all forms of maltreatment recurrence in comparison to their White peers. To investigate whether American Indian and White participants differed in their experiences of physical, sexual, emotional, and spiritual maltreatment recurrence, a series of chi-square statistics were conducted. Table 2 also presents the Pearson chi-square results. American Indian and White fostered and adopted participants were significantly different on physical abuse ($X^2 = 14.634$, $df = 1$, $N = 230$, $p = .001$), sexual abuse ($X^2 = 4.056$, $df = 1$, $N = 230$, $p = .044$), and spiritual abuse ($X^2 = 7.167$, $df = 1$, $N = 230$, $p = .007$). American Indian participants were more likely to experience physical, sexual, and spiritual abuse compared to their White peers. There were no significant differences found for emotional abuse ($X^2 = 2.188$, $df = 1$, $N = 230$, $p = .139$).

To investigate whether American Indian and White participants differed in their experiences of poly-victimization a t -test was conducted. There was a significant difference between American Indian participants ($M = 2.10$, $SD = 1.56$) and White participants ($M = 1.46$, $SD = 1.53$) in poly-victimization $t(228) = -3.133$, $p = 0.002$. American Indian participants reported higher levels of poly-victimization than their White peers. Table 3 presents the results of the ordinary least squares regression analysis used to examine the factors that contributed to greater poly-victimization. The overall ordinary least squares regression model was statistically significant ($R^2 = 0.059$, $F(3,226) = 4.698$, $p < .01$) and race (being American Indian) was a statistically significant factor associated with poly-victimization ($\beta = 0.617$, $p < .01$).

5. Discussion

Maltreated children are vulnerable to recurrent maltreatment (Hindley et al., 2006; White et al., 2015). Few studies focusing on maltreatment recurrence have included American Indian children. While these studies suggest maltreated American Indian children are at elevated risk for maltreatment rereport (English et al., 1999) and recurrence (Fluke et al., 2008; Hélie et al., 2013; Hélie, Poirier, & Turcotte, 2014), they focus on child protective services samples, and at best include children exiting out-of-home placement, rather than capturing the maltreatment recurrence of American Indian children that occurs in foster and adoptive homes. This study expands upon previous research which suggests that while foster care is meant to protect children, children in foster care are at increased risk for maltreatment recurrence (English et al., 1999; Euser et al., 2014; Fluke et al., 2008; Font, 2015; Hobbs et al., 1999; Poertner et al., 1999; Tittle et al., 2001, Tittle, Poertner, & Garnier, 2008). As such, this study fills a gap within the literature by exploring the maltreatment recurrence of American Indian children in foster care and adoption. This study offers a glimpse into experiences of physical, sexual, emotional, and spiritual abuse in foster care and adoption, by offering a comparison between American Indian and White participants. Such comparisons allow researchers to differentiate the abuse experiences that are shared across American Indian and White participants from those that are unique to American Indian participants.

The first major finding of this study is that while foster care placement is used with the intention of protecting children from abuse and neglect (Poertner et al., 1999; Tittle et al., 2001, Tittle, Poertner, & Garnier, 2008), a substantial number of participants in our sample experienced maltreatment recurrence in their foster and adoptive homes. These findings of maltreatment recurrence in foster care and adoption are consistent with previous research (Euser et al., 2014; Font, 2015; Hobbs et al., 1999; Poertner et al., 1999; Tittle et al., 2001). In drawing on previous research, most of what is known about maltreatment recurrence in foster care and adoption is based on formal maltreatment rereport. Our findings, which are based on retrospective recollection, are higher than previously documented rates garnered from child protective data (Garnier & Poertner, 2000; Poertner et al., 1999). As such, our findings may reflect the use of retrospective self-report, rather than the use of a more conservative threshold of rereport or substantiated rereport. However, the study findings do hint at the potential for an underreporting of maltreatment recurrence and, thus, suggest the need for continued research along this line of inquiry.

Table 3
OLS Regression of Factors Contributing to Poly-victimization ($n = 230$).

Variable	Poly-victimization		
	<i>B</i>	<i>SE B</i>	β
Age when fostered/adopted	0.063	0.033	0.124
Gender	0.182	0.265	0.044
Race (being American Indian)	0.617	0.206	0.195*
R^2		.059	
F		4.698*	

Note. * $p < .01$.

The second major finding from this study is that over half of the American Indian participants in our sample experienced physical and emotional abuse in their foster and adoptive homes, whereas one-third experienced sexual abuse. These frequencies are both alarming and consistent with the elevated risks of maltreatment recurrence among maltreated American Indian children (English et al., 1999; Fluke et al., 2008; Hélie, Laurier, Pineau-Villeneuve, & Royer, 2013; Hélie, Poirier, & Turcotte, 2014). American Indian participants were significantly more likely to report physical abuse (63.6%), sexual abuse (32.3%), and spiritual abuse (49.5%) than White participants (38.2%; 20.6%; 32.1%). Nearly half of our American Indian sample experienced spiritual abuse. It is important to note that the majority of the American Indian participants in our sample were raised outside of American Indian culture. For instance, 62.6% of the American Indian participants were placed in foster care or adopted by a foster or adoptive family of a different race, while 30.3% were placed in foster care or adopted by a foster or adoptive family whose race overlapped, but was not a complete match. Only 4% of the American Indian participants were fostered and/or adopted by a family of the same race. The high rates of spiritual abuse among the American Indian participants in our sample were not surprising in light of transracial adoption. For many of these participants, their spiritual practices were not mirrored back to them by foster and adoptive family members of different races.

The third major finding of this study was that American Indian participants were also more likely to report poly-victimization ($M = 2.10$, $SD = 1.56$) in foster care and/or adoption than their White peers ($M = 1.46$, $SD = 1.53$). The combination of these findings reveal the types of maltreatment recurrences that are shared across American Indian and White participants (e.g., high reports of emotional abuse) from those that are unique to American Indian participants (e.g., higher reports of physical, sexual, spiritual abuse, and poly-victimization). The majority of participants (59.1%) regardless of race reported emotional maltreatment recurrence in foster care and/or adoption. And, experiences of emotional maltreatment recurrence did not differ between American Indian and White participants. Such a finding is telling as it underscores the particular vulnerability of fostered and adopted children to emotional maltreatment. Despite difficulty to detect, childhood emotional abuse has a profound impact on children's development (Claussen & Crittenden, 1991; Yates, 2007). While the prevalence of emotional abuse is difficult to determine, rates of emotional maltreatment vary greatly dependent upon their measurement (Trickett, Mennen, Kim, & Sang, 2009). Other scholars have found that abuse is more frequent than is reported strictly based on child protection investigation reports (Everson et al., 2008; Trickett et al., 2009). And, while these authors have explored the prevalence of abuse within the context of child protection report, the same logic could be applied to emotional maltreatment in foster care and adoption. In other words, formal child welfare investigations are likely fewer than instances of emotional abuse.

This study offers a number of critical contributions to the literature. First, it builds upon previous literature focused on maltreatment in foster care and adoption. Second, it expands upon previous literature utilizing formal child welfare investigations to ascertain rates of children who are subsequently maltreated in foster care and adoption by utilizing a retrospective recollection of maltreatment. Third, it expands upon previous research which suggests maltreated American Indian children are at increased risk for maltreatment recurrence, by specifically examining the maltreatment recurrence of American Indian children in foster care and adoption.

While the contributions of this study advance the field, limitations should also be noted. First, there are limits to generalizability as a result of purposeful sampling. In other words, our findings may not extend beyond the current sample and require replication. Second, while this study is limited by potential recall bias (i.e., errors in accurate recollection), the questions of episodic events utilized in this study required the participants to personally recall particular events of abuse in their past and were considered a reliable form of autobiographical memory (Herrmann, 1994). Third, participants of older age who participated in our study could have been vulnerable to Neurodegenerative Disorders, which impacted their abilities to recall events of abuse. Unfortunately, the participants in our study were not tested for Neurodegenerative Disorders and those with issues in memory recall were not excluded. Fourth, while participants in the sample were able to recall incidents of abuse in their foster and adoptive homes during childhood and adolescence, they were not asked about the type of maltreatment that resulted in their removal from the family of origin, placement in foster care, and/or adoption. Some participants may be unaware of the type of maltreatment that substantiated their removal from family of origin and placement into foster care or adoption because of the age at which these events occurred, as 77.8% were adopted at or before the age of one years old and 92.2% were adopted at or before the age of five years old. These participants may have no memory of the type of maltreatment that resulted in their removal or placement. The particular type of maltreatment that occurred prior to their placement in foster care or for adoption may play an important role in their later vulnerability to certain types of abuse. This relationship between type of maltreatment and maltreatment recurrence in foster care and adoption should be explored in future studies. Fifth, reports of maltreatment recurrence in the current study are higher than in previous research. Rates of maltreatment differ broadly based on definitions of maltreatment and thresholds for investigation (Biehal, 2014). The high percentages of maltreatment reported by our participants may be a result of our use of self-report, rather than relying on evidence of maltreatment rereport in child welfare records. While the use of self-report measures may explain our differences in findings, it is important to note that experiences of maltreatment may be under-reported as children may fail to disclose maltreatment for fear of the repercussions (Morris & Wheatley, 1994). Lastly, while it is important to distinguish between maltreatment recurrence during foster care and adoption from that which is perpetuated by foster and adoptive parents (Biehal, 2014), this study only asked if the participants experienced maltreatment in the foster and/or adoptive home and did not inquire by whom the maltreatment was committed. Accordingly, future research would benefit from exploring which particular foster and adoptive caregivers commit acts of maltreatment in foster care and adoption. Furthermore, future research would benefit from examining the maltreatment recurrence of American Indian children in foster care and adoptive homes in other out-of-home placement samples.

6. Conclusion

This study sought to explore the maltreatment recurrence of American Indian children in foster and adoptive homes in comparison to their White peers. This study provided a glimpse into experiences of physical, sexual, emotional, and spiritual abuse of American Indian children in foster care and adoption. American Indian children were significantly more likely to report the recurrence of physical, sexual, and spiritual maltreatment than White children. This study expands upon existing research which suggests that maltreated American Indian children are at increased risk for maltreatment recurrence, by specifically examining the maltreatment recurrence of American Indian children in foster care and adoption. The current study is limited in terms of generalizability due to convenience sampling; therefore, our findings require replication. Future studies may benefit from not only exploring the maltreatment recurrence of American Indian children, but also examining which particular caregivers commit recurrent acts of maltreatment.

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References

- Bae, H., Solomon, P. L., & Gelles, R. J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. *Children and Youth Services Review, 31*, 617–624.
- Benedict, M. I., Zuravin, S., Brandt, D., & Abbey, H. (1994). Types and frequency of child maltreatment by family foster-care providers in an urban-population. *Child Abuse & Neglect, 18*, 577–585.
- Benedict, M. I., Zuravin, S., Somersfield, M., & Brandt, D. (1996). The reported health and functioning of children maltreated while in family foster care. *Child Abuse & Neglect, 20*(7), 561–571.
- Biehal, N. (2014). Maltreatment in foster care: A review of the evidence. *Child Abuse Review, 23*(1), 48–60.
- Bolton, F. G., Jr., Laner, R. H., & Gai, D. S. (1981). For better or worse?: Foster parents and foster children in an officially reported child maltreatment population. *Children and Youth Services Review, 3*(1–2), 37–53.
- Carnochan, S., Rizik-Baer, D., & Austin, M. J. (2013). Preventing the recurrence of maltreatment. *Journal of Evidence-based Social Work, 10*(3), 161–178.
- Casanueva, C., Tueller, S., Dolan, M., Testa, M., Smith, K., & Day, O. (2015). Examining predictors of re-reports and recurrence of child maltreatment using two national data sources. *Children and Youth Services Review, 48*, 1–13.
- Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Claussen, A., & Crittenden, P. M. (1991). Physical and psychological maltreatment: Relations among types of maltreatment. *Child Abuse & Neglect, 15*, 5–18.
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155–159.
- Croy, C. D., & Novins, D. K. (2005). Methods for addressing missing data in psychiatric and developmental research. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*(12), 1230–1240.
- DePanfilis, D., & Zuravin, S. J. (1998). Rates, patterns, and frequency of child maltreatment recurrences among families known to CPS. *Child Maltreatment, 3*(1), 27–42.
- DePanfilis, D., & Zuravin, S. J. (1999). Epidemiology of child maltreatment recurrences. *The Social Service Review, 73*, 218–239.
- English, D. J., Marshall, D. B., Brummel, S., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington State. *Child Maltreatment, 4*(4), 297–307.
- Euser, S., Alink, L. R., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2014). Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review, 37*, 64–70.
- Everson, M. D., Smith, J. B., Hussey, J. M., English, D., Litrownik, A. J., & Runyan, D. K. (2008). Concordance between adolescent reports of childhood abuse and Child Protective Service determinations in an at-risk sample of young adolescents. *Child Maltreatment, 13*(1), 14–26.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect, 31*(1), 7–26.
- Fluke, J., Shusterman, G., Hollinshead, D., & Yuan, Y. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment, 13*, 76–88.
- Fluke, J. D., Yuan, Y. T., & Edwards, M. (1999). Recurrence of maltreatment: An application of the national child abuse and neglect data system (NCANDS). *Child Abuse & Neglect, 23*, 633–650.
- Font, S. A. (2015). Child protection investigations in out-of-home care: Perpetrators, victims, and contexts. *Child Maltreatment, 20*(4), 251–257.
- Garnier, P. C., & Poertner, J. (2000). Using administrative data to assess child safety in out-of-home care. *Child Welfare, 79*(5).
- Giago, T. (1997). American Indian spirituality. *Nieman Reports, 51*(3), 41.
- Gray, J. S., LaBore, K. B., & Carter, P. (2018). Protecting the sacred tree: Conceptualizing spiritual abuse against Native American elders. *Psychology of Religion and Spirituality*.
- Gusler, S., & Jackson, Y. (2017). The role of poly-victimization in predicting differences in foster youths' appraisals. *Child Abuse & Neglect, 69*, 223–231.
- Harness, S. D. (2006). *After the Indian Adoption Project: A search for identity (Unpublished doctoral dissertation)*. Colorado: Colorado State University.
- Hélie, S., Laurier, C., Pineau-Villeneuve, C., & Royer, M. N. (2013). A developmental approach to the risk of a first recurrence in child protective services. *Child Abuse & Neglect, 37*(12), 1132–1141.
- Hélie, S., Poirier, M. A., & Turcotte, D. (2014). Risk of maltreatment recurrence after exiting substitute care: Impact of placement characteristics. *Children and Youth Services Review, 46*, 257–264.
- Herrmann, D. H. (1994). The validity of retrospective reports as a function of the directness of retrieval processes. In N. Schwarz, & S. Sudman (Eds.), *Autobiographical memory and the validity of retrospective reports* (pp. 21–37). New York, NY: Springer-Verlag.
- Hindley, N., Ramchandani, P. G., & Jones, D. P. (2006). Risk factors for recurrence of maltreatment: A systematic review. *Archives of Disease in Childhood, 91*(9), 744–752.
- Hobbs, G. F., Hobbs, C. J., & Wynne, J. M. (1999). Abuse of children in foster and residential care. *Child Abuse & Neglect, 23*(12), 1239–1252.
- IBM Corp. Released. (2019). *IBM SPSS statistics for windows, version 26.0*. Armonk, NY: IBM Corp.
- Jedwab, M., Harrington, D., & Dubowitz, H. (2017). Predictors of substantiated re-reports in a sample of children with initial unsubstantiated reports. *Child Abuse & Neglect, 69*, 232–241.
- Jonson-Reid, M. (2003). Foster care and future risk of maltreatment. *Children and Youth Services Review, 25*(4), 271–294.
- Katz, C. C., Courtney, M. E., & Novotny, E. (2017). Pre-foster care maltreatment class as a predictor of maltreatment in foster care. *Child and Adolescent Social Work Journal, 34*(1), 35–49.
- Landers, A. L., Danes, S. M., Harstad, J., & White Hawk, S. (2017). Finding their way home: Factors associated with reunification for American Indian and White adults. *Children and Youth Services Review, 82*, 359–364.

- Landers, A. L., Danes, S. M., Ingalls-Maloney, K., & White Hawk, S. (2017). American Indian and White adoptees: Are there mental health differences? *American Indian and Alaska Native Mental Health Research*, 24(2), 54–75.
- Landers, A. L., Danes, S. M., & White Hawk, S. (2015). Finding their way home: The reunification of First Nations adoptees. *First Peoples Child & Family Review*, 10(2), 18–30.
- Morris, S., & Wheatley, H. (1994). *Time to listen: The experiences of young people in foster and residential care. A Childline study*. London: Childline.
- Passel, J. S. (1997). The growing American Indian population, 1960–1990: Beyond demography. *Population Research and Policy Review*, 16(1–2), 11–31.
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and the Family*, 64(2), 349–360. <https://doi.org/10.1111/j.1741-3737.2002.00349.x>
- Poertner, J., Bussey, M., & Fluke, J. (1999). How safe are out-of-home placements? *Children and Youth Services Review*, 21(7), 549–563.
- Sabol, W., Coulton, C., & Polousky, E. (2004). Measuring child maltreatment risk in communities: A life table approach. *Child Abuse & Neglect*, 28(9), 967–983.
- Sindelar, R. (2004). *Negotiating Indian identity: Native Americans and transracial adoption*. Loyola University Chicago.
- Spencer, J. W., & Knudsen, D. D. (1992). Out-of-home maltreatment: An analysis of risk in various settings for children. *Children and Youth Services Review*, 14(6), 485–492.
- StrongHearts Native Helpline (2017, July 24). What is cultural abuse? Retrieved from <https://www.strongheartshelpline.org/what-does-cultural-abuse-look-like/>.
- Tittle, G., Poertner, J., & Garnier, P. (2001). *Child maltreatment in foster care: A study of retrospective reporting. Champaign: Children and Family Research Center, School of Social Work*. University of Illinois at Urbana-Champaign.
- Tittle, G., Poertner, J., & Garnier, P. (2008). Child maltreatment in out of home care: What do we know now. *Urbana*, 51.
- Trickett, P. K., Mennen, F. E., Kim, K., & Sang, J. (2009). Emotional abuse in a sample of multiply maltreated urban adolescents: Issues of definition and identification. *Child Abuse & Neglect*, 33(1), 27–35.
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2020). Child Maltreatment 2018. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). The AFCARS Report. Preliminary FY 2018 Estimates as of Aug 22, 2019. No. 25. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf>.
- Weaver, H. N. (2001). Indigenous identity: What is it, and who really has it? *American Indian Quarterly*, 25(2), 240–255.
- White, O. G., Hindley, N., & Jones, D. P. (2015). Risk factors for child maltreatment recurrence: An updated systematic review. *Medicine, Science, and the Law*, 55(4), 259–277.
- Yates, T. M. (2007). The developmental consequences of child emotional abuse: A neurodevelopmental perspective. *Journal of Emotional Abuse*, 7, 9–34.