

# **Enuresis amongst Children in Foster Care: Prevalence and Risk Factors**

Jacqueline Faison, Jeannie Hampton-Risucci, MegAnn McGinnis,  
Kimberly Trapasso, *LEND Trainees*  
Jenean Castillo, PhD, *LEND Faculty*

## **Leadership Education in Neurodevelopmental and related Disabilities (LEND) Program**

**Westchester Institute for Human Development  
University Center for Excellence in Developmental Disabilities  
and  
New York Medical College**

### **Team Project Abstract 2016-2017**

Background: Enuresis is the repeated voiding of urine into bed or clothes, whether involuntary or intentional in children five years and older with a frequency rate of at least two times per week over a minimum period of three consecutive months. Enuresis is classified in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5; American Psychiatric Association, 2013) under the category of Elimination Disorders. There are two forms of enuresis: primary enuresis which indicates nighttime wetting and secondary which indicates daytime wetting. Primary enuresis is the most prevalent. Concerns relating to enuresis include: low self-esteem, increased anxiety, perplexity, humiliation, social isolation, fear of detection, and a sense of immaturity. Proposed causes are psychological, biological and social/environmental. However, the etiology of enuresis is not fully understood. Furthermore, no research was found that examined enuresis in foster care children.

Objectives: To determine the prevalence of enuresis in children in foster care and examine associated risk factors. To identify tips and strategies to better support foster care children, their foster parents and birth parents.

#### Community Partners:

- Westchester County Department of Social Services (DSS)
- Janet A. Stockheim, MD, Medical Director, Department of Social Services Pediatric Unit, WIHD

Methods: Conduct a retrospective chart review of children who received services through WIHD's Child Welfare Services program. Review demographic characteristics, medical characteristics, foster care history, cognitive, adaptive, and social/emotional functioning. Calculate descriptive statistics and data analysis using t-test and chi-square.

Results: Analysis of the data demonstrated a statistically significant difference in IQ between children with enuresis and children without enuresis ( $p < .05$ ). Children with a history of enuresis had a higher IQ, on average (mean IQ=94.78), than children without a history of enuresis (mean IQ=85.21). Children with enuresis were significantly more likely to underreport trauma symptoms ( $p < .05$ ). Analysis also demonstrated several trends. Among our sample, 54% of boys had enuresis, while only 33% of girls had enuresis. This suggests that enuresis may be more prevalent among boys than girls. Further, among our sample, there is a trend showing higher Motor skills and Socialization skills on the Vineland Scales among children with enuresis. Also, this group had higher scores on Anxiety/Depressed, Withdrawn/ Depressed, and Somatic Complaints subscales of the Child Behavioral Checklist (CBCL) than children without enuresis.

Discussion: Providers working with children in foster care should be aware that children who are higher functioning are more likely to present with enuresis. Our study found that children with higher IQs were more likely to present with voiding issues and while not significant, those rated as having higher adaptive functioning were also more likely to report enuresis concerns. A trend was also found suggesting boys presented with more challenges in this area compared to girls. Also of note, those who scored higher on the CBCL's Anxiety/Depressed, Withdrawn/Depressed, and Somatic Complaints subscales, were more likely to have enuresis. These findings will be used to compile tips and strategies to better support DSS, foster parents, and providers involved in the care and treatment of children in foster care.