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An Analysis of the Effects of Trauma on Foster Youth Aging Out of the Florida Foster Care System: Implications for Supportive Interventions and Practices

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An Analysis of the Effects of Trauma on Foster Youth Aging Out of the Florida Foster
Care System: Implications for Supportive Interventions and Practices

by

Kesia Vazquez

A Dissertation Presented to the
College of Arts, Humanities, and Social Sciences of Nova Southeastern University
in Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

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2020
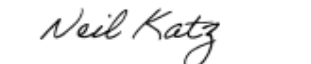
Nova Southeastern University
College of Arts, Humanities, and Social Sciences

This dissertation was submitted by Kesia Vasquez under the direction of the chair of the dissertation committee listed below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment for the degree of Doctor of Philosophy in Conflict Analysis and Resolution at Nova Southeastern University.

Approved:

7/2/2020

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7/2/2020

Date of Final Approval

Dustin Berna, Ph.D.
Chair

Dedication

This is dedicated to the thousands of foster youth across the U.S. that age out of the Child Welfare System and are still beating the odds. I see you. I am with you. May this research provide some insight of your struggles and strengths.

stay strong through your pain

grow flowers from it

you have helped me

grow flowers out of mine so

bloom beautifully

dangerously

loudly

bloom softly

however you need

just bloom

Rupi Kaur

Acknowledgement

The mind says: this river has no bottom, the heart says: we can rebuild a bridge here.

Cleo Wade

First, I want to thank the participants in this study that poured their hearts and souls for the betterment of the lives of those in the system.

Immeasurable appreciation and deepest gratitude to Educate Tomorrow and their team for the meaningful work they are doing and for the assistance throughout this process.

I would like to express my sincere gratitude to the dissertation committee and my chair, without their guidance, I would not have made it. Dr. Neil Katz and Dr. Judith Mckay served as committee members, and Dr. Dustin Berna, my Chair, went above and beyond to help me reach my goal.

My deep gratitude goes to all the strong women in my life that have taught me, loved me, counseled, and mentored me. Beginning with my mother and grandmother, Martha, and Yolanda (Mima), they taught me the true meaning of love for others. To my mentors Mara Fisher and Dr. Malou C. Harrison for your kindness, sincerity, and teachings.

To my family/friends/colleagues: Your love and understanding through the good and dark times have carried me through. Thank you for believing in me and ALWAYS showing up. You never let me give up. (No particular order: Jaime, Karlos, Juliette, Steph, Noe, Santos, Manu, Ernie, Mel, Frenchie, Helen, Erika E., Jessica, Gricel, Jose L., Nalin, Georgette, Arleen, Isabel D., Tere).

I am very much indebted to my dearest friend Heather for her encouragement and invaluable support during the course of my Ph.D work.

I will end with this...I never dreamt this far. Raised in a religious, single parent home obtaining a doctoral degree was not part of the plan. However, life had something else instore for me. My greatest passion was to help disadvantaged people and I have high hopes that with this research, I have shed some light on the challenges this group faces and the systemic changes we need to make.

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Abstract

In the U.S. there are approximately 25,000 youth that leave the Child Welfare System without a stable long-term housing arrangement and are left to age out of foster care and transition into adulthood (Dion, Dworsky, Kauff, & Kleinman, 2014, p. iii). These foster youth alumni (FYA) travel through various paths yet share many traumatic events that cause long-term effects that influence coping skills. This qualitative and phenomenological study aims to investigate the various traumas experienced, before and during foster care, and the coping skills that FYA have developed. A total of 16 FYA, from the Florida Child Welfare System, were enrolled in the study and completed a demographic survey and semi-structured interview to share their experiences entering and aging-out of the system. From these interviews, shared themes resonated through the collective group: Lack of Basic Skills, Coping Strategies, and System Barriers. In addition, several sub-themes were highlighted in the study that further illustrate their experiences. The study results display gaps in the system where this vulnerable population is often being re-traumatized. This inturn affects how FYA behave and the skills used to cope while succumbing them to a higher probability of confronting additional obstacles than those foster youth who are reunified, adopted, and/or placed in a stable home. The investigator intends for these results to help improve Child Welfare best practices and begin further discussion on needed actions to provide the appropriate support and programs to aid FYA to independence

.

Chapter 1: Introduction

Each year in the U.S., approximately 25,000 youth will exit the foster system without being reunified with their 'birth' family, having been adopted, or finding some other "permanent living arrangement" (Dion, Dworsky, Kauff, & Kleinman, 2014, p. iii). This exit is known as "Aging Out," a term used to refer to the process when youth attain a specific age, mostly eighteen years, where they can no longer be fully supported by the foster care system. When the foster youth alumni (FYA) dissociates with the system and moves on independently, they are often faced with unemployment and homelessness issues. Other issues that affect foster youth who have aged out include a general lack of links to supportive adults, health care coverage, and lack of a proper plan of supporting themselves in the outside world. The FYA are usually forced to depend on themselves with limited resources to assist them as they assume adult roles.

Due to the tumultuous history of foster children, they also have an increased chance of exhibiting greater emotional and behavioral issues compared to other children. This leads to higher chances of being expelled from school, exhibiting reduced levels of school involvement and participation with extracurricular activities. These youths have displayed issues with furthering their career and education (Reilly, 2003). This study shows that only 50% of the FYA had attained a high school diploma by the time they were transitioning. Of the other half that did not attain a high school diploma, just 54% were able to achieve a high school diploma some years after aging out.

According to Kortenkamp and Ehrle (2002), foster care children are more likely to receive mental health services, and/or have a limiting learning, physical, or mental

health condition. In another study, Vandivere, Chalk, and Moore (2003) found that nearly 60% of the kids in foster care have an increased risk of neurological impairment or developmental delay. Moreover, the study found that approximately half of the children in the system have experienced more than four adverse family experiences, possibly traumatic events, that are linked to multiple poor outcomes in adulthood and childhood. In addition, findings from Child Trends (2015), suggest that in FYA, about 38% of foster youth experience emotional issues, 50% utilize illegal substances, and 25% perform criminal activities. This is amplified in FYA that lack proper support or guidance while transitioning into adulthood.

The process of "aging out" and transitioning into the adult world can often be difficult and stressful for foster youth for a variety of reasons. Research has been conducted on the outcomes of FYA (Dworsky & Courtney, 2010), on the systemic barriers they experience (Rios & Rocco, 2014), and on foster youth with complex trauma (Greeson, Briggs, Kisiel, Layne, Ake, Ko, & Fairbank, 2011). However, there is a gap in the literature in reference to the relationship between the trauma that foster youth experience and their ability (or inability) to transition effectively out of the system, acquire life skills, and develop healthy relationships as adults.

Background

Szilagyi, Rosen, Rubin, and Zlotnik (2015) state that the foster care system is designed to provide stable placement to children living away from their families; in their absence, the welfare system instills life skills and resilience required for independent adult living. Aspects of child welfare are determined by variables such as health and

safety (Szilagyi, et al., 2015). In fact, the 1997 Adoption and Safe Families Act enacted by the Clinton administration expressly recognized safety, permanency, stability, and health as the overarching aims of the foster care system (Szilagyi, et al., 2015). Accordingly, the main reason for foster care is the need to promote child welfare through placement in settings that optimize safety, health, and permanency. The following paragraphs proceed to offer an analytical perspective on how the welfare system advances the best interests of the child.

Separation of the Child

Essentially, the social services network of a state intercedes and separates the children from the parents if they identify that the child is at risk. Child maltreatment through abuse or neglect is a leading cause for removal. For example, Bruskas and Tessin (2013) reported that around 78% of children enter foster care because of social problems such as parental substance abuse which leads to neglect and maltreatment. According to Leloux-Opmeer (2016), out-of-home placement mitigates developmental risks associated with adverse family circumstances. Against this placement background, it is essential to note that the type of placement will depend on the severity of child maltreatment and length of placement. Afterward, social services go to court to start the process of placing the child in the system (Rome & Raskin, 2017). There is an instance referred to as "kinship care," where several states have allowed close friends or extended family members to take care of a child in the event of removal from their home. Nonetheless, the family members must often send an application to the state and obtain approval to assume the role of the foster parent prior to the approval of the placement. The state places the

children with third-party foster parents when there is no extended family member or close friend willing to care for the child.

<u>Foster Care</u>

The population of Americans under age 18 who are 'wards of the state,' is constantly fluctuating. As of September 30, 2016, the U.S. Department of Health and Human Services (DHS) reported that there were 437,465 children in foster care (DHS, 2018). That same day, 32% of this population were living with relatives, while "nearly half (45%) were in nonrelative foster family homes," with the remainder in "institutions (7%), group homes (5%) [or] on trial home visits (5%) [or in]…pre-adoptive homes (4%)" (DHS, 2018 p. 2). A key take-away from this statistical evidence is the high degree of volatility in the foster care system; as delineated by 'entries' and 'exits,' the DHS report indicates that fiscal year 2016 witnessed 273,539 children enter foster care, as well as 250,248 children leave the service (DHS, 2018). During the same year, about half (51%) of the children who received foster care "were discharged to be united with their parents or primary caretakers" (DHS, 2018, p. 3). This is a critical factor since only 55% of American children in such care had a "case goal" of such reunification, followed by 26% who seek adoption (DHS, 2018). In 2016, reunification outcomes were slightly down (at 51% against 53% in 2006), while adoption rates have soared, from 17% of children in the foster care system being adopted in 2006 to 23% in 2016 (DHS, 2018).

Critically, the 'length of stay' for children in the foster care system is highly variable. Referring to the 2016 report, DHS states that the "average time of stay" for the 250,248 children who 'exited' foster care that year was 13.9 months (DHS, 2018, p. 3).

Of this broad 'exiting' population, 10% of children received foster care for less than one month, 35% for less than a year, 28% for less than two years, 15% for less than three years, 9% for less than four years, and 4% (or about 20,000 American children) have received foster care – been 'wards of the state' – for five or more years (DHS, 2018). Courtney (2005) reports that older youth (ages 16-18), are likeliest to be those long-term recipients of foster care, and as such are likelier to reside in "group homes or institutions" than the broad foster population (p. 3). These are described as the "least 'family-like' settings" available through foster placement and linked to a range of adverse developmental outcomes (Courtney, 2005, p. 3).

 Youths in group home or institutional settings have been shown to be "less likely to form the kind of lasting relationships with responsible adults" that will aid in their path toward independence (Courtney, 2005, p. 2). This is more of a result of the staff, rather than the group homes; so-called 'Congregate' care facilities are shown to often be staffed with "relatively young shift workers with high turnover," (Courtney, 2005, p. 2). Of the workers who do stay on for an extended period of time, few are prepared (and none are trained) to "[assume] the responsibilities associated with parenting," including preparing foster youth for their independence (Courtney, 2005, p. 2). Thus, even for children placed in group homes which are non-violent and generally supportive, the lack of emotional support and guidance often culminates in a rash of negative outcomes which bear a strong similarity to the negative outcomes which result from abusive childhoods.

Transitioning Out of Foster Care

Reunification

The aim of every state is to ultimately reunite the parents with their children. Therefore, foster parents must be briefed of this outcome in case it occurs. Some disengaged foster parents try to not become attached to prevent emotional distress when the child eventually reunites with their parents (Holmes, 2012). The court usually orders reunification efforts like drug rehabilitation, parenting classes, or counseling to assist the parents in restoring their capabilities of caring for their children. However, the court retains parental rights by allowing the parents to visit their children on a court-mandated schedule.

Permanent Foster Care

There are cases where the parent is not reunited with their child because of failed rehabilitation efforts. Moreover, reunification is impossible in cases where the parent has severely injured the child. Therefore, the termination of parental rights will be enforced by the court, which means the children will be exposed to other solutions like guardianship or adoption. Those who are not adopted remain in the system until they 'age out'.

Aging Out

The concept of 'aging out' pertains to those juveniles who receive foster care, but for whom "permanency through adoption, legal guardianship, or returning to their families [remained an] elusive goal" (Dion et al., 2014, p. 1). However, those children who remain in foster care until their 18th birthday are typically 'aged out' and are

'emancipated' from the state, but some states have extended that to age 21 (Dion et al., 2014).

The aging out process comes with the loss of certain rights and privileges including the provision of medical care, food, and housing by the state. According to Greeson and Thompson (2014), the federal government was compelled to establish programs upon the realization that foster children experience negative effects as a result of lacking a stable home environment during their formative years. Further, the transition of aging out is also related to increased rates of mental illness, substance abuse, arrests, homelessness, and teen pregnancy (Greeson and Thompson, 2014).

To tackle the issue of transitioning, the government established the John H. Chafee Foster Care Independence Program (CFCIP) under Title I of the Foster Care Independence Act of 1999. The program provides a financial incentive for those states that create programming to ease the transition to adulthood for foster youth under the age of 21 (Greeson and Thompson, 2014). States utilize the finances to enhance the quality of the transitional support offered to foster youth, which includes various plans to:

- Assist the youth in managing and meeting their health requirements, usually through temporary Medicaid coverage.
- Offering life skills training to assist the youth in navigating their transition after leaving the system.
- Endorsing stable, permanent links to caring adults.
- Supporting the economic achievement by using educational vouchers to employment and higher education programs.

The section below will evaluate extant legal policies regarding foster care and transitional services for foster alumni in place at the national level, as well as in Florida, the state proposed as site for this work's data-collection method.

<u>Foster Youth Alumni Policy</u>

Prior to 1997, child welfare and adoption policy in the U.S. had focused on reunification of foster children with their birth parents, "even if the parents [had] been abusive," a policy which led to high rates of child abuse and neglect, and was notorious for putting birth parents' needs ahead of the child's health and safety (Seelye, 1997, p. 1). Under the new rules of the Adoption and Safe Families Act (1997), courts were ordered to "terminate parental rights after a child had been in a foster home for 15 of the previous 22 months – and "[nearly] immediately if there was evidence of severe abuse, including abandonment, torture or physical or sexual abuse, or if the parent…caused the death of a sibling" (Seelye, 1997, p. 1). This has since been a policy more in keeping with what Williams-Mbengue (2018) cites as the Federal Administration for Youth and Families' view of child welfare policy, defined as that which best aids in "children's behavioral, emotional and social functioning and those skills, capacities and characteristics that enable young people to understand and navigate their world in healthy, positive ways" (Children's Bureau, 2012). This new model has "[recognized] that some families simply cannot and should not be kept together," and by stressing health and safety outcomes overall, has led to a rise in adoption placement with the role of the birth parents , if they are known abusers and to be much diminished (Seeyle, 1997). This newfound prioritization on welfare has led to a spike in the number of adoption placements, but also

encouraged the development of large group homes, where dozens of children can be looked after.

From a legal standpoint, foster youth are – except for *incarcerated* youth – the only group of Americans who are "involuntarily separated from their families through government intervention" (Courtney, 2005, p. 1). In any case, wards of the state are subject to *in loco parentis*, where their legal decisions are made by the state and family courts, and are placed in a foster or group home, with their caregivers being reimbursed by the state for the cost of their care.

Children who remain in foster care until their 18th birthday are typically 'aged out' and are 'emancipated' from the state, but some states have extended that to age 21 (Dion et. al, 2014). This shift toward keeping more children in the foster care system longer was taken by many states due to foster care reforms were established as part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Congress, 2008). This reform is designed to improve the independent and healthy outcomes of the individual child; foster care funds could be apportioned for clients between the ages of 18-21, provided that they were also engaged in job skills training, professional training, or adult education programs (Dion et al., 2014). This plan has since been recognized as beneficial in terms of educational outcomes, though such results were confined to studies of foster children ages 18-21 who were in stable family placement (Dion et al., 2014). These ideal cases, however, are countered by supporting evidence that a majority of the children who 'age out' have "spent much of their childhood in foster care" and received a wide variety of services (in nature and quality), so their level of preparation for

independent living is highly variable (Dion et al., 2014, p. 2). That said, recipients of

highly poor guidance (likened to neglect) were reported likelier to be unable to support

themselves or obtain stable housing once 'on their own,' and would often be exposed to

homelessness. Worse, from a perspective of developmental psychology, any instability in

housing, an unfortunate outcome whose negative effects are described as damaging to

feelings of "self-sufficiency," especially during developmental transition to adulthood

(Dion et al., 2014, p. 4).

The table below outlines policies directly affecting youth 'aging out' of the U.S.

Foster Care System:

Table 1

Policies Affecting Foster Youth Alumni of the U.S. Foster Care System

Policy Name/Title	Policy Summary
The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)	This is a federal law allowing formerly 'aged out' foster youth to remain in foster care after age 18, if they are enrolled in secondary school (or its equivalent), a postsecondary or vocational education program, are participating in a program or activity that "promotes or removes barriers to employment," or are employed 80 hours a month (DHS, 2018, p. 1).
	Under this amendment to title IV-E of the Social Security Act, individuals older than age 18 can qualify for up to a 3-year extension to their foster care (to age 21) without meeting school or work requirements, if they have a "documented medical condition" (DHS, 2018, p. 1).
The Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)	This Act is part of a law intended to decrease sex trafficking vulnerability among the juvenile clients of state child welfare agencies; this amendment to Title IV of the Social Security Act contains multiple modifications to U.S. state laws regarding 'aging out' foster youth.

	Passed in recognition of the strong "vulnerability of many children in foster care [to sex trafficking and other exploitation], the Act imposes Title IV-E requirements on state child welfare agencies to develop policies and procedures to identify, document, and determine appropriate services" by which acutely 'vulnerable' youth (including aging foster youth) can be protected from criminal threat, especially as resulting from high homelessness in the 'aged out' formerly-foster population (ABA, 2018, p. 1).
The Workforce Innovation and Opportunity Act of 1998 (P.L. 113-128)	This law contains many Department of Labor-provided job training programs for unemployed or underemployed individuals. However, the most relevant to this consideration of 'aged out' foster youth are the Youth Activities program and Job Corps. The Youth Activities program "focuses on preventative strategies" to help at-risk youth (like those soon to be or who have already 'aged out' of foster care, ages 14-24) to stay in school and receive "occupational skills…training, and supportive services," while Job Corps provides educational and vocational training to help such individuals "learn a trade, complete their GED, or secure employment" (Fernandes-Alcantara, 2017, p. 22).
The Jim Casey Youth Opportunities Initiative	This private charitable organization – an offshoot of the well-known philanthropic 'Annie E. Casey Foundation', whose initiatives are funded under the W.K. Kellogg Foundation – has long sought to " [increase] opportunities for young people…in or transitioning from foster care" (AECF, 2018, p. 1). By direct outreach to the 26,000 youths who age out of foster care each year and are plagued by "lower prospects for employment, higher rates of incarceration and struggles with mental and physical health," they provide counseling and advisory services to enhance these youths' financial and employment prospects (AECF, 2018, p. 1). This organization has also played a key role in advancing child welfare organizational understanding of brain development, as a means of advocating the

	extension of foster care and welfare services to individuals older than age 18 (AECF, 2018, p. 1).
The John H. Chafee Foster Care Independent Living Program (CFCIP, or "The Chafee Option.")	Established under the Foster Care Independence Act of 1999, this federal program provides funding for state Medicare services to "assist in the transition to adulthood," with a focus on youth soon to (but have not yet) age out of foster care, those who have aged out of care, or youth older than age 16 who have left foster care for adoption or kinship guardianship (DHS, 2012, p. 1). In 2002, CFCIP added an Educational and Training Vouchers Program, which provided resources to aid youth "likely to experience difficulty" with educational and training needs "as they transition to adulthood after age 18" (DHS, p. 1). Under this secondary program, annual vouchers up to $5,000 per youth for postsecondary education and training were made available (p. 1).
Medicaid and the Affordable Care Act (ACA)	Established under Title XIX of the Social Security Act in 1965, Medicaid is a federal program that has long provided "matching funds to the states" to provide medical assistance to eligible residents, especially to those with incomes insufficient to afford necessary medical services (Patel, 1995, p. 55). Under expanded Medicaid eligibility stipulations under the Patient Care and Affordable Care Act (ACA, or 'Obamacare') of 2010, the Centers for Medicare and Medicaid Services (CMS, which administers Medicaid) was required to establish a 'pathway' for former foster youth to receive Medicaid benefits up to age 26 (Fernandes-Alcantara, 2017, p. 19). This expanded a similar program under CFCIP (the "Chafee Option") which formerly extended Medicaid health insurance and care benefits to 'aged out' foster youth up to age 21.

The policies displayed in Table 1 affect the Foster Care System on a national

level, but states have varying policies that affect and protect the Foster Care Youth. As

such, the following section will focus on the policies and procedures at the state level for the Florida Child Welfare System.

Florida Foster Care System & Assumptions

As it relates to Florida, there is much evidence to reflect the difficulties faced in this state with respect to its approach to foster care. Like many states, Florida is experiencing a "shortage of foster parents," a factor which was found to result not from former foster parents going through "life changes" and no longer being able to foster children, but resulted from the perceived lack of support from the Florida Department of Children and Families (DCF, 2017, p. 1). The report reflects findings observed by Ponushis (2014) indicating that Florida (despite the pro-foster intent of the 1997 and 2008 child welfare laws) has maintained a "philosophy of family preservation," one which this author gravely reports, has led to the "death of 477 children in six years," according to investigations of DCF foster operations (Ponushis, 2014, p. 1).

Figures could not be obtained regarding the ages of these children, but reports that DCF has been "looking to increase accountability and improve standards at group homes for foster children" indicates that abuse or neglect is rife at such facilities, of which there are 287 in the state of Florida (Menzel. 2015, p. 1).

Childhood Trauma

Finkelhor, Ormrod, and Turner (2009) estimates that between 50% and 66% of American youth (in a general population sample) have experienced "at least one traumatic event" before age 18, and those that did experience such traumas did so regularly. In particular, these researchers' examination of a broad cross-section of

American youth found that 41.2% of children and youth had been physically assaulted during the last year," and that greater than one in ten (10.1%) juvenile subjects had "experienced…sexual assault or sexual abuse" during their lifetimes (2.2% in the past year), and that this same lifetime rate was 10.7% for girls between the ages of 14 and 17 (Finkelhor et al., 2009, p. 614).

This high rate of exposure to traumatic stressors is linked to a range of negative outcomes, especially those rooted in developmental psychology. In any case, childhood trauma has a range of long-term comorbidities, as indicated by longitudinal studies. Though this broader work focuses on life skills and relationship development rather than on trauma, many negative impact factors are strongly linked to trauma of a sort which is suffered during childhood, not limited to those incurred while in the foster system, but certainly present there, and which support the necessity of exploring this issue in detail (Finkelhor et al., 2009, p. 614).

Dr. Robert Anda (2018) of the advocacy group, Prevent Child Abuse America, launched 1994 a longitudinal study, Adverse Childhood Experiences (ACE) Study, tracing a sample of 17,337 adult customers of the HMO Kaiser Permanente. Of these customers, 66% "reported at least one adverse childhood experience such as abuse or neglect" in their childhoods (Anda, 2018, p. 1). Evidence from the most recent ACE study offered strong connections between childhood abuse/neglect and "myriad health and social problems across the lifespan," (Anda, 2018, p. 1). By benefit of its large population and lengthy term of study, the 2018 ACE study identified a range of specific health issues linked to adverse childhood experiences, including and not limited to the

following adverse outcomes: (1) Increased incidence of alcohol and drug abuse, (2) Greater risk of cigarette smoking (3) Higher suicidality, as well as (3) Greater exposure to diseases like chronic obstructive pulmonary disease (COPD), as well as ischemic heart (IHD) and liver disease, cancer, STDs, and (4) Have a greater risk of early death (defined here as death before age 65) (Anda, 2018, p. 2).

Adverse childhood experiences (ACE) are also delineated in the Anda (2018) study between emotional, physical, and sexual abuse (as well as emotional and physical neglect), and reported that for the period that subjects were minors, (1) Subjects who reported one ACE were likely to report others as well. Only 2% of respondents, for instance, who reported emotional abuse in their past indicated that their formative trauma had *only* consisted of emotional abuse, while the vast majority (98%) of subjects described at least one additional adverse childhood experience (such as physical with emotional) which was comorbid with their abuse (Anda, 2018).

Finkelhor, Turner, Shattuck, and Hamby (2013, p. 619) studied a similar population to these 'multiple' victims, and identify them as "poly-victims," a demographic group indicated in that study to be comprised of youths whose histories included "6 or more direct victimizations (excluding witnessing [victimization]) in a single year." Because these children's emotional and mental development was so affected by their abuse, such individuals have been described as "being prone to distress, many adversities and other problems," such as lifelong physical and emotional problems (Finkelhor et al., 2013, p. 619). Moreover, children represented in this 'poly-victim' group are typically 'older' (ages 15-18), and as such they 'overlap' with the population of

foster youth who have been part of that system for five or more years (Finkelhor et al., 2013).

The sections to follow will offer an overview linking childhood trauma to diminished capacity in adulthood, particularly when acquiring life skills and healthy relationships. Physical and mental health consequences of childhood abuse and trauma will be evaluated, as well as the scarcity of guidance and preparation for adulthood received by older children in foster care, typically those who live in 'shared' or 'group home' facilities, or medical institutions. This section will explore the consequences of early childhood trauma and attempt to forge links between such trauma and negative outcomes suffered by long-term foster care recipients; this includes poor guidance which leaves the individual without the ability to support themselves and often, under threat of homelessness.

Foster Care and Trauma

Moving to this specific population of young people, whose experience of trauma forms a 'subset' of the larger demographic factors presented above. Though the evidence presented in this section is correlational, the history of abuse in foster care (especially prior to the 1997 reform), as well as the proven high levels of child abuse and traumatic experiences had by minors in general, indicate that there is much overlap between trauma sufferers and foster care recipients (Seelye, 1997). A troubling implication of this idea regards the individuals who comprise the overlapping 'extremes' of either phenomenon. This work has explored trauma and abuse statistics regarding the U.S. juvenile population, as well as evidence of trauma and neglect in foster care recipients, a subset of

that group. Given the apparent overlap between those juveniles who have been identified as 'poly-victims' and those foster care recipients who have 'aged out' of the system, the link between trauma suffered *during* foster care must be explored for its potential influence on the ability of foster children to care for themselves once they have reached 18 years of age and 'aged out' (Finkelhor et al., 2013).

Problem Statement

This study intends to provide thematic evidence that supports the contention that foster youth, especially those older adolescents nearing the age of majority, may have been exposed to substantial trauma while being a part of the foster care system. In addition to transitioning out of the Child Welfare System, these FYA have not received sufficient support from their state-provided minders, especially in overcrowded group homes, often with little or no money, experience, or understanding (Courtney, 2005). Moreover, children/youth that suffer trauma need the full, loving support of parents to properly prepare them for their independence. Yet, these traumatized youth are sometimes placed into group homes which often provide little to no guidance and may further traumatize the youth to a degree like early childhood abuse (Courtney 2005). If foster care youth have not received adequate support and guidance to address the trauma, they may experience lasting effects that may lead to negative coping skills in their adulthood (Child Trends, 2015; Greeson and Thompson, 2014).

Research Questions

The questions this study seeks to investigate are: *What traumatic experiences impact the lives of foster youth alumni (FYA)? How do such traumas contribute to intrapersonal conflict?*

Theoretical Framework

This study plans to evaluate the influence of pivotal and early-childhood trauma on future likelihood of negative coping skills that impact intrapersonal skills by applying the following two theoretical frameworks: Systems Theory and Structural Violence. Schellenberg (1996, p. 72) states that with Systems Theory the "emphasis is placed on how things work together, not how they fall apart." In particular, the researcher wants to explore the experiences of FYA within the multiple levels of systems that inflict trauma on FYA and how those experiences have impacted their coping skills. Moreover, this work assesses violence and its effect on FYA. As a result, Galtung's (1990) structural violence theory will be used to assess the phenomena under consideration. This theory argues that violence is predicated on cultural or structural factors in society, or on personal motivation, but it interrelates all these causal aspects in the model.

Nature of the Study

The core concept that will be investigated are personal experiences of trauma and coping skills in individuals who have 'aged out' of the foster care program in Florida. Participants will be asked to fill out a brief demographic survey, then interviewed individually about their experience in the foster system, any experienced trauma, and coping mechanisms. This study's methods will be informed by personal accounts alone

and is qualitative and phenomenological in nature. Ensuring open-ended interviews will be the primary goal of the data-collection process, which will ultimately result in inquiries designed to solicit feedback and elaboration.

Participants will be interviewed in person if possible, or over the phone. Those unable to call or who wish to not schedule a phone interview will be provided with an interview template with room for a written response. Data will be collected using an initial demographic survey provided to all participants and then by a follow-up interview. Following data collection, interviews which have been audio-recorded will be transcribed in their entirety, and interview data which was recorded in handwritten notes will be identified as such and thus subject to some bias. The data set will be assessed for commonalities in response, experience, or subject background. Themes will be used to frame common areas of grievance, as a pretext for recommendations for best practices for FYA.

About the Organization

The researcher will partner with Educate Tomorrow, a non-profit organization located in Miami, whose mission is to facilitate independence amongst foster and disadvantaged youth through one-on-one mentorship and services. This organization was founded in 2003 and has grown to serve a total of 1,200 participants where 68% are within the young adults (18-24) category, 70% are females, 70% Black or African American, and 90% are low to moderate income level. Educate Tomorrow has received several recognitions and awards for their services and achievements working with individuals varying from 0 years of age through adulthood. The organization has

partnerships with community organizations, colleges and universities, and permanent supportive businesses to provide the resources for the youth they serve.

Rationale for Qualitative Methods

This phenomenological study will use qualitative methods to gather information on the influence of trauma on FYA's intrapersonal conflict, response, and resilience. Bansal, Smith, and Vaara (2018, p. 1190) explain that qualitative methods "draw on the observations from the data to introduce abstracted knowledge that can generalize beyond the specific contexts." The study aims to collect data that is not quantifiable, but instead is more abstract and focused on how FYA have coped with trauma and its effect on their intrapersonal skills. As Dr. Wendy Smith (2011, p. 240) states, "...it is the connections to others and a well-developed sense of self that enable young people to persevere with their education, maintain positive workplace relationships, and engage in prosocial community activities." This study will provide data to generalize the experiences of FYA and to identify gaps in foster care.

Past studies have shown that utilizing a qualitative interview provides the FYA participant a natural setting for them to share their experience (Creswell, 2007). The interview guide will provide the researcher with an outline to a conversation and the ability to tailor the sessions to each participant by posing questions that invite the individual to share information as naturally done in a conversation (Rubin & Rubin, 2005).

Assumptions

This work is predicated on the assumption that any subjects whose stories are solicited as part of this data-collection process will enter into this data-collection with full faith and provide answers that reflect their best recollection of events as they happened at the time. This work also rests on the assumption that there is a correlation between outcomes of violence suffered by members of the general juvenile population and that suffered by those juveniles in foster care. Decades of improved outcomes in such care (and a turn to child welfare priorities increasingly distant from biological parents, provided they are abusive or neglectful), might be construed to indicate that there is less abuse of foster children now, at least as a factor of legislation. While this may be true, it also fails to consider neglect factors which manifest at overcrowded group living facilities for older foster children. This work thus assumes that even if there is no physical abuse (or memories thereof), these individuals are likely to nonetheless have suffered neglect in the course of group living which did not provide them with enough support and life training. As proposed, this work will thus seek to better-understand whether the overlap between people victimized as children in general, and foster children's likelihood to 'age out' without any means of supporting themselves, is an illustrative or important one requiring comprehensive study.

Scope and Delimitations

The 'boundaries' of this study consist of the sample population from South Florida, those subjects to whom this researcher has been granted study data-collection access, as part of an ongoing research and professional relationship with a local agency.

Each subject will be between the ages of 18 and 30, to ensure subjects, retain active and recent recollections of their time in foster care. Subjects will also be sought who *left* the foster care system at age 18, that is, those subjects who 'aged out' of foster care altogether. Attempts will also be made to solicit individuals with foster or abusive backgrounds, but the 'crux' of this evaluation is to focus on those individuals who never found placement with a family and were essentially 'raised' by the state. To ensure a similar foster experience, and not introduce variability in state laws and benefits, it will be necessary to delimit this survey pool to Florida residents only. Individuals specifically from South Florida will be solicited (through an organization), since the researcher has some familiarity with the South Florida Child Welfare System provisions.

Limitations

Additional factors which may limit the applicability of these findings are linked to the degree to which subjects are willing to share about their past traumas, especially in a study which also requests that they evaluate their current abilities. There are a range of reasons why someone would 'fail to disclose' their traumatic exposures under this framework, but such exposure may also be reduced as a factor of the 'screening' questions. To ensure that as many participants are solicited for this data-collection process as possible, it will be necessary to draft a brief demographic survey for initial subject collection, which by necessity cannot go into theoretical depth regarding trauma suffered while in foster care. Because this screening questionnaire will prioritize brevity to maximize its 'reach' across a potential community, it will ask participants to simply affirm or deny whether they had underwent an adverse childhood event while in foster

care, and whether they would be willing to accede to a brief interview about their experiences. This 'brief' screening tool, then, may fail to include examples or detail to 'trigger' subjects' memories of adverse childhood experiences. Finally, the study is limited by the fact that traumatic experiences are often forgotten (especially if they happened long ago) or may have occurred before the memory capacity of some victims was strongly developed.

Significance

Not only will this study address an important gap in the literature regarding FYA, but it will also provide conflict resolution practitioners, social workers, and other important stakeholders with a better understanding of FYA, allowing them to work in a more effective manner with this unique population. This study will also assess and evaluate the phenomenon of 'foster alumni,' or young adults who have 'aged out' of the foster care system. A focus will pay respect to the difficulties they face as part of their transition into wider society, especially as attenuated by trauma that takes the form of emotional and developmental neglect in a group home setting. This problem and the study's purpose will be presented, along with data collected via research questions, and a discussion of its underlying theoretical framework, Systems Theory and Gatlung's Structural Violence Theory. The nature of this study and methodology, along with core definitions of terms which will flow from the factors under consideration, will also be presented. The study's overall scope, delimitations, and limitations, especially those driven by bias, will be disclosed, and the potential significance of this work will be offered in the context of potential study contributions to follow.

Definition of Terms

Adoption: "If the parents' rights are terminated, a child will be available for adoption. Foster parents are able to adopt foster children in some circumstances. Relatives are also able to adopt the children whose parents' rights are permanently terminated" (Florida Department of Children & Families, 2014, a).

Aging Out: "Children "age out" of foster care when they turn 18 years old, the age of emancipation in most states. When children age out of foster care, they become ineligible to receive state assistance with housing, food, and medical care under the foster care system" (Reuters, 2019).

Emancipation: "Emancipation is when a minor has achieved independence from his or her parents, such as by getting married before reaching age 18 or by becoming fully self-supporting. It may be possible for a child to petition a court for emancipation to free the minor child from the control of parents and allow the minor to live on his/her own or under the control of others. It usually applies to adolescents who leave the parents' household by agreement or demand" (US Legal, Inc., n.d.).

Florida Department of Children and Families (DCF): "The state agency that manages services to families, including investigating child abuse, managing child welfare cases, substance abuse and mental health treatment, and providing federal benefits like Medicaid and food assistance"(Florida Department of Children & Families, 2014).

Foster care: "Licensed foster care is made up of individuals or families who have requested to be able to take dependent children into their home. Foster homes are

licensed and inspected regularly, and foster parents go through a rigorous interview

process before being approved" (Florida Department of Children & Families, 2014).

Foster child: "A foster child is a dependent child who is has been removed from their

parent or guardian and is living in a licensed foster home" (Florida Department of

Children & Families, 2014).

Foster parent: "A foster parent has been through a rigorous interview process to

determine if they can safely care for abused and neglected children in their home. Foster

parents are paid a monthly stipend to help cover the costs of the needs of the child, but

this funding will generally not pay for everything a foster child need (Florida Department

of Children & Families, 2014).

Group home: "A group home is a home for several foster children that is licensed by the

state. Group homes are run either by house parents, who live with the children, or by shift

staff, who transfer in and out during every 24 hours" (Florida Department of Children &

Families, 2014).

Independent Living: "Program for teens in foster care that prepares them for adult life

in home care: Some children are under state supervision but are able to safely remain in

their own homes with regular case management" (Florida Department of Children &

Families, 2014).

Kinship care (family/friend): Kinship care refers to placement with relatives or family.

Some of the reasons for kinship care include permanency and stability (U.S. Department

of Health and Human Services, 2017, p. 1).

Out-of-home placement: "This term includes all children who have been removed from their home and are living with a relative, non-relative or in foster care" (Florida Department of Children & Families, 2014).

Poly-victimization: "Polyvictimization refers to the experience of multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying and exposure to family violence, not just multiple episodes of the same kind of victimization" (Finkelhor, 2015).

Reunification: "The process of returning a child who has been removed from the home to the parents or guardians and ensuring that the child will remain safe. Most children who are removed from their home have reunification as their case plan goal" (Florida Department of Children & Families, 2014).

Social worker: "In Florida means that an individual has earned a bachelor's degree in social work (BSW) after successfully completing four years of college. An individual with a master's degree in social work (MSW) has completed a graduate program and is eligible to pursue licensure. There are two levels of licensing in Florida, both of which require an MSW degree: Certified Master Social Worker (CMSW) and Licensed Clinical Social Worker (LCSW)" (Florida Department of Children & Families, 2014).

Termination of parental rights: "This is a court decision made if the parents have committed an egregious act against a child or refuse to complete the case plan to show they will be able to safely care for their child" (Florida Department of Children & Families, 2014).

Trauma: The Diagnostic and Statistical Manual-IV's definition of this term extends to 'traumatic events,' or those in which a person "experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the integrity of self or others" (Casey, 2015, p. 5). Traumatic or traumatized behavior is distinguished by the person's response consisting of "intense fear, helplessness, or horror" (Casey, 2015, p. 5). Traumatic events are unexpected events for which the victim or witness was unprepared, with "nothing that the person could do to prevent the events from happening" (Casey, 2015, p. 5).

Outline of Dissertation

This dissertation is divided into five parts plus appendices. The first chapter will introduce the background of the foster system and trauma, the central problem, and the research questions that will be explored. The second chapter will further delve into the current literature focused on FYA, trauma, coping, and barriers these individuals face. The third chapter focuses on the study design and research methodology, the role of the researcher, the participant recruitment and selection process, and the plan for data collection and analysis. The fourth chapter will then review the demographics of the participants and the data collected through the review of the feedback from the interview questions. The final, fifth chapter will conclude with an interpretation of the findings; extrapolation of recommendations while stating limitations of the study; and further addressing possible implications of the study. The appendices will include the interview guide, demographic profiles, and table with themes.

Chapter 2: Literature Review

Introduction

This chapter will explore a range of factors that contribute to the quality of life of foster youth alumni (FYA), including the negative developmental outcomes to which they are often subjected to due to the process of aging out at 18 years old. This section will then explore a wide range of theories, including structural violence and systems and family systems theory, all of which will form a foundation for a data-collection process to follow. The overall purpose of this chapter is to indicate that there is considerable evidence to link traumatic experience to maladaptive coping behavior, whether it manifests in the individual or systems context. A methodology chapter to follow will translate this conceptual and theoretical assumption into a proposed data-collection procedure to focus on the welfare outcomes of FYA in South Florida.

Foster Youth Alumni

Individual young adults who have 'aged out' of the foster care system in the United States face a wide range of negative outcomes, to include physiological and psychological effects. As presented by Whitelaw Downs, Moore, and McFadden (2009), FYA are children who have resided in foster care but have neither returned to their biological parents nor been adopted by the time that they reach the age of maturity. Upon aging out of the system, these adolescents often immediately lose their access to housing, healthcare, financial assistance, and even the ability to contact their social workers or case managers (Stout, 2013). The effect of this abrupt transition is to require that these young adults manifest a level of independence and self-sufficiency which many do not

possess until "their early-to-mid-twenties," while inadvertently dealing with the loss of a social support system (Stout, 2013, p. 4). The effect of these factors has caused the FYAs to become a fundamentally underserved and 'at-risk' population, whose welfare is under threat.

There is a range of evidence to indicate the deleterious effects that are caused by 'aging out' of the foster care system in the U.S. These include the fact that FYA are less likely to graduate from high school or to attend or graduate college. As presented by Courtney et al. (2011), nearly half of all students in foster care who were ejected from the system altogether (and not "connected to transitional living services" (Courtney & Heuring, 2005, p. 135)), would fail to graduate from high school (Courtney et al., 2011). Moreover, FYA individuals have been shown to be likelier to develop mental health problems over time, and they have even been shown to suffer rates of post-traumatic stress disorder (PTSD) at a rate twice as great as the military veteran population (ASF, 2009). In addition, while the current literature does not show conclusively that there are negative health outcomes associated with aging out of foster care, Getz (2012) reported that it can be highly difficult for FYA to "navigate the healthcare system or even find medical practices that will accept their insurance coverage," explaining that while all foster youths are eligible to receive Medicaid benefits, this insurance is often rejected at the point of care, especially for OB-GYN and other 'low priority' services (p. 14).

Another consequence of aging out of the foster care system is that these individuals show a greater likelihood to commit criminal behavior. As described by Rowe (2013), the number of males who have ever been arrested in the general U.S.

population is 20.1%, but it is 77% in the FYA population. With similar results for female

FYAs, they are 54% more likely to be arrested at some point in their lives but compared

to a mere 4.3% of females in the general U.S. population (Rowe, 2013). Moreover, FYA

are presented as having greater difficulty in building and maintaining families, as well as

less likely to get married, stay married, and to put their own children up for adoption or

foster care (Courtney et al., 2011). With respect to financial stability and income, FYA

are also shown to be less likely to achieve a state of financial independence (Wald &

Martinez, 2003), as well as more likely to be unemployed or to report 'serious financial

problems (Courtney et al., 2011). These factors can often translate into high housing

instability and a strong likelihood to become homeless, if temporarily, as supported by

statistics that show 30% of the U.S. homeless population were raised in foster care

(Roman & Wolfe, 1995). As such, and from as many angles as the literature can support,

this evidence indicates that FYA are a highly vulnerable population.

Interventions which can help to reduce the suffering of this population often flow

from proposed social legislation. For instance, over the years a range of states have

proposed to extend foster care benefits to age 21. As shown by Courtney (2015), efforts

to extend such benefits in Illinois was compared to Iowa and Wisconsin where FYA were

'aged out' at 18. This author presented evidence to indicate that the extension led to vast

improvements to the long-term outlook of these individuals. In particular, Illinois foster

youth who received those benefits until age 21 were "twice as likely as their peers in

Iowa and Wisconsin to have ever attended college and more than twice as likely to have

completed at least one year of college" (Courtney, 2015, p. 1). Moreover, such foster

benefits extension was shown to have a substantive economic benefit for the states where it was introduced, including by evidence to indicate that for every $1 that Illinois spends to maintain these benefits to age 21, they increase "the estimated lifetime earnings of foster youth" by $2 (Courtney, 2015, p. 1). Additional benefits include comparative reductions in pregnancy, homelessness, criminal behavior, and justice system involvement, and for "young fathers, greater involvement with their children" (Courtney, 2015, p. 1). That said, despite the considerable welfare gains that have been appreciated by extending foster benefits to age 21, many states remain reluctant to pass these reforms in light of the high immediate cost associated with expanding any social program and the lack of a political mandate to require them to do so.

They FYA individuals are a vulnerable population due to premature departure from the foster care system causing instability that affects their quality of life, access to basic care, and overall livelihood. As described by Courtney and Heuring (2005), a key presumption upon which foster and child protective services in the U.S. operates is that the government would do a superior job of caring for a child than their negligent parents. However, the consequences of 'aging out' of the foster care system indicate that for many of these individuals the program policies are ineffective.

Theoretical Foundation: Conflict Theories

As this work has provided an overview of this group, the following sections will evaluate theories which are relevant to FYA and will form a necessary context for the proposed work of data-collection to follow. This section will assess (1) Systems theory and family systems theory and (2) Structural Violence Theory.

<u>Systems theory</u>

One core principle of systems theory is that communication and interaction are how systems are created and maintained over time (Monge, 1973). Monge (1973), an early theorist, indicated that preceding theories of human communication and interaction contained "stringent criteria which often [could not] be met by communication scientists and [proposed] that an alternative model for explanation, less powerful but more obtainable – the systems paradigm – ought to be adopted" (Monge, 1973, p. 5). Systems theory flows from broader 'macro' systems approaches. In 1968, Von Bertalanffy offered these theories as a means of "reacting against reductionism and attempting to revive the unity of science," through emphasizing the theory that all systems are both "open to and react with their environments," and are capable of acquiring "qualitatively new properties through emergence…[resulting in] continual evolution" (Heylighen and Joslyn, 1992, p. 1). This theory is based on entities being 'greater than the sum of their parts'; for instance, rather than reducing the body to the "properties of its parts or elements (e.g. organs or cells)," systems theory seeks to capture the arrangements of and interactions between the parts, to better-understand the ways in which they form a coherent whole (Heylighen and Joslyn, 1992, p. 1).

The organizational elements of these systems are then used to understand systems independently of the "concrete substance of the elements (e.g. particles, cells, transistors, people, etc.)" out of which it is composed (Heylighen and Joslyn, 1992, p. 1). Additional core aspects of systems theory include *boundaries*, or barriers which define a system and distinguish it from its environment, and *homeostasis*, or the tendency of systems to

maintain balance and resilience to external stressors. In all cases, systems theory emphasizes the dynamic processes which support the interaction of constituent factors, rather than those factors themselves.

Systems theory is used to explore the interactions between people as they comprise groups, like families, communities, and societies, in which systems organization is evident. The work of Gregory Bateson is critical to understanding this theory. As described by Keeney (1981, p. 45), Bateson's epistemology was one which proposed a "'communicational world' based on cybernetics, systems theory, and ecology," and that human interaction should be studied in terms of "its structure, the [individual's] function within it, and its self-referentialness." From these goals, the broad scope of this more intimate approach to systems theory would emerge, characterizing humans as interacting parts of broader systems in whose dynamic actions, reactions, and interactions create a coherent whole.

To further explain the systems theory, Donella Meadows, author of "Thinking in Systems," describes systems structure and behavior using a stock-and-flow diagram (Figure 1) to better understand trends over time (Meadows, 2008). The stock in this metaphor is the element, whether physical or non-physical, being measured. "Stocks change over time through the actions of a flow" (Meadows, 2008, pg. 18). Figure 1 shows an element that can increase or decrease and influences the stock as the "inflow." This would then further affect the degree of the "outflow." The faucets for both inflow and outflow are metaphors for the changing degree of each element and its effect on or from the stock.
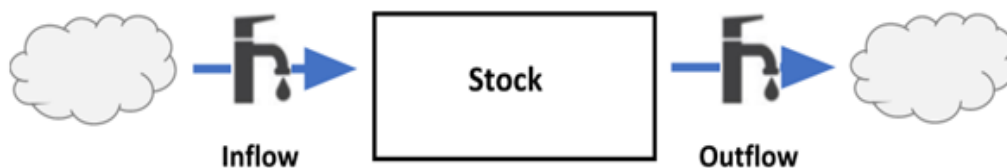
Figure 1. Stock-and-Flow diagram.

This diagram (above), recreated from Meadows stock-and-flow diagram (pg. 18), is a visual aid to depict the systems theory as a flow where the degree of inflow influences the stock and therefore influences the degree of outflow.

Using Meadow's stock-and-flow diagram, Figure 2 displays the flow of trauma and effects on the FYA. The degree of the abuse and neglect (inflow) affects the trauma (stock) suffered by FYA which in turn affects the degree of the negative coping skills (outflow).
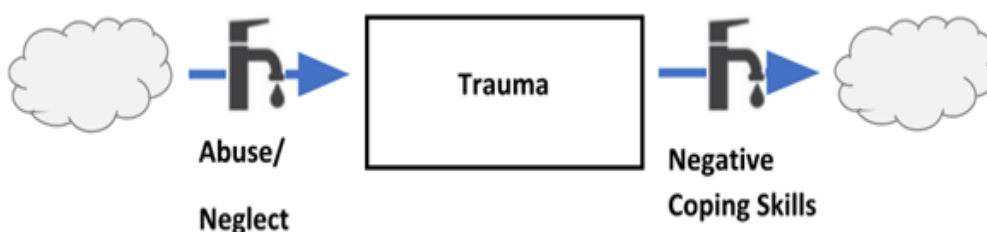
Figure 2. Trauma Stock-and-Flow diagram.

This stock-and-flow diagram is a visual aid to depict the systems theory as it refers to the system involving trauma and the coping behaviors developed to show the relationship between each.

Family Systems Theory

An important subset of psychological systems theory is called family systems theory, which is based on an idea of stress as influencing the family structure in general,

and not its members in isolation. Bowen (1978) would indicate that the level of anxiety in any family could be determined by stress felt by that structure in general, and by taking into account any stressor elements to which that family may be particularly sensitive to. Bowen viewed the family as an "emotional unit," and used systems theory, like that of Bertalanffy above and to describe the complex interactions within that unit (Bowen, 1978, p. iii). Core to this theory and outcome measures reflected in it, there is a broad understanding of emotional "interdependence…in this system," described as likely to have been evolved from a need to "promote the cohesiveness and cooperation [through which] families can best protect, shelter, and feed their members" (Kerr, 2000, p. 3). However, heightened tension within this system (as a result of internal or external factors), can promote "unity and teamwork," but also lead to problems as a result, especially in the form of anxiety which can "escalate by spreading infectiously among them" (Kerr, 2000, p. 3). Critically, this theory indicates that the emotional interconnectedness of the family, a nominal asset and becomes more a source of stress than a comfort during times of crisis.

The core 'unit' of the family system described in this context is the 'triangle,' or relationship between three members, through which the emotional strain on any one member can be diffused by actions by the other two. As described by Titelman (2008), this aspect of systems theory indicates that "when there is anxiety or tension in a relationship, the person who is more uncomfortable will involve a third person into the situation to reduce the anxiety," thereby allowing anxiety to be "shifted around the system." This shift lessens the likelihood of any one relationship (or 'link' in this system)

to become "emotionally overwhelmed" (Siyavora, 2010, p. 24). This theory thus has important implications for birth order, and the responsibilities which multiple studies have indicated that children are assigned or assume to help to maintain the homeostasis of an emotional system (Gilbert, 2006). Kerr (2000) indicates that during times of acute stress across these family systems, one or more members will feel "overwhelmed, isolated, or out of control," but – paradoxically – these are the individuals that are more likely to "accommodate the most to reduce tension in others," in what is deemed a 'reciprocal' interaction (Kerr, 2000, p. 3). However, these individuals who have learned such behaviors have a greater risk for negative physical and emotional outcomes. Therefore, the behaviors lead greater likelihood of manifesting with acute risk behaviors like "depression, alcoholism, [infidelity] or physical illness" (Kerr, 2000, p. 3).

Other important concepts of family systems theory were raised by Brown (1999), who indicates that part of Bowen's (1978) theory focused on the importance of the "nuclear family emotional system" as a means by which the beneficial 'triangulation' of behaviors in these family systems could manifest (Brown, 1999, p. 96). The remainder of this theorist's work focuses upon correcting for common areas of dysfunction across this 'typical' family structure (mother, father, child), including that which manifests in (1) Couple conflict, where intimacy vacillates with distance to result in anxiety "bound within the conflict system" which has the tendency in a 'fused' relationship and to extend to the child or children within this nuclear familial 'triangle' (Brown, 1999). The influence of past generations on their children's development of specific anxieties is assessed in the (2) Family projection process, another subset of family systems theory. In

these situations, children will "[respond] anxiously to the tension in a parents' relationship," in actions which are in turn "mistaken for a problem in the child" (Brown, 1999, p. 96).

At the crux of the family systems theory, is the idea that families can be highly beneficial systems for day-to-day relief from stress, but they are also strong vehicles from which stress can be transmitted, often inadvertently, particularly during times where stress is especially acute (Brown, 1999). In some situations, the family member unconsciously tasked with 'absorbing' the stress of a moment is the child. Depending on the age of the child at when they became the "focus of family anxiety," these youngest members may become traumatized as a result (Brown, 1999, p. 96).

Another element of family systems theory concerns *withdrawal.* For family members who have been traumatized by specific crises or stressed by the "intensity of fusion between the generations," they may choose to 'cut off' their relatives from contact, whether through "physical distance or through forms of emotional withdrawal" (Brown, 1999, p. 97). Where 'growing away' is framed as a normal consequence of developmental differentiation, the act of 'breaking away' reflects a deeper rejection of the system itself: For individuals who do not see themselves as "part of the system," wrote Kerr and Bowen (1988, p. 272-273), "[their] only options are either to get others to change or to withdraw." The result of this process, no matter how motivated, is often to cause the family group deprived of one of its members and to experience "intense emotional pressure without…escape valves," as would be available through 'triangulation' (Kerr & Bowen, 1988, p. 273). Critically, if people view themselves as

indelibly linked to the system, their choices are similarly stark: They can continue to "stay in contact with others and change [themselves]" (Kerr & Bowen, 1988, p. 273).

Structural Violence

Structural violence is a theory informed by an understanding of society as a structured entity. The theory aims to understand violence as both a symptom of and evidence for other issues. Based on an understanding of and value for peace and restorative justice rather than retributive justice, the notion of structural violence explains the ways that violence is perpetrated on a class of people by a policy, prejudice, certain laws, or even by systems such as the Senate or other lawmaking bodies, rather than by an individual. Further, structural violence is often invisible thus making it difficult to pinpoint the origin or responsible party. According to Burtle (2013), "Structural violence refers to systematic ways in which social structures harm or otherwise disadvantage individuals." This form of violence emphasizes the unequal power relationships in society and the ways in which society structures itself to maintain those approaches. With its genesis in a Marxist understanding of culture and the view of society as one in which power-holders maintain their stranglehold on those who do not have power (Marx, 1848; Savur, 1975), the academic view of structural violence emphasizes that it is especially deceptive because of how unconscious and ingrained it is within our communities. As Farmer, a leading scholar on the topic, put it:

> Structural violence is one way of describing social arrangements that put
> individuals and populations in harm's way. The arrangements are structural
> because they are embedded in the political and economic organization of

our social world; they are violent because they cause injury to people …

neither culture nor pure individual will is at fault; rather, historically given

(and often economically driven) processes and forces conspire to constrain

individual agency. Structural violence is visited upon all those whose social

status denies them access to the fruits of scientific and social progress

(Farmer in Burtle, 2013).

Figure 3 (below) illustrates the tension and stasis that keep three different kinds of

violence working constantly. The following diagram depicts how direct violence (e.g.,

mugging, murders, etc.) relates to both cultural as well as to structural violence. The three

types are interrelated topics that coexist thanks to a specific social compact that allows

powerful stakeholders to retain their power over others (Galtung, 1990).
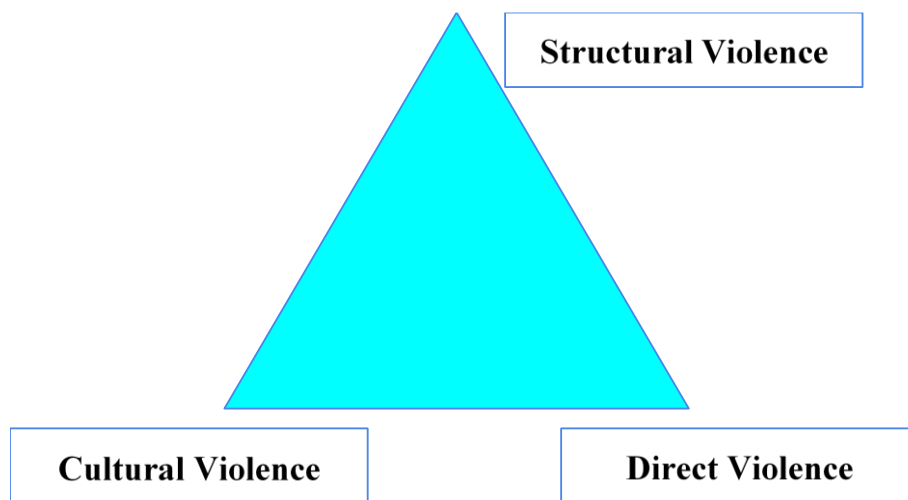
Figure 3. The Triangle of Violence adapted from Galtung (1990).

Galtung (1990) suggested that the three types of violence could be represented by

the three corners of a triangle. This figure illustrates the different types of violence

directly or indirectly causing other types of violence: Systemic structural violence will

eventually explode into direct violence, which could in turn give additional credence to structural violence. Meanwhile, cultural violence also feeds into systemic violence as well as into direct violence. Cultural violence stems from factors such as movies and video games glorifying violence, a shock-obsessed news media, ingrained cultural values such as toxic masculinity and rape culture (Klaw et al., 2005), and the kinds of unconscious racism that allow even preschool teachers to read the misbehavior of children differently based on the color of the skin of the child in question. According the Galtung (1990, p. 291), cultural violence refers to "those aspects of culture, the symbolic sphere of our existence—exemplified by religion and ideology, language and art, empirical science and formal science (logic, mathematics)—that can be used to justify or legitimize direct or structural violence." In other words, Galtung is referring to aspects of culture that condemn certain groups such as flags (Confederate Flag), fundamentalist Christianity (disapproval of homosexuality), and even the ability or inability to speak a certain language (treatment of immigrants, English-only mentality). Direct violence is perhaps the most obvious form of violence which involves physical and verbal attacks such as murder or assault. Unfortunately, violence begets violence. Structural violence and/or cultural violence often turn into direct violence.

In the case of foster youth, systems like higher education, law enforcement, and even the foster care system may create structural barriers for this population as Figure 4 (below) depicts. The inability to pay for higher education or to be employed at a higher paying job due to lack of skills and/or training makes it difficult for FYA to live in a way that is sometimes meaningful and financially feasible.
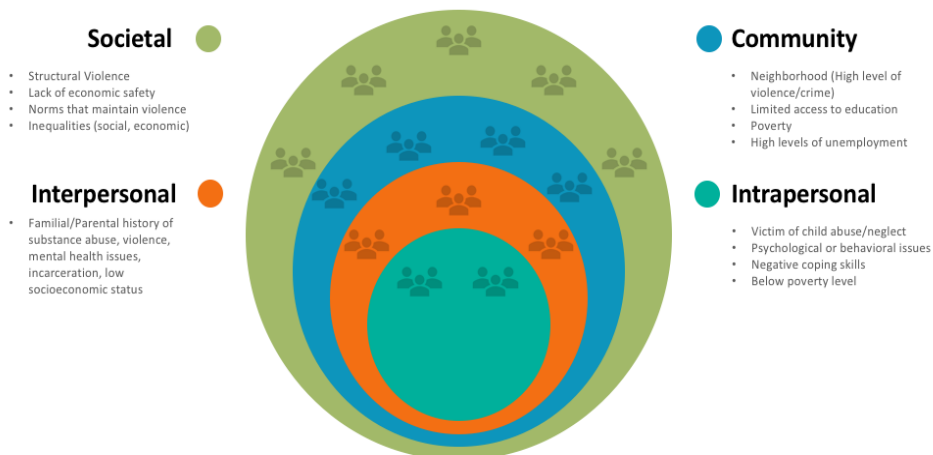
Figure 4. Structural Violence Onion Diagram.

This diagram is a visual representation of the different levels of structural violence that impact Foster Youth Alumni (FYA).

Intrapersonal Conflict

This section will address (3) Intrapersonal conflict and (4) Trauma and coping (adaptive and maladaptive) skills. These concepts are each relevant because when taken in tandem, they provide an effective foundation for the consideration of antecedents of FYA trauma and coping behaviors. Intrapersonal conflict is predicated upon 'generalized' conflict theory. This theory indicates that conflict between people, no matter the form, can be linked to "perceived and actual threats," often due to the "misinterpretation of intentions or a lack of trust," both of which are fueled by "opposing interests and power struggles," whether between individuals or societies (Jeong, 2008, p. 3). This type of conflict flows into the understanding of the mind, and the levels of 'misinterpretation' and if not threats then coping behaviors, which manifest in 'internal' conflict. Though a wide range of literature has been established to explore *interpersonal*

conflict, especially that pertaining to the organizational setting, comparatively less scholastic attention has been compared to intrapersonal conflict, or psychological conflict localized to one mind (Jeong, 2008). This can manifest in a mundane form, as when an individual may puzzle over what to eat at their next meal, but when 'digesting' larger decisions and conceptualizations, such internal conflict is linked to anxiety and depression outcomes (Stangier, Ukrow, Schermelleh-Engel, Grabe, & Lauterbach, 2007). Importantly, it is predicated on an idea of the self both created and 'felt' by the individual. The idea of this 'actual self' was first advanced by Horney in 1959, who indicated that 'objective' selves, though they were "not a product of learning," but it was not "impervious to influence," due to it being formed through everyday interactions with the environment in development (Paris, 1999, p. 157). The 'actual' self may often be the most elusive, intrapersonal conflict is often found in the distinctions between subjective, often imaginary, and thus inconsistent visions of the self.

Luyten and Blatt (2013) theorized that personality was a result of a lifelong "dialectic synergistic interaction between two fundamental developmental psychological processes," namely *interpersonal relatedness*, which refers to the need to establish "close, stable, nurturing, and protective relationships," and intrapersonal relatedness, or *self-definition*, which refers to the need to establish a "coherent, differentiated, stable, and positive" sense of self (Luyten & Blatt, 2013, p. 172; Shahar, Henrich, Blatt, Ryan, & Little, 2003, p. 470). This relationship between healthy and supportive social relationships (often in a caregiving context), and the achievement of psychological 'maturity,' have been shown to play a pivotal role in individual capacities to develop (1)

"reciprocal, meaningful, and personally satisfying interpersonal relationships," and (2) a healthy intrapersonal relationship also described as a "coherent, realistic, differentiated, and essentially positive [senses] of self or…identity" (Luyten & Blatt, 2013, p. 4).

Both of these positive outcomes can be enhanced through focused intervention, but there is also evidence to show that the two processes – one internal-facing, the other external – also "develop synergistically," meaning that any enhancement in onebody of skills would improve the other (Shahar et al., 2003, p. 470). A core example occurs in early childhood, when young children treat their parents as a "secure base," or 'safety net' during their early interactions with the world. A sense of safety and emotional security allows these children to develop "richer, more multifaceted, and more autonomous" [senses] of self, as well as to develop personalities with a greater sense of positive self-definition, than if they had been raised in an isolated or emotionally neglectful environment (Shahar et al., 2003, p. 470).

In addition, the greater personal autonomy, self-worth, and self-esteem which results from such unconditional positive caregiver support has been shown to lead to the development of "greater relational skills," which help the growing individual to seek out the emotional support they need in the future, thereby compounding this process (Shahar et al., 2003, p. 470). Critically, Luyten (2013) further supports this dichotomy by citing the "neurobiological research [from neural circuitry confirming] the intrinsic and dialectic relationship between…self-definition and relatedness" (Luyten, 2013, p. 2). At the core of these theories, a well-adjusted and psychologically mature individual is one whose self-image and relational skills have been aided by the unflagging support of a

generous caregiver. The Shahar et al. (2003) example above is a best-case scenario, meaning there can be tremendous personality dysfunction linked to poor early emotional support (Kendall-Tackett, 2001). Therefore, assessing developmental socialization is thus primarily to establish which nurturing environmental parameters the FYA being assessed likely did not receive.

Alfred Adler (1934) theorized that intrapersonal conflict was not something 'thrust upon' the individual, as from the environment or others, but instead, was based on an idea of the individual's actions which were "governed by purpose…[thereby indicating] that the person creates and maintains the conflict," even when they perceive themselves as a victim, whether of deliberate action or circumstance (Mosak and Lefevre, 1976, p. 21). This view also aligns with Szasz's (1988) view of how individuals respond to conflict situations. This author indicated that people "faced with conflict [will] react in one of two ways," and thus fall into one of two camps: People faced with conflict will either go after what they want, that is, take actions that would "maximize [their] utility," or individuals will avoid what they do not want, or take actions that would "minimize [their] disutility" (Szasz, 1988, p. 72). The former reactive actions are motivated by the "hope of gain… [and the latter], by the fear of loss" (Szasz, 1988, p. 72). By this metric, the outcomes of childhood trauma are likely to manifest in generalized coping skills which certainly align with a 'fear of loss' orientation (Lyons-Ruth, Yellin, Melnick, and Atwood, 2003). When extended across years of conflicts handled in this manner, maladaptive coping behaviors can result.

Horney (1950) postulated that a "poor fit between child and environment sets in motion a process of self-alienated development," where an idealized sense of self replaces the actual self as a coping mechanism with which to tolerate feeling "unsafe, unloved, and unvalued" (Paris, 1999, p. 161). This 'shift' in understanding, where a delusional misperception – what Horney described as "the impossible self," a vision of the self which can never be actualized, because it "transcends human possibilities and is full of contradictions" (Paris, 1999, p. 164). As the individual 'views' themselves in this manner, another 'self' emerges from this construct, which Horney described as "the despised self…which is what we feel ourselves to be when we fail to live up to the unrealistic demands we make upon ourselves (Paris, 1999, p. 161). Identity confusion – and intrapersonal conflict – will manifest between these mental 'self-images.' The more robust and developed these images, and the more that they 'diverge' from the 'actual' self, no matter how subconsciously understood, then the greater the conflict within the individual (Paris, 1999).

Intrapersonal conflict results when coping mechanisms which can manifest as mental 'representations' without full basis in reality, run counter to an awareness of the 'actual' self. The work of Abraham Maslow would further expand Horney's view of the 'actual' self, calling it the 'intrinsic' self, and all that which was "part of our genetic inheritance," and what he called "Being-values…[which] were spontaneously chosen by self-actualizing people" and took the form of similarly-intrinsic but socially-normative feelings of moral certitude or guilt (Paris, 1999, p. 162). Maslow's theory of Hierarchy of Needs would extend Horney's with regard to her view of the 'bifurcated' internal self,

and combine them with his own complementary theory of motivation, with 'self-actualization' being his highest category of human personality or life achievement (Maslow, 1943). An extension of this view is that adults whose backgrounds have been marked by poor emotional support are likelier to have manifest with maladaptive coping mechanisms, especially taking the form of 'imaginary' senses of self which are either idealized or reviled. Subsequent intrapersonal conflict 'among' these visions are often in full ignorance of the 'actual' or 'objective' self may be shown to interfere not just with early development but self-actualization as well. Precisely, as Maslow and Horney's theory stated, the FYA population is a perfect example of how the lack of meeting basic needs affects the relationship with self and others.

Trauma

This study will be focusing on the outcomes of underserved and neglected individuals presumed to have had backgrounds partially characterized by trauma, or at least by the absence of traditionally supportive caregivers or caregiving situations. As such, *trauma* is the core factor under consideration along with the paths that individuals take to correct or compensate from these painful and upsetting situations. The concept of trauma stems from the 19th century exploration of the root of dissociation and 'hysterias' with Sigmund Freud (1896). In more recent years, trauma research has continued alongside expanding assessment of psychological dysfunction. The immediate effects of trauma are described by Caplan (1961), in observations of individuals in the aftermath of a Boston fire in 1942 where 493 people were killed. Survivors were described as "in a state of crisis [and facing] an obstacle to important life goals…an obstacle that is, for a

time, insurmountable using customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at solution are made" (Caplan, 1961, p. 18). The phenomenon of the 'stunned' trauma survivor flowed from these early accounts, alongside a growing standardization of the likely consequences to befall those put into such a state. Parad and Caplan (1960) would outline five consequences of 'stressful events' that could be considered trauma. These were events that posed a problem which was "by definition…insoluble in the immediate future," as well as "overtaxes the psychological resources" of the individual or group (Parad & Caplan, 1960, p. 11-12).

Psychological trauma factors were first incorporated in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980, where "advocates of battered women, rape victims, and abused children" along with "clinicians brought their influence to bear on the DSM-III committees," leading to each of these groups (and the effects of the trauma they suffered) designated post-traumatic stress disorder (PTSD) (Ringel & Brandell, 2011, p. 5). PTSD would also be used to describe the experience of "victims of domestic violence and adult survivors of childhood incest [or] sexual abuse," all of whom reported similar symptoms of trauma to those whose stories helped achieve the DSM inclusion of PTSD (Ringell & Brandell, 2011, p. 5). Moreover, PTSD diagnosis addresses symptoms of "posttraumatic stress," but does not consider factors resulting from the patient's early development, especially early-life abuse or neglect. It fails to offer a "more complex and comprehensive view of psychosocial stressors and daily functioning that exert influence over all areas of adult life," many of which can be more

appropriately drawn from systems theory (Ringell & Brandell, 2011, p. 5). In any case, the proliferation of this term has resulted in broad awareness of trauma factors and the suffering of those afflicted, with a greater interest in their welfare and rehabilitation.

Effects of Trauma

One of the most evident ways in which people react to trauma is with coping behaviors. Coping behaviors are predicated on cognitive appraisal, or the idea that people's reactions to a situation flows from their subjective interpretation and the idea that emotions, too, are elicited by "evaluations (appraisals) of events and situations" (Scherer, Schorr, & Johnstone, 2001, p. 3). Such situations provoke the individual to attempt to minimize its effect. Originating with the work of Sigmund Freud, he explored in his 1894 work, "*The Neuro-Psychoses of Defense*," that coping skills represented a defense mechanism, or a type of hysteria. Freud would frame what he observed of patients coping with trauma alongside his observations of 'hypnoid' and 'retention' hysteria, as 'defense hysteria' (Freud & Breuer, 1895; 2013). Traits that have since been renamed as *defense mechanisms* were described by Freud as the product of "an occurrence of incompatibility [which] took place in their ideational life," especially through trauma, but always manifest in a manner following their 'core' neural psychosis (Freud, 1894, p. 47). In this way, by linking unconscious coping behaviors to environmental factors, Freud's strongest contribution to this theory, as with much of his work, can be seen in his indication that defense mechanisms were *learned* actions as well, and did not result from genetic factors or 'degeneracy,' as was commonly alleged at the time (Freud, 1894).

In the 20th century, stress was perceived as a stimulus that had a discrete effect with a dynamic process. In an attempt to form a unified measurement for stress, Holmes and Rahe's (1967) 'Social Readjustment Rating Scale' (SRRS) in which 394 subjects were asked to "rate a series of [43] life events as to their relative degrees of necessary readjustment," events such as marriage, losing or having to change jobs, or the death of a loved one (Holmes and Rahe, 1967, p. 213). Though some studies were able to link the SRRS to illness presentation (Johnson and Saranson, 1979), this straightforward and all-inclusive attempt to quantify stress as a stimulus was rightfully criticized for some of its core assumptions. The SRRS wrongfully assumed that (1) Change was an inherent source of stress, and (2) Similar life events would provoke a similar adjustment need across different populations. Both of these were sufficient reasons to indicate that a more dynamic construct was necessary to understand stress and coping from a phenomenological perspective, especially with a theory that took into account prior learning and environmental factors, as well as other personal variables like disposition and temperament (Johnson and Saranson, 1979). The FYA population are enduring constant change in life events without the proper skills or maturity to manage stress or articulate their emotional state or need for support. Moreover, FYA also have been deprived of a readjustment period.

These objections would crystallize in the work of Richard Lazarus (1966), whose work in the "*Psychological stress and the coping process*," was among the first to examine the role played by cognitive appraisal in individuals reacting to a tense or stressful situation. Unlike earlier works which attempted to quantify stress itself, this

author would define psychological stress as the "relationship lines between a person and their environment," when that environment was seen by the person as "taxing [their] resources or threatening their wellbeing" (Lazarus and Folkman, 1984, p. 27). Implicit in this work was the idea that different individuals will act differently when faced by the same stressors and that cognitive appraisal is the mediating factor in the 'balancing act' between an individual and the stressful events or stimuli they encounter. 'Transactional' theories of stress and coping indicate that people react predictably, but dynamically, to stress. First, people will appraise the stressor, then perform a "secondary appraisal of the coping mechanisms available" with which to deal with the primary stressor identified (Camacho, Hassanein, and Head, 2014, p. 134). In the course of the primary appraisal, the individual will assess to which degree the stimuli will affect their goal-attainment or well-being, and if the situation or stimuli is found to affect these factors negatively, then they will attempt to overcome or cope with the stressor. This choice to overcome or cope is based on the extent to which they believe the situation to be harming or challenging, with the former manifesting as a negative motivator to productive action, and the latter a positive one (Camacho et al., 2014). When stressors are seen as challenges, the behavior that results are often adaptive in nature and results in positive improvements to ability and disposition (Camacho et al., 2014). Unfortunately, the presence of seemingly insurmountable levels of stress (a deep 'debt,' per Lazarus' transactional theory of stress), will often lead to behaviors which are reflective of *maladaptive* or unhealthy coping skills.

Adaptive and Maladaptive Coping

Lazarus and Folkman (1984) defined coping skills (CS) as cognitive and

behavioral responses by which 'demands,' whether imposed internally or externally, can

be met. These authors offered two primary 'categories' of coping. The first, adaptive

coping, aims at solving the problem at the core of the stress, as well as mitigating the

effects of emotions linked to that stress. Its opposite, or maladaptive coping, is

characterized by disengagement and at avoiding the cause of the stress as well as the

emotions that it conjures (Lazarus & Folkman, 1984). Theories of adaptive and

maladaptive coping are rife with controversy over categorization, especially regarding

whether coping should be organized by such skills that originate from emotion or are

focused on specific problems (Skinner, Edge, Altman, & Sherwood, 2003). However,

given that coping skills vary with the individual, a stronger point of comparison can be

found between forms of coping that are harmful or helpful to the health and wellbeing of

the individual (Thompson et al., 2010). In general terms, coping is considered

maladaptive when it is harmful, though some physically harmful coping (like self-harm)

may result in stress relief. One critical aspect of maladaptive coping is identified by

Thompson et al. (2010) as the practice of *rumination.* These are defined as "persistent

and recurring thoughts focused on one's depressive symptoms and on the implications of

those symptoms," a trait which has been found to present stably across a range of sample

groups, including college students and inpatient populations (Thompson et al., 2010, p.

462; Bagby, Ryder, Schuller, & Marshall, 2004). Multiple prospective longitudinal

studies have linked self-reported rumination as to the development of major depression

and depressive symptomatology (Spasojevic & Alloy, 2001). Though there are a wide range of negative behaviors associated with negative coping skills, especially use of alcohol and illicit substances as well as 'risk-taking' behavior (Ben-Zur & Zeidner, 2009), rumination is framed as a particularly negative outcome of maladaptive coping because it causes the sufferer to show "less therapeutic responsiveness to both antidepressant and cognitive-behavioral interventions" (Watkins, 2010, p. 4).

Additional negative consequences of maladaptive coping are many and varied, as shown in the Figure 5 below. Negative coping skills can include but are not limited to the following: Self-harm, Substance Abuse, Overeating, Compulsive Sexual Promiscuity, Compulsive Buying Behavior, and Emotional or Physical Isolation.
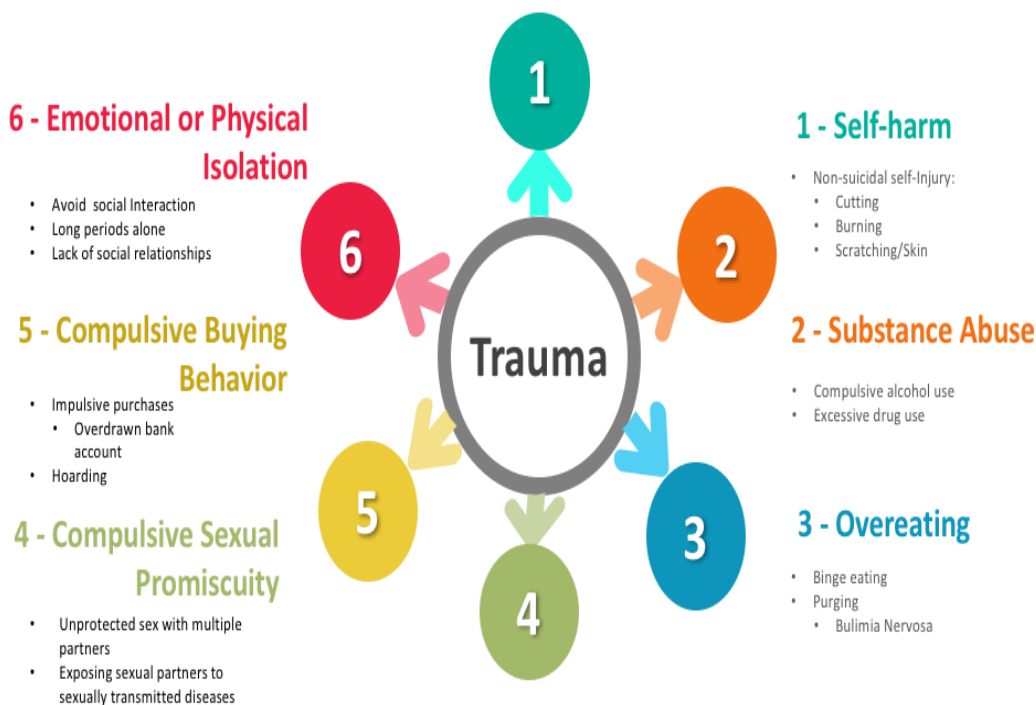
Figure 5. Maladaptive Coping Skills Cycle Diagram.

This diagram (above) is a visual representation of maladaptive coping skills experienced by FYA's because of trauma.

Maladaptive coping skills can include (1) *Self-harm*, in which the individual practices "nonsuicidal self-injury" in response to acute and overwhelming stress stimuli (Sornberger, Smith, Toste, & Heath, 2013). This can take the form of acts such as "cutting, burning, scratching, and skin picking," acts which while obviously maladaptive, are nonetheless often "effective" coping strategies, especially with regard to self-reported feelings of relief and reduced feelings of anger and sadness (Andover, Pepper, & Gibb, 2007, p. 238). This form of coping is common in clinical samples (reported between 21% and 44% (Herpertz, Sass, & Favazza, 1997), its community representation is far lower, which is a fact that indicates that such practice may be far more widespread in the general population than is known (Andover et al., 2007, p. 238). The manifestation of this behavior has also been associated with difficulty or deficiency in their "future-oriented problem-solving" skills (Herpertz et al., 1997, p. 452).

Maladaptive coping can also manifest in (2) *Compulsive alcohol or substance use*, or addiction. Substance use disorders (SUD) are framed by Del mar Capella and Adan (2017) as "a type of coping behavior to avoid stress," one which is focused on emotions and designed to "temporarily alleviate the negative effect that certain stressors generate," though in the long-term can trigger problems of greater severity. Such long-term negative outcomes can result from dependency or addiction to substances like alcohol and illegal drugs, but also manifest in compulsive use of legal and acceptable substances like nicotine or caffeine (Del mar Capella & Adan, 2017). Stressed individuals may show

maladaptive coping through other compulsive behaviors, including through (3)

Overeating, as through binge eating alone, or in conjunction with purging behaviors

(bulimia nervosa) (Rosenbaum and White, 2013). Maladaptive coping can also result in

(4) Compulsive sexual promiscuity or 'risk-taking' sexual behavior (McNicol &

Thorsteinsson, 2017); as well as (5) Compulsive buying behaviors (da Silva, 2017) and

'blanket' physical risk-taking behavior, such as dangerous driving or fighting (Votta &

Manion, 2004). Another core symptom which is often comorbid with maladaptive coping

is (6) Emotional or physical isolation, of a sort which results in "increased depressive

symptomatology and/or negative health behaviors" from which the individual becomes

more susceptible to further maladaptive coping (Mitchell, 2004, p. 38). This can be

likened to the rumination factors raised by Thompson et al. (2010), which if present can

exacerbate the effect (and prolong the presentation) of any number of the above indicated

self-harm and risk-taking behaviors linked to maladaptive coping responses to stressors

shown above.

Trauma and the Child Welfare System

The principal relevance of trauma in the child welfare system and connection to

the welfare of FYA remains undisputed. Past studies have concentrated on trauma in the

foster care system with most highlighting factors that influence trauma in children. While

these research studies inform evidence-based intervention measures, they fail to integrate

various concepts of trauma experienced by FYA. Instead, they frequently highlight one

type of trauma. Additionally, those that adopt an integrated approach to trauma

experienced by FYA do so without necessarily offering a detailed explanation of trauma.

These factors make it necessary to adopt a grounded approach to trauma among FYA. In closing this gap, this paper integrates literature that addresses the conceptual intricacies surrounding trauma, and the types of trauma experienced by FYA.

In the discourse on foster care, a lot of focus is placed on permanence and adaptive skills after aging out. Yet studies by Ai, Foster, Pecora, Delaney, and Rodriguez (2013), Greeson et al. (2011) and Salazar et al. (2013) indicate that the focus on permanence is too narrow and that interventions on trauma are as important as permanence. Trauma is defined in various ways to describe maltreatment and external events that may lead to mental disorders or a dysfunctional life. Although childhood adverse experiences exacerbate traumatic events, findings from Riebschleger, Day, and Damashek (2015) indicate that youth experiences are also capable of producing multiple forms of trauma. Riebschleger et al. (2015) adopted the definition by the National Child Traumatic Stress Network to conceptualize trauma as the compounded experiences associated with high-risk events that adversely disrupt the healthy psychological development or functioning processes. Riebschleger et al. (2015) stated that the traumatic effect of a risky situation is directly dependent on the response or reaction of a party. Thus, acknowledgment of the coping mechanism is what affects the interpretation of trauma.

Trauma, being an abnormal experience to a human being, may cause psychological distress with intense and lengthy stress reaction. However, traumatic events are a common occurrence although they are not within the range of usual human experiences. According to a study by Dorsey et al. (2011), about 25% of the children and

youth in North Carolina had encountered at least one possible traumatic occurrence. The actions that could lead to trauma comprise of the sudden demise of a family member, serious accidents, violence, witnessing a murder or accident, or natural disasters. According to the National Child Traumatic Stress Network, traumatic events have been experienced by one in four school going children. Trauma is among the main causes of failure in educational institutions with the students being affected by low grade points, high absenteeism rates, expulsions, and dropout rates.

Reasons why FYA experience trauma

Attempts to evaluate trauma indicate that adverse childhood experiences increase the risk of trauma. For example, a study by White et al. (2011) discovered supporting evidence that maltreatment history and lack of relational permanence heighten the risk of developing mental disorders and trauma. Gonzalez-Blanks and Yates (2016) emphasize that failed family reunifications also cause trauma. Although unsuccessful reunifications act as an enabling factor for trauma, alumni indicate that placements and reunifications may also facilitate maltreatment and eventual trauma. According to Riebschleger et al. (2015), instabilities associated with frequent changes of homes in the placement system bring out the feelings of traumatic losses. As a result, maltreated alumni may develop depressive disorders and experience trauma due to the lack of stability and robust social support systems.

Maltreatment and abuse also cause trauma. According to Salazar et al. (2013), physically abused youths and sexually molested youths have high chances of developing disorders found in the Diagnostic and Statistical Manual (DSM). Abuse and maltreatment

affect the psychological development of children in foster care through their adolescence and adulthood. Subsequent exposures to adverse events induce childhood memories of stressful and traumatic events thus worsening or inducing traumas (Ai et al., 2013). Given the need to promote safety and stability within the foster care system, it is essential to integrate evidence-based practices that enhance continuity of care by negating the input of system-induced trauma and re-traumatization.

Types of Trauma experienced by FYA

Approximately two-thirds of the youth in normal households have encountered at least a single traumatic event in their lifetime (Dorsey et al., 2011). The trauma includes neglect and child abuse, exposure to community violence, domestic violence, and encountering the violent loss of a close family member. However, the youth in foster care or those that have aged out often experience increased rates of various traumatic events to include, but are not limited to, those in the sections to follow.

Complex Trauma

Complex trauma is a term that is utilized to define prolonged exposure to various traumatic events. Essentially, the exposure to complex trauma entails the consecutive or concurrent events of child maltreatment, which includes neglect, psychological maltreatment, and physical abuse, as well as domestic violence (Berliner, 2015). The trauma starts in early childhood and takes place within the primary caregiving systems. The exposure to such initial traumatic encounters, as well as the resultant emotional dysregulation, usually sets off a chain reaction that results in ensuing or recurrent exposure to trauma in youth and adulthood. The outcomes of complex trauma denote the

scope of the clinical symptomatology appearing following these exposures. The traumatic stress exposure during early life is linked to lasting effects that incorporate and extend past Posttraumatic Stress Disorder (PTSD) (Berliner, 2015). These effects lead to various impairment domains, such as attachment, addictions, anxiety, aggression, eating disorders and social helplessness.

For the children living with foster parents, the exposure to complex trauma is immense in most cases and has enormous costs to their lives. Even though these effects are immeasurable, the consequences of childhood trauma might be gauged in medical expenses, the use of mental health services, societal costs, and the psychological effects. Occurrences of childhood neglect and abuse may or may not be documented in the public record of Child Protection Services (Berliner, 2015). The public may perceive that the actual incidences of trauma are being undervalued as the documentation is subjective and the follow-through is lacking, but the increased occurrence of childhood mistreatment is undeniable even when depending on the most conservative approximations gleaned from the official records (Berliner, 2015).

Greeson et al. (2011) observed that primary caregivers and foster parents may be responsible for the recurrence of traumatic symptoms. In this light, it is essential to understand complex trauma as compounded trauma due to multiple exposures to stressors (Greeson et al., 2011). It is worrying that around 70% of FYA are exposed to multiple instances of maltreatment, sexual violence, physical abuse, and psychological violence (Greeson et al., 2011).

Poly-victimization

      Closely related to complex trauma is poly-victimization. Greeson et al. (2011) observed that poly-victimization refers to multiple entrenched types of abuse where an individual has been subjected to victimization severally. Unlike complex trauma, poly-victimization can be the exposure of multiple traumas at once rather than prolonged and continuously. Poly-victimization denotes the experiences of several victimizations that are of different kinds like physical and sexual abuse, exposure to domestic violence, and bullying. It does not include the same forms of victimization.

      In America, children experience increased victimization and crime rates compared to adults. Research by Finkelhor et al. (2009) shows that more than 60% of children below 18 years of age have been victims of different types of abuse. The study goes on to identify that one in four youths experience a form of victimization or trauma before reaching 16 years of age. Finkelhor et al. (2009) shows that more than 30% of children below 11 years in foster care have suffered more than four types of victimization annually in contrast to 5% of the children in normal homes. There is a greater percentage among the teens in foster care of about 66% in comparison to the 12% of teens in normal homes, with 35% of teens surveyed experiencing more than seven forms of victimizations (Finkelhor, 2009). For example, sexual victimization impacts one in ten children and almost a third of the youth in foster care (Delaney and Wells, 2017). Through the identification of such statistics, Delaney and Wells's study is not signifying the association between the youth in foster care and poly-victimization, but rather the youth and children in foster care usually experience various risk factors. Hence, the youth

in foster care must be provided with the priority when it comes to accessing interventions, in addition to the prevention of poly-victimization.

There are various risk factors to poly-victimization. One of them is the "violent families," which refers to the youth inhabiting households where violence is prevalent. In addition, it refers to households where conflicts are numerous and the children end up being exposed to diverse types of victimizations, which include psychological and domestic violence. According to research by Delaney and Wells (2017), the youths exposed to poly-victimization are more likely to be victimized by adults in their families and having low level familial support. The outcome denotes that a dysfunctional household could lead to severe effects on the child's growth and development. In addition, it might be strongly associated with the traumatized youth being more susceptible to victimization in the extra-familial context. The distressed family is another risk factor to poly-victimization as it presents an environment of grouped issues, such as alcohol or drug abuse, psychological or physical disorders, and financial difficulties, among others. In such a situation, while the family is coping with various challenges, the child is left unsupervised, which leaves him/her vulnerable to victimization and various kinds of aggressors. (Finkelhor et al., 2009). Another risk factor is the child growing up in communities or neighborhoods regarded as violent. The youth in such areas have higher victimization rates due to their exposure to violence and crimes (Dorsey et al., 2011).

System-Induced Trauma

  System-induced trauma occurs when the systems that are expected to help the victims result in causing trauma themselves. Professionals perceive the system as a form of support and protection, they are often ignorant of the likelihood of damage that is present in the prevalent processes and practices within the system (Sweet, 2015). For instance, with foster care, the sudden separation from the parent, placement with an unfamiliar family, as well as various placements in a limited amount of time could re-traumatize the child. According to SAMHSA (2018), the utilization of restraint or seclusion in mental health facilities on previously traumatized people could end up reviving traumatic memories. The activities that affect past traumatic memories, disrupt stability, or bring the added anxiety or stress could end up creating fresh trauma in the already traumatized youth or child (SAMHSA, 2018). The prevalent causes of system-induced trauma comprise of repetitive and intrusive interviews, ruptures of family, placement in child protection services, separation from parents and siblings, recurrent changes of placement, and lengthy community and family relationships.

Domestic Violence

  Domestic violence is a form of abuse that uses power as a weapon to control. The National Domestic Violence Hotline describes it as "the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation" in an intimate relationship (National Domestic Violence). The U.S. Department of Justice (2009) previously reported that of the domestic violence cases filed in state courts, 22% of them have a child as a witness. In these cases, children are usually separated from their

parents and placed in homes simply due to one of their parents being the victim of domestic violence. Such children experience trauma in various ways, initially from witnessing the violence itself, then that of being taken from their home, and afterwards being placed under foster care (Van Der Kolk, 2015). These youth and children might hear their guardians or parents threatening one another, might observe the parents that are reckless with rage, or live with the effects of violent assaults. Most of these youths end up being affected even after being emancipated from the foster care system since they might believe domestic violence is common, causing them to be violent against their partners or be victims of domestic abuse. This is demonstrated in a study where children who have witnessed domestic violence show an increase likelihood, 15 times the national average, to later become victims of physical and/or sexual abuse (National Domestic Violence, n.d.).

Sexual Violence

While domestic violence refers to physical assault in home settings, sexual abuse refers to invasive sexual contact usually involving force. The term "child sexual abuse" comprises of a broad scope of the sexual behaviors that occur between the child and older individuals. The behavior that is sexually abusive usually involves bodily contact like touching, sexual kissing, fondling of genitals, and intercourse (Van Der Kolk, 2015). Nevertheless, the behaviors might be sexually abusive even when they do not involve contact like verbal pressure for sex, genital exposure, and the sexual exploitation for the purposes of pornography or prostitution.

Child Protective Services shows supporting evidence that of the 63,000 sexual abuse incidents reported annually, the parent was the sexual abuser in 77.6% of these cases (U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2016). When compared to children with both biological parents, foster children have shown to be 10 times more at risk of sexual abuse (Sedlak et. al, 2010). While these victims may be removed from their home and placed into the foster care system, they are also more likely to suffer from long lasting effects and mental health challenges such as symptoms of drug abuse, PTSD as adults, and major depressive episodes as adults amongst others that will be further discussed in later sections (U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2016).

The impact of sexual violence on development is well documented in the literature on foster care. The study by Gonzalez-Blanks and Yates (2016, p. 6) suggests that child sexual violence experiences increase the risk for trauma. Here, sexual trauma associated with pediatric sexual abuse may cause dissociation, "a natural defense mechanism for those who experience severe trauma" (Castleman, 2016). To separate or avoid the memories of a traumatic event, trauma survivors may try to block out or dissociate by withdrawing physically and emotionally (Castleman, 2016). Castleman (2016) explains that if traumatized children have not yet developed healthy coping skills, they may dissociate as a last resort and may result in becoming "numb, dissociated adults."

According to Gonzalez-Blanks and Yates (2016), failed family reunifications trigger adverse sexual risk behaviors. For instance, alumni with a history of childhood sexual abuse are more likely to participate in indiscriminate dangerous sexual practices. Here, failed reunifications lead to dissociation where a youth tends to disconnect from their past and exercise bad judgment skills when it comes to sexual conduct (Gonzalez-Blanks & Yates, 2016).

Traumatic Loss/Bereavement/Separation

FYA experience traumatic loss when being separated from parents due to neglect, abuse, illness, incarceration, or death. The relationship between a child and their parent impacts the child's development of safety, trust, and self-awareness (The National Child Traumatic Stress Network). Therefore, though this separation is intended to safeguard the child, it may lead the child to develop post-traumatic responses (The National Child Traumatic Stress Network). "The more traumatic the separation, the more likely there will be significant negative developmental consequences" (Jordan Institute for Families, 1997). In fact, the National Child Traumatic Stress Network states that in some cases, the child may not be aware of the danger they were experiencing at home and may view the separation as the traumatic event rather than the reason for the separation (The National Child Traumatic Stress Network). In the example that the separation is due to the sudden death of a parent, the children suffer from higher rates of depression, suicidality, negative life events, and reduced functioning at work and in relationships (Giles, 2019). According to research by Turnbull and Bloor (2010), the child encounters the integration of grief and trauma symptoms so severe that any reminders or thoughts regarding the individual

that died could result in frightening images, thoughts or memories of the death of or separation from the individual. At the same time, failed family reunification is traumatic. According to Riebschleger et al. (2015), inability to visit relatives comprised 7% of the trauma incidents experienced by alumni.

Neglect

Neglect is the most prevalent form of abuse recorded and accounts for over three quarters of the confirmed cases (DHHS, 2017). Neglect takes place when caregivers or parents do not offer the child the adequate care that they need based on their age, although the adult could afford giving the care or is provided the assistance of giving the care (Van Der Kolk, 2015). Moreover, the state law defines Neglect as "the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm" (Child Welfare Information Gateway, 2016). Child Welfare Information Gateway (2018) defines various categories of child neglect as shown below:

- **Physical neglect:** Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing
- **Medical neglect:** Delaying or denying recommended health care for the child
- **Inadequate supervision:** Leaving the child unsupervised (depending on the length of time and the child's age/maturity), not protecting the child from safety hazards, not providing adequate caregivers, or engaging in harmful behavior

- **Emotional neglect:** Isolating the child, not providing affection or emotional support, or exposing the child to domestic violence or substance use

- **Educational neglect:** Failing to enroll the child in school or homeschool, ignoring special education needs, or permitting chronic absenteeism from school

Furthermore, neglect is multifaceted and possesses many definitions and accountability factors, such as adequacy of the care, actual or potential harm, types of neglect that are present and, intentionality (Dubowitz, 2013). The Child Welfare Information Gateway (2018) expresses concerns of the varying definitions as it impedes consistency in research and standardization in response.

Macro-level Barriers: Child Welfare System

<u>Education</u>

Youth that enter the foster care system not only leave their home, but they often are also displaced from their schools which causes additional barriers in their educational attainment. "Children in the court system can move from foster home to foster home an average of 4 to 6 times. Some children will move more than 15 times" (Kinship House). Such frequent changes in school are associated with low academic performance (Dworsky, 2017). Moreover, foster youth often attend low performing schools and need remediation at the post-secondary level (Dworsky, 2017). The outcomes show that of these FYA, "50 percent graduate from high school, 20 percent attend college and only 2 to 9 percent graduate with a bachelor's degree" (National Foster Youth Institute, 2017).

Studies have highlighted the inadequacy of the child-welfare system in providing and expanding access to quality education. Morton (2015) observes that multiple factors affect the education of children in foster care. Morton (2015) argues that the foster care system lacks the capacity to cater to special needs education. The possible reasons for this are numerous. They include lack of continuous improvement plans on the provision of learner-centric education and resource factors such as inadequate learning material. Also, inadequate funding and social factors such as housing affect the attainment of post-secondary education (Morton, 2015). FYA are less likely to enroll into college due to being unaware of how to navigate the college application process, unaware of financial resources for federal and state programs for FYA, and do not have a support system (Dworsky, 2017). For example, FYA in Florida are provided a tuition waiver; although some FYA may be aware of this financial resource, this program does not cover additional costs such as books, travel, housing, food, and childcare (Dworsky, 2017).

Pecora et al. (2006) conducted a longitudinal study, Northwest Foster Care Alumni Study, to examine attendance rates that extended to completion rates for FYA. Researchers found that FYA completion rates for postsecondary education were low, with only "one in five alumni (16.1%) [completing] a vocational degree," and the completion rate for a bachelor's or higher degree (at 1.8%) reported as "lower than that of the general population of the same age (24%) (Pecora et al., 2006, p. 3). These findings may not be as dour as they seem, given evidence by Okpych and Courtney (2014) which indicated that foster youth had significantly greater earnings and employment outcomes after graduating from high school. However, while their evidence from a multi-state

youth study showed outcomes were greater if they obtained bachelor's degrees as well,
these outcomes were not substantially greater than those associated through trade school
or skills certification (Okpych & Courtney, 2014). In this light, the structural and
economic challenges associated with college accessibility affect the capacity of alumni to
further their education.

Housing

Many traumatic events take place not only in the homes of the foster youth but
also during and after their foster care placement. In fact, the Casey Family National
Foster Care Alumni Study found that more than 90% of FYA has experienced
maltreatment and only 21% reported maltreatment (Salazar et al., 2013). In addition,
FYA continue to face additional challenges once they age out of the system. The foster
care system is intended to promote safety by providing shelter to foster care youth, but
the system does not cater to their housing needs after transitioning out of the system.
Approximately 12 to 36 percent of youth, ages 18 or 21, exiting the foster care system
become homeless, which in 2010 translated to approximately 28,000 youth (Courtney,
Dworsky, Lee, & Raap 2010). Riebschleger, Day & Damashek (2015) allege that housing
problems among the youths are the most common traumatic experiences. Two of the
main issues that cause housing trauma is insufficient resources and difficulties in securing
a job. Conversely, Johnson (2016) argues that it is the unstable home that results in
difficulties maintaining a job and furthering their education. This research indicates the
interrelatedness of each matter and the importance to meet the basic needs of
individuals is important for their self-sufficiency (Johnson, 2016).

Though some alumni live in low socio-economic housing/communities, a substantial number remain homeless (Aparicio et al., 2015). A variety of external factors impede FYA from obtaining adequate housing (Batsche & Reader, 2012):

1. Local housing market conditions

2. Affordable housing shortage

3. Unsafe neighborhoods

4. Inconvenient locations

5. No/bad credit or employment history

6. No lease co-signer or supporting adult

7. Age limitations

To address these housing related barriers, the states have extended the legal age of emancipation. Yet, the delay is inadequate in equipping foster youths with life and employability skills necessary to obtain a job and secure a stable home.

Micro-level Barriers: Foster Youth Alumni

Skills Development

Bowles & Hilliard (2011) suggest that outcome disparities – culminating in homelessness – are less a matter of lack of access to money and other resources, but a matter of lack of life skills development. The Pecora et al. study (2006) recommends that foster care services provide "concrete [skills] resources" to foster youth before they graduate from care, associating the development of "independent living skills" in particular with a "14.6% decrease in negative education outcomes," including increased likelihood of high school graduation and postsecondary school attendance (p. 5). Beyond

skills of independent living, Bowles & Hilliard (2011) present evidence to indicate that

foster youth and foster alumni outcomes would be much improved through education to

facilitate the development of additional needed skills.

Additional skills in which FYA are often lacking, and which may improve their

outcomes include (1) English or math skills, which may be less due to the trauma

resulting from their being "moved from one school to another" throughout their

childhoods, and "slipping behind their peers" as a result, a learning deficit which can

extend into adulthood (Bowles & Hilliard, 2011, p. 17). FYA outcomes may also be

improved through specific interventions to improve (2) Leadership skills, (3) computer

and software skills training, and (4) networking skills all of which may enhance their

ability to find and to maintain gainful employment in the future (Bowles & Hilliard,

2011, p. 17). In addition, FYA would benefit to increase their knowledge on (5) Financial

literacy and money management to increase self-sufficiency. Finally, (6) Self-care is an

important life skill to improve on various topics such as self-image, health and nutrition,

housing, and home management, amongst others (Youth Skills for LIFE Curriculum).

Personal Relationships

FYA may face difficulties with respect to developing and maintaining their

personal relationships. These findings are supported by Merdinger, Osterling & Wyatt

(2005), who found that 43% of aged-out foster youth in their sample of 216 emancipated

foster youth attending a four-year university chose to not reunify with their families. This

reluctance is linked to a greater degree of "self-reliance" and has shown "risk [to]

facilitating the very connections to supportive relationships that research suggests can

produce positive outcomes in adulthood" (Samuels & Pryce, 2008, p. 1198). Furthermore, FYA are likely to reject material or emotional assistance from their birth parents, or to maintain contact with any of their (often more than one) childhood foster parents in adulthood. This is linked to the formation of a "vigilant self-reliance," a trait fostered during a turbulent childhood as a source of reliance, but which may inhibit supportive relationship development (Samuels & Pryce, 2008, p. 1198).

The childhood trauma survivors, especially those from foster care, do not get the peace and security provided by relationships. The history of neglect or abuse makes it hard for the aged-out youth to trust others. Attempting to establish the intimate relationships might be associated with the frightening confusion and missteps. The trauma survivors from foster care usually lack trust in anyone since they believe that people might leave or they may be separated from them as they were separated from their parents (Kelaidis, 2014). The fear of re-abandonment by a partner or friend can cause behaviors that result in alienating the same individuals. In other cases, the fear impairs the FYA's ability to trust others and can lead to codependency (Schoenfelder, Sandler, Wolchik & MacKinnon, 2011). Majority of the FYA that suffer from abandonment issues, believe that they have flaws, hence are not worthy of being loved. On the contrary, their lack of self-esteem may lead them to seek relationships that enforce their beliefs and continue reliving their childhood encounters with the abusive or unresponsive partners (Schoenfelder, et al., 2011). It usually takes place without the capability of seeing the reasons why they are feeling bound to follow the unhealthy relationships.

Attachment

Trauma interferes with the capability of the foster child to develop secure and healthy attachment to the caregivers. Attachment "forms the basis for long-term relationships or bonds with other persons. Attachment is an active process—it can be secure or insecure, maladaptive, or productive. Attachment to a primary caregiver is essential to the development of emotional security and social conscience" (Committee on Early Childhood, Adoption and Dependent Care, 2000; Lieberman & Zeanah, 1995). Therefore, foster children may become traumatized when they feel they will be separated from another caregiver and instead become extremely clingy (Fratto, 2016) and have difficulty building trust due to abandonment (Van der Kolk, 2014). "Abused and neglected children (in or out of foster care) are at great risk for not forming healthy attachments to anyone" (Committee on Early Childhood, Adoption and Dependent Care, 2000; Rosenfeld, Pilowsky, Fine, et al., 1997). For instance, the child that was separated from the mother might not desire to leave the caregiver's sight shows; in this scenario, the child may be exhibiting codependency. The foster children that have experienced recurrent trauma may exhibit detachment behaviors and may refrain from having close links to the caregivers.

Mental Health

The exposure to trauma linked to the emotional and behavioral dysfunction are usually the emphasis of research and practice for foster youth (Mitchell and Vann, 2016). The Casey Family Program conducted a Foster Care Alumni Study in 2003 which resulted in significant disparities in mental health between foster care alumni and non-

foster care participants (Pecora et al., 2009). The results showed that 21.5% of FYA experience PTSD compared to 4.5% of the general population (Pecora et al., 2009). This corroborates statistics showing that around 70% of FYA reported that they suffered from at least one mental health problem with the most prevalent issues being PTSD, social maladjustment, and alcohol abuse (White et al., 2011). In a study on trauma exposure, data showed that foster care placement contributed to an increase in the rate of lifetime PTSD diagnosis among alumni. For example, 40% of alumni exposed to sexual violence showed signs of PTSD (Salazar et al., 2013). Furthermore, FYA's emotional and behavioral dysfunction manifests in risky behavior, provoking other people and limiting their own capability of safeguarding themselves and adapting to the environment. Such traits could make the youth highly susceptible to aggressive behaviors.

Mental health treatment is one of the main problems affecting the child welfare system. Some studies have explored the connection between mental health and child welfare with Heneghan et al., (2013) suggesting that child-welfare-related variables have a relationship with mental health problems. Some of the common mental health issues include substance abuse, depression, suicidal ideation, and attention-deficit/hyperactivity disorder (ADHD) that tend to be lifelong challenges. Heneghan et al. (2013) concluded that substance abuse was the most prevalent form of mental health issues in both children and adolescents irrespective of whether they were in kinship care or other types of placement.

<u>Mood Regulation</u>

Traumatic events could have an impact on the moods of foster youth and their capability to control their emotions resulting in erratic tantrums and outbursts (Turnbull and Bloor, 2010). They might end up becoming hypersensitive to specific smells, sights, sounds, or any other thing that prompts them to think of the trauma. Foster care youth that are repeatedly exposed to trauma may show signs of emotional detachment. According to Lunghofer (2011), child maltreatment was linked to a higher susceptibility of mental health disorders that span their lifetime, which includes a higher risk of post-traumatic stress, mood, anxiety and substance use disorders. Additional studies have identified that exposure to the broad scope of traumatic events is linked to the psychiatric hardships in adulthood and greater rates of the chronic diseases, mortality, and suicide attempts (Goldsmith, 2002).

Gaps in the Literature

Research has been conducted on the outcomes of FYA (Dworsky & Courtney, 2010), on the systemic barriers they experience (Rios & Rocco, 2014), and on foster youth with complex trauma (Greeson, et al., 2011). However, there is a gap in the literature in reference to the relationship between the trauma that foster youth experience and their ability (or inability) to transition effectively out of the system, acquire life skills, and develop healthy relationships as adults. Previous works have touched on the topic of foster youth resiliency; however, the literature does not address the connection between trauma, mental health, and intrapersonal conflict experienced by FYA.

Modern Day Initiatives

Above sections have evaluated barriers to life quality and attainment for FYA, as well as possible psychological rationales for such obstacles, especially intrapersonal conflict. To form a broad degree of context, this section will assess recent intervention theories upon which beneficial outcomes may be achieved for members of this vulnerable population.

Trauma-Informed Care Model (TIC)

Hallett, Westland, and Mo (2018) explain that while some children are placed in foster care because of a parent's death, "the majority of youth are placed in care due to maltreatment from caregivers," and bear the scars from physical, emotional, and sexual abuse well after they have aged out of foster care system (p. 52). In addition to outright abuse, many FYA were also victims of neglect, another way for trauma which manifests in the form of a reduced degree of self-esteem (Hallett et al., 2018).

Due to the widespread nature of these devastating childhood experiences among the population of FYA, these researchers recommend the use of a *trauma-informed* care intervention model. The Substance Abuse and Mental Health Services Administration (2018) indicates that such interventions often vary, but they carry many of the same qualities: Trauma-informed care models will (1) "[Realize] the widespread impact of trauma and understand potential paths for recovery"; (2) "[Recognize] the signs and symptoms of trauma in clients"; and (3) [Respond] by fully integrating knowledge about trauma" into any intervention, with the 'secondary' goal of "actively [resisting] re-traumatization" (SAMHSA, 2018, p. 1). These interventions can take the form of

counseling or direct outreach, and can be implemented into case worker services for FYA

Such care also hinges upon (4) "The survivor's need to be respected, informed,

connected, and hopeful," and (5) Recognizing the "interrelation between trauma and

symptoms of trauma," which can include substance abuse, eating disorders, anxiety, and

depression symptoms (SAMHSA, 2018, p. 2). Goals of trauma-informed care will vary

along diagnoses of trauma, which differ from person to person, but these 'universal'

goals of respect and inclusion carry throughout programs which focus on FYA.

One promising variant to trauma-informed care is *trauma-focused cognitive*

behavioral therapy (TF-CBT). Rationale for this approach is provided by Deblinger et al.

(2018), who explain that TF-CBT involves the facing of "innocuous trauma reminders,"

as well as the "actual memories" of traumatic events, but recalled and endured in the

safety of the therapeutic environment (p. 11). These authors explain that because so many

foster youth (and alumni) have histories of traumatic experience, coping mechanisms will

typically take the form of posttraumatic stress disorder (PTSD) symptoms. Often key

among symptoms of PTSD is the "tendency to avoid thinking or talking about and/or

being in the presence of innocuous reminders of traumatic experiences" (Deblinger et al.,

p. 11). Because such coping behaviors, described as avoidant, are framed as

"counterproductive in relation to the healing and recovery process," the model

emphasizes confronting such stimuli to emerge stronger (Deblinger et al., p. 11).

Triphasic Trauma Therapy

Originating with the work of Herman (1992), the 'triphasic' model of trauma

therapy is predicated on many of the same principles as TF-CBT and is more common

among adult patients who can commit to extensive psychotherapeutic interventions. Unlike TF-CBT, this model rejects the principle that trauma must be "worked with directly," with Herman indicating that the direct confrontation of the cognitive model may contribute to retraumatization and the "further destabilization" of the traumatized individual (Herman, 1992, p. 19). Because traumatized people "relive the moment of trauma not only in their thoughts and dreams but also in their actions," this variant on trauma therapy does not solely focus upon trauma memory (Herman, 1992, p. 19). Instead, this model also focuses on helping the traumatized individual to "create safety and stability, develop internal and external resources, transform [their] relationship to past trauma, promote mind-body-emotion regulation and integration," and ultimately, to optimize their health and wellbeing (Herman, 1992, p. 19).

The 'triphasic' trauma therapy model is based on three stages: (1) The *safety and stabilization* stage seeks to overcome "dysregulation," as through superior awareness of symptoms and sensations which can be "overwhelming," with the goal of establishing a sense of emotional stability and 'body safety,' as through self-soothing behaviors (Herman, 1992, p. 19). (2) The second stage of this method, or *trauma memory processing*, is similar to TF-CBT, in that it involves deliberate exercises through which previously-unbearable trauma histories are explored and processed in a safe place, ideally with the help of a supportive therapeutic practitioner. Additional cognitive behavioral therapies are also implemented at this second 'stage' with evidence of beneficial effect, including Eye Movement Desensitization and Reprocessing (EMDR) therapy (Parnell, 2010). (3) *Reconnection* is the final stage of this trauma intervention model, and involves

the redefinition of the self, and the development of relationship skills through which the benefits of social support can be achieved outside the therapy setting (Herman, 1992). Because patients' personalities have been shaped by their trauma histories, this method recognizes the importance of fostering a new, healthy personality, one (as with FYA, not as closed off from potentially enriching interpersonal relationships due to a trauma-induced resiliency which manifests as maladaptive social isolation (Herman, 1992).

Chapter Summary

This section has also considered theories of trauma and coping, as well as the impact of coping, especially as felt in a maladaptive manner, as well as the role that systems play in regulating emotional reactions to stress in a dynamic 'network.' Particular attention has been paid to family systems, through which the stressors felt by all members of such systems in tandem are mitigated by members who feel their effects most acutely. At the connection between these two theories is the idea of maladaptive coping, as it is presented both individually by the trauma sufferer, or by family system structures which unconsciously seek an emotional place of homeostasis, even at the expense of the individual. These concepts are critical when considering the unique stressors to which FYA are subjected to.

Critically, because their unstable and often traumatic upbringing is free of the 'nuclear'-structured families which form the focus of Bowen's family systems theory research, this indicates the necessity of investigating their upbringing factors, and the systems, influences, motivators, and other factors which constituted their atypical family structure while in foster or shelter care. From such an assessment, this study will seek to

determine the degree to which the presence of 'personal' or individuated difficulties with

coping may have been influenced by maladaptive coping resulting from childhoods spent

entirely separated from the traditional family system structures, and what it says about the

influence of these structures themselves.

Chapter 3: Methodology

Introduction

The sections to follow will present the procedure and method to be followed in a course of data-collection. The study will take the form of a qualitative phenomenological study, to use intrapersonal data collection (through a semi-structured interview) to understand the effects of trauma on the lives of Foster Youth Alumni (FYA). The following sections will present concrete research questions to enable the sharing of their lived experiences, as well as explore the phenomenological and ethics-driven factors which influence the data-collection procedure outlined below.

Research Questions and Rationale

This study's primary research question is as follows: *What traumatic experiences impact the lives of foster youth alumni (FYA)?* The prior review of the literature has indicated that FYA are overwhelmingly more likely than other young people to experience a wide range of trauma. That said, this study will explore a wide range of data to suggest that an individual's coping abilities are influenced by their family structures, meaning that FYAs' capacity to appropriately cope with trauma may have also been influenced by the emergent human systems in which they were a part of, like the foster care system itself. To this end, this procedure is also informed by the secondary research question: *How do such traumas contribute to intrapersonal conflict?* The researcher hypothesizes that previous trauma will affect FYA's ability to maintain relationships, acquisition of life skills, among other aspects of adulthood.

Qualitative Research

      A qualitative study has been determined to be the best path to exploring these ideas. In qualitative research, it is required for the researcher to remain aware of the dynamic environment and how their personal bias may shape their perception and study design (Rossman & Rallis, 2003). Qualitative research is founded on the authentic qualities that require a common/comfortable environment and the flexible and varied methods that in tandem allow the dynamics between the researcher and the participants to naturally emerge (Rossman & Rallis, 2003). Qualitative studies using a phenomenological approach require that the researcher takes care to understand the subjective experiences of a group of people without providing his/her interpretation. According to Creswell (2007), phenomenology seeks to explore the lived experiences of a group of people. Phenomenology is the best approach for this study because it allows the researcher to gather data from various participants regarding their perception of the traumas they have experienced and how these traumas have affected their lives post-foster care. Although all the participants of this study will be FYA, collecting data will allow the researcher to see both similarities and differences in the experiences of the youth. The purpose of phenomenological research is to find the commonalities between the lived experience of various individuals experiencing a phenomenon.

Appropriateness of Phenomenology

      In designing the study, the researcher explored the two phenomenological frameworks as described by Creswell and Moustakas (Creswell, 2007; Moustaka, 1994). Hermeneutic phenomenology involves "the art of reading a text so that the intention and

meaning behind appearances are fully understood" (Moustakas, 1994, p. 9). Moustakas continues to describe hermeneutic phenomenology as having a focus on how the participant's experience is perceived and understood. On the contrary, transcendental phenomenology focuses on the participant's raw experience. Transcendental phenomenology is described as a "philosophic system rooted in subjective openness" and "on the descriptions of the experiences of participants" (Moustakas, 1994, p. 24; Creswell, 2007, p. 59). Transcendental phenomenology is the most appropriate framework for this study as it hinges on the concepts of trauma as a subjective phenomenon, as well as the participant's memories of group structures while in foster care. In addition, this framework ensures that bias is not introduced into the study and allows the participant's experience to be the focus as displayed in Appendix C. The goal of this approach is (1) to identify and better-understand what traumatic experiences impact the lives of FYA and (2) how do such traumas contribute to intrapersonal conflicts. The study also aims to better-capture the experiences within the human social or 'family' systems that produced these traumas, given these participants' increased likelihood of homelessness or other adverse outcomes in adulthood. Through assessment of data that would flow from the superior understanding of these phenomena, this study seeks to produce substantive recommendations for social service implementation.

Epoche and Intentionality

This study presupposes that the key phenomena under consideration, namely foster care, family systems, and forces that emerge from the informal social structures there is not an "individual and contingent fact," per the work of Edmund Husserl, but

argues that it is "observed…[meaning] looked at and described in its essential sense" (Farina, 2014, p. 53). To this end, this data-collection procedure recognizes the role of the researcher in influencing the data through attempting to assess it at all. Moustakas describes this "refrain from judgement" as epoche which "requires that we learn to see what stands before our eyes, what we can distinguish and describe" (p. 33). A researcher practicing epoche means restraining from introducing any judgement or preconceived notions and instead only listening to the participant's narrative without input. The intentionality of this study was thus compelled by a suspension of belief in the "certainty of science and objectivity of the world," and sought out only absolute evidence, of a sort which can predict the way that these phenomena 'give' themselves or "appear" to the consciousness (Farina, 2014, p. 53). Through seeking this goal, the purpose of this work was to assess the relationship between its participants and the world, based on the assumption that "the world is meaningful for human beings, and thus cannot be dealt with by reductionist studies" (Farina, 2014, p. 53). Seeking as close to a truthful view of the social structures that inform FYA lives demands an "authentic subjectivity," as derived from the individual experiences of the subjects under examination (Farina, 2014). By seeking the core facts in this matter, this requirement is satisfied.

The researcher's perspective in this matter is also relevant to this consideration: the researcher was never a part of the U.S. Child Welfare System, nor had known any close friends or family. The interest in this topic comes from a place of curiosity regarding all of the ways that the U.S. cares for the most vulnerable members of its population. The researcher has extensive experience in this area that spans 11 years and

has focused her clinical career around the FYA population while holding a Florida State

licensure as a Licensed Clinical Social Worker (LCSW). Therefore, it is recognized that

the researcher might have come into this study with a sense that the foster care system

has failed those whom it 'ages out,' but have sought to assess the social structures which

result within this system. The purpose of this exploration was to assess the relationship

between maladaptive coping and group reactions to stress that was presented in

unconventional (and prolonged) upbringing scenarios. Despite these assumptions, the

interview questions were designed to ensure that participants could provide effective and

truthful responses without recognizing the researcher's potential bias.

Sample

This work mounted two processes of subject solicitation with initial exploration

conducted by the organization, Educate Tomorrow, via email and phone calls. Educate

Tomorrow then shared the information of the participants who showed interest in joining

the study and met the eligibility criteria as listed below:

Inclusion Criteria: Exclusionary Criteria:

- Between 20 and 35 years of age   - None

- Educate Tomorrow - Program

    Participants

- Must be FYA

- Must speak and read English

The target enrollment for this study was 15-20 FYA participants. The decision to

implement a subject sample of this size is informed by a strong body of qualitative

theory. As presented by Guetterman (2015), who argues that qualitative studies are "typically limited" in extent, examining a "central phenomenon in a particular context," meaning that the researcher's task is not to extrapolate from these findings to a larger population, but to "explain, describe, and interpret" the core phenomenon under consideration (p. 3). As flows from this mandate, qualitative sampling is presented as less a "matter of representative opinions, but a matter of information richness" (Guetterman 2015, p. 3). To this end, the study to follow flows from Creswell's (2013) important recommendations regarding proper sample size. The 15-20 participants solicited for the interview form a greater group than a *case study* (at a recommended 4-5 participants), but they are not enough to constitute a grounded theory methodology (for which 20-30 participants are recommended) (Creswell, 2013). To this end, this work is closest to an ethnographic study, one characterized by the researcher's immersion in the lives and cultures of those under study consideration (Creswell, 2013).

In such a study – with a recommended sample size of between 15 and 20 participants, researchers will look for "patterns…rituals, customary social behaviors, or regularities" from members of a group (Creswell, 2013, p. 92). These patterns will emerge from areas of similarity between the ideas and beliefs that they express, in the form of evidence of "social organization (e.g. social networks) and [shared] ideational systems (e.g. worldview, ideas) (Creswell, 2013, p. 92). Additional backing evidence for the propriety of ethnographic examination of members of the South Florida FYA community can be derived from the current history of the foster program in the United States. State-administered services to attend to the welfare of neglected children in the

U.S. are decades old, meaning that it is not unreasonable to describe the millions of

individuals who have gone through this system as a 'culture sharing group,' due to their

shared experience.

Because this study evaluates the current lives of the participant sample, including

by soliciting direct information regarding participants' homelessness or unemployment, it

may be construed to need to involve *fieldwork*, and indeed the interviews which comprise

the data-collection qualify as such work. Symbols and artifacts – also a 'staple' of

fieldwork – received little such consideration, with the participants' stories forming the

key unit of information assessed in this work. While the revelation of histories of trauma

among former foster youth may be unsurprising from a social perspective, this work also

seeks to explore the deeper systems organization that may have been just as influential to

the lives of the vulnerable individuals under consideration.

Information provided regarding the experiences of the emergent family structure

of group homes, foster homes, and shelters certainly qualifies as an exploration of a

social function which lies outside mainstream understanding. Though the final 16

participants solicited do not know one another, their background forms a "shared

experience," with the shared goal of that system. Presumably, ensuring the same

emotional equilibrium as any family structure, except with influential actors and power

structures removed from the 'traditional' nuclear family structure. By examining a group

of such a small size, as well as by specifically 'honing in' on their past experiences of

trauma, social organization, leadership, and group purpose, a connection between

presumably maladaptive personal coping after trauma and stress will be linked to the properties of the group which may exacerbate negative outcomes.

Data-Collection Instrumentation

Two 'courses' of data-collection were applied to participants who met the inclusion criteria. The first of these was a brief survey, from which demographic information was collected, including participants' homeless status and history since aging out of the foster care system. This initial instrument helped correlate various factors (including sex/gender, age, and stated racial characteristics or background) with the interview results to follow. Participants were asked open-ended questions (Appendix B) and provided with a printed copy of these same questions.

Procedure

Private office space within the agency was identified to conduct the interviews. Once researcher and participant reached the location, the researcher first reiterated the ethical assurances provided in writing in advance, especially to remind subjects that sensitive questions were going to be asked, and that participants could halt the interview at any time, for any reason. The participants were also asked to reiterate their view of audio-recording, once established on the consent form.

Demographic information was collected through email or in person and was provided to the participants who agree to participate in this study. The participants were offered the option to receive a copy of the questionnaire in the event that they did not agree to meet in person and could be hosted on the website SurveyMonkey.com. Demographic factors evaluated through the initial survey included income, whether the

participant has social supports, and homeless history, as well as sex, age, and self-reported race.

Following the administration of this initial demographic instrument, each of these participants were asked a series of open-ended questions designed to compel deep discussion (Appendix B). Minimal notes were taken during the participants' responses, and the 16 interview durations varied between 60 and 120 minutes to complete. At the end of the data-collection, the participants were thanked for their time and provided contact information for potential follow-up questions. Each of the participants' responses were transcribed from the audio recording, so that the researcher's own memory of the interview was best retained.

Participant Interview Questions

Creswell (2007) and Moustaka (1994) describe using in-depth interviews for phenomenological studies; as such, one-on-one interviews were used to collect the FYA's experiences. Participants were each asked the same questions, as outlined in the table, Appendix A and B. Interview was chosen for this study because it is a method known to expose and solicit elements that cannot typically be determined by a quantitative study, such as feelings, thoughts, or intention (Merriam & Tisdell, 2015). The semi-structured interview process provided the researcher with superior flexibility with which to obtain an understanding through exploratory analysis. Member-check items which flow from the interview questions used all rhetorical means to determine subjects' true intent and meaning, including through the use of further 'follow-up' lines of inquiry framed in terms of hypotheticals, interpretative, or as devil's advocate statements. By holding interviews

in a face-to-face manner, the intent was to build immediate and beneficial rapport. Seeking this goal is the reason why the interviews were held at a location convenient and familiar to the participants; the ease of the participants was deemed as a critical goal in producing usable interview data.

Rationale for Questions

These specific questions were chosen to ensure that participants would not be limited in their responses, and indeed sought to encourage participants to speak freely on personal matters. The first nine questions in Appendix A, were chosen to establish their background before and in the foster care system with the intention to explore shared experiences with the study participants. Questions 10 to 14 were carefully selected to guide a discussion and give an opportunity to share any trauma the participants have endured. The researcher has stated Question 10 in a broad manner to provide the participant an opportunity to share traumatic experiences without being too invasive. The following Questions 11-14 were geared to discover whether the participant has sought any counseling or is aware of the need to seek counseling. This information will aid the researcher in identifying any possible references to suggest to the participant to continue in their personal growth. The 15th question was designed to identify any intrapersonal conflict that the participant may have experienced/is experiencing while attempting to cause the least discomfort because of phrasing or structure. By framing this sensitive inquiry so passively, it allowed the participants to willingly discuss past traumas. Question 16 was designed to encourage the participants to talk about their relationships in the present, with the full assurance that if they did not want to expose anything shameful

or embarrassing about themselves, they could simply answer with an affirmative answer, but was also phrased in such a way as to solicit stories of current deprivation and vulnerability.

Responses and interpretation of findings are presented in chapters to follow. During the course of data-collection, this minimal number of direct questions was expected to elicit the response that is anticipated, namely a willingness on the part of the FYA participants to tell their stories in as much detail as they deem appropriate.

Data Analysis

Data that was produced during the initial demographic assessment of this phase was examined as a discrete set and is presented in the following chapters. The far more complicated body of data that was obtained during the interview phase was run through coding analysis, under which themes were derived, as well as cross-checked with subject-specific demographic data. During the analysis of the interview questions, preliminary codes were identified based on the descriptive narratives. A second round of analysis was done to further deconstruct the coding parameters into more defined and final codes. A final review was done to find common codes or codes that were shared amongst 5-6 participants which then made up the themes for the study. In addition, member checking was also heavily implemented throughout the interviews. At each moment that this researcher was unsure of a participant's response, or their intent, the researcher asked 'follow-up' questions to ensure that their meaning was not misinterpreted. Additional fidelity with respect to interview responses was gleaned using audio recording for the participant interviews, for those participants who consented to be recorded. This allowed

the data to be assessed through thematic organization, as well as by reduction and elimination, to be kept as close to the participants' intended statements and views as possible.

Horizontalization, Reduction (Bracketing), and Elimination

Following transcription of the interview data, the next step was to assign each of the participant's statements an equal degree of value, which means that each statement constitutes a "segment of meaning" (Moustakas, 1994). These segments were then 'clustered' into themes through thematic organization, with the segments and themes examined from a host of perspectives through which a textural-structural description (and ethnographic recommendations) can be derived. These processes are also aided by reduction, through which assumptions are set aside and the focus of observation transitions away from affirmation or negation of those assumptions to simple observation. Similar to epoche and intentionality, reduction is also known as "bracketing," and has the goal of "excluding all that is not genuinely immanent from the sphere of absolute data," and is predicated on the idea that "what is intended is adequately given in itself" (Nellickappilly & Madras, 2012, p. 4). The researcher utilized journaling as a tool to ensure bracketing after each interview to maintain the integrity of the data.

The goal, then, of the data analysis procedure to follow was the pursuit of common thematic elements which unite the answers provided by the interview participants, as well as the ways in which their likelihood of answering follow-up questions (along with the substance of those answers) also reflects their specific (and united) outlook. Finally, phenomenological elimination was also employed, in order to

reduce the data collected which was informed by participant experiences and views to their smallest "invariant constituents," meaning 'units' or "horizons," as by eliminating "overlapping, repetitive, and vague" expressions (Yuksel & Yildirim, 2015, p. 4). Moustakas (1994) detailed the use of the process as "horizontalization" and its use within phenomenological studies. The elimination of extraneous expressive data forms the first aspect of the data analysis procedure, as did the identification of subject data which directly explored foster group relationships or acute histories of trauma or present deprivation as 'horizons' against which to assess the other transcribed interview data collected.

Imaginative Variation

Imaginative variation is a phenomenological technique to use multiple methods to derive common phenomena/experiences that were then stratified into themes. According to Creswell (2007) and Moustakas (1994), this step includes a description of "how" a phenomenon was experienced while seeking various perspectives to create the structural description. The integration of the participant's narrative and the Interview Guide (Appendix B) aided in the identification of this study's themes and sub-themes (Table. 3). Through Chapter 4, the researcher creates the structural description via the common experiences and narratives of the participants, as a group, which are then analyzed and approached from various perspectives in Chapter 5 (Hycner, 1999; Moustakas, 1994). In the final chapter, the researcher reviewed and analyzed the covered experiences to deem whether the narrations and study results were adequate enough to highlight the conflict

depicted in the study and whether the research questions were appropriately answered and sufficient enough to influence recommendations and practices (Ryan et al., 2007).

Quality Control

<u>Ethical Assurances</u>

All subjects were presented with a consent form for their participation via email, before arranging a time to meet, and indicating their consent to be audio-recorded. This indicates that subject interview data was treated as confidential, but that their anonymized demographic data was collected and reported in the final study. Interview administration only began once permissions were obtained through participant's signing of the informed consent form. All questions posed to participants were produced by this researcher alone, with the anonymized participants constituting the sole parties under this project's data-collection examination.

The researcher's interest in this project is to understand and make meaning about the effect of trauma on FYA coping skills. The researcher in the investigation sought to minimize the potential for participants feeling pressured to participate, both through focused disclosure before data-collection began, as well as through continuous member checking of participant responses and intentionality. The goal of this process was to ensure that participants were as comfortable and as willing to share important information as possible. To reach this goal, this data-collection was conducted in such a way as to continually reassure the participants of the researcher's impartiality, detachment, and respect for their wishes if they chose to end the questioning. In addition, the researcher disclosed the researcher's credentials and mental health experience and licensure.

Limitations and Delimitations

Anticipated limitations include FYA being interviewed and unable to answer the questions to a high level of accuracy and usefulness for thematic assessment. In addition, they could have shared views of their lives and upbringing which were uniformly positive, despite having 'aged out' of the foster care system. This limitation was corrected through robust and continual member checking, as well as cross-referencing the interview findings for thematic salience. Delimitations included the choice to conduct this study with an interview methodology (with only 16 participants), and only in one location (private office in organization). Though more comprehensive findings could be achieved through expanding the scope of this work, the interviews that were conducted were mounted in service of ethnographic phenomenological assessment of the specific factors, individuals, and community under consideration, and not with an eye toward producing sweeping data-driven results or extrapolated findings.

Reliability and Validity

Qualitative validity was established through the stated framework, one which establishes a rigorous method upon which the confirmability, transferability, and credibility of all associated findings can be predicated (Creswell, 2013). The 'twin' standardization of processes of demographic survey and interview administration helped to ensure the reliability of findings, largely through using the same instrument for the evaluation of all participants, and by seeking to maintain the same degree of member-checking throughout the interview processes which was conducted for all of the participants engaged (Creswell, 2013).

Chapter Summary

The goal of this qualitative phenomenological study was to unite the primary theoretical elements that have been touched upon so far, linking maladaptive coping which takes place intrapersonal and emerges after traumatic experiences. A qualitative phenomenological study was determined to be the best path to explore the lived experiences of a group of people (Creswell, 2007). This approach allows the researcher to gather data from various participants regarding their perception of the traumas they have experienced and how these traumas have affected their lives post-foster care.

This study aims to answer the following research questions: 1) What traumatic experiences impact the lives of foster youth alumni (FYA)? and 2) How do such traumas contribute to intrapersonal conflict? Though the research would indicate that neglect, poor outcomes, or trauma flowing from childhood abuse is the core reason why the outcomes of those who 'age out' of the foster system is so poor, this methodology sought to explore the relationship between earlier traumas and how they affect foster youth once s/he has aged out of the system. There is no question that the difficulties faced by foster youth are large, including shifting patterns of caregivers and homes in which other foster children often live. The dynamic social situation which results from these unconventional, shifting, and stress-inducing situations is one in which trauma is common, and in which systems and structural violence theories are applied. The researcher utilized a demographic survey and a semi-structured interview (60-120 minutes) to identify and better-understand the most salient traumas and coping experiences for FYAs. Participants were recruited via an organization, Educate

Tomorrow, with the target enrollment of 15-20 participants and the actual enrollment of 16 participants. The goal of this research project is to determine the degree of the trauma experienced and its effects on the FYAs coping skills.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to understand the lived

experiences of 16 foster youth alumni (FYA) and to examine the impact these

experiences had on their coping skills through semi-structured interviews. The purpose of

this chapter is to present the primary themes as discovered and supported by the

narratives of the participants. This chapter also includes the participants' demographic

information and a chapter summary.

About the Participants

The 16 FYA completed a Demographic survey to provide background

information. The data was grouped in Table 2 as an aide to compare each participant's

experience and to identify trends.

Table 2

Participant Demographic Profile

#	Pseudo-nym	Age (yrs. old)	Gender ID	Ethnicity	Level of Schooling	Employ-ment Status
1	Kwena	18-24	Female	Black or African American	High school graduate, diploma or the equivalent (for example: GED)	A student
2	Red	18-24	Male	Black or African American	Some high school, no diploma	Employed for wages
3	Jay	18-24	Male	Other: Hispanic/Black	High school graduate, diploma or the equivalent (for example: GED)	Out of work and looking for work

4	Jefe	18-24	Male	Black or African American	Some college credit, no degree	A student
5	Victoria	25-34	Female	Black or African American	High school graduate, diploma, or the equivalent (for example: GED)	Employed for wages
6	Sasha	25-34 years old	Female	Black or African American	Bachelor's degree	Employed for wages
7	Yonce	18-24 years old	Male	Black or African American	Nursery school to 8th grade	A student
8	Sweetness-Ro	18-24 years old	Female	Black or African American	Some college credit, no degree	A student
9	Freckle-face	18-24 years old	Female	Black or African American	Some college credit, no degree	Employed for wages
10	Love	25-34 years old	Female	Black or African American	High school graduate, diploma, or the equivalent (for example: GED)	Out of work, but not currently looking for work
11	Jane	25-34 years old	Female	Black or African American	Associate degree	A student
12	Crystal	18-24 years old	Female	Black or African American	Associate degree	A student
13	Lay	18-24	Female	Guyanese/South American	Trade/technical/vocational training	Employed for wages

		years old				
14	Liz	18-24 years old	Female	Black or African American	Some college credit, no degree	Out of work and looking for work
15	Winnie the Pooh	18-24 years old	Male	Black or African American	High school graduate, diploma, or the equivalent (for example: GED)	Self-employed
16	Kim	18-24 years old	Female	Hispanic or Latino	High school graduate, diploma, or the equivalent (for example: GED)	Unable to work

#	Pseudonym	Living Situation	Gov't Support	Health Insurance	Previously Arrested
1	Kwena	I am living on my own. "I feel completely safe. I live with my son (1 year old)"	Yes	Yes	Yes
2	Red	I am living with birth parents "Yes"	No	No	No
3	Jay	I am couch surfing or moving from house to house	No	No	No
4	Jefe	I am living with adoptive parents	Yes	Do not know	No
5	Victoria	I am living on my own.	Yes	No	No

6	Sasha	I am living with friends or a roommate	Yes	Yes	Yes
7	Yonce	I am living on my own	Yes	Yes	Yes
8	SweetnessRo	I am living on my own	Yes	Yes	No
9	Freckleface	I am living on my own	Yes	Yes	No
10	Love	I am homeless (and living in a shelter, in a hotel/motel room, on the street, in a car or other vehicle, in an abandoned building, or at a camping ground)	Yes	Yes	No
11	Jane	I am homeless (and living in a shelter, in a hotel/motel room, on the street, in a car or other vehicle, in an abandoned building, or at a camping ground)	Yes	Yes	No
12	Crystal	I am living on my own	Yes	Yes	No
13	Lay	I am living on my own	No	Yes	Yes
14	Liz	I am living in a dormitory or residence hall	Yes	Yes	No

15	Winnie the Pooh	I am living on my own Comment: I feel safe in comfortable in my current living situation	Yes	Yes	No
16	Kim	I am living with friends or a roommate	Yes	Yes	No

The table presents the demographic survey and the participant's responses.

Development of Themes

During the analysis of the data collected from the participant's narrative guided by the semi-structured interview, three major themes were identified and have become the focus of this chapter: Lack of Basic Needs, Coping Strategies, and System Barriers. For each theme, the data was narrowed into sub-themes as shown in Table 3. While the outcome of the FYA's experience was similar, their journey and personal reflections were different.

Table 3

Themes and Sub-Themes

Themes	Sub-Themes
1.Lack of Basic Needs	1. Safety 2. Belongingness 3. Support 4. Love 5. Motivation
2. Coping Strategies	1. Negative Coping Skills

	2. Positive Coping Skills
3. System Barriers	1. Family System 2. Foster Care System

This table displays the themes and sub-themes that emerged from the descriptive

narration from the interviews.

Theme 1: Lack of Basic Needs

The participants expressed their lack of basic needs being met and the effect it had

on numerous areas of their lives. After identifying the theme, it became evident that the

review and introduction of a new theory is needed. Maslow's Hierarchy of needs has,

over decades, been used to represent the five basic needs that motivate individuals to

better themselves. The hierarchy identifies psychological and physiological needs as the

foundational tenets that can improve one's quality of life. It is quite important, however,

to note that most FYA face additional hardships as their psychological and/or

physiological needs are not met (Stou, 2013). The interviews' common topics regarding

basic needs alluded to the following sub-themes shared amongst the FYA participants:

Safety, Belongingness, Support, Love, and Motivation.

Sub-theme 1: Safety

There was the time I'm sleeping outside on the streets for five months and still

going to work. - Jay

As a basic evolutionary need, safety is cited by Spence (2014) to be noteworthy in

determining how people formulate and implement decisions and actions. Safety can be

divided into two tenets, with the first being financial security. The lack of a safety net for

FYA results in having to find ways through which they can fend for themselves (Spence, 2014). This might lead them to engage in negative coping skills that may result in criminal behavior. Spence (2014) argues that the loss of a natural safety net forces FYA to engage in non-normative risk-taking as they are accorded independence prematurely. As such, the participants dictated multiple instances where the lack of financial support led them to further turmoil such as homelessness. Jay states that, "There was the time I'm sleeping outside on the streets for five months." Jay further explains, "I'm struggling. Some days, I don't get to eat...like today. Before today, I haven't eaten for three days." Victoria is also an FYA that struggled becoming homeless; she says, "It was a point where I had to stop attending school, but it was due to circumstance of me being homeless." Like Jay and Victoria, many FYA struggle to meet their basic needs and result in homelessness amongst other issues (Greeson and Thompson, 2014).

The second tenet identified in the hierarchy of needs is health and wellness. Family settings are highlighted by Spence (2014) to provide adolescents with a feeling of safety. Yet, foster youth enter the system due to neglect and/or abuse in the home. The participant, Freckleface, describes one of the multiple times that security was not provided to her:

> My mom's boyfriend, touched me, molested me, raped...Not too sure still with this to this day what category that falls in...I was 15. Okay. And I told my mom the same day, and my mom did not believe me. My mom beat me up...everything. And I was just like...she actually told me to go finish the dishes like it was gonna be a regular day.

Like Freckleface, many of the FYA face multiple causes of trauma that begin with their family, but do not end there. Even in the best of the cases where foster youth find a foster home, this also comes with an expiration date. Upon aging out of foster care, the FYA could feel that they are habitually losing their safety net, which could lead to a pattern of distrust in others. Furthermore, the loss of a safety net has a negated impact on the emotional and physiological stature of FYA as they tend to feel unwanted (Spence, 2014). Multiple participants discussed feeling unsafe in foster and group homes amongst other FYA. Kwena states that, "A lot of girls will judge you like literally, and then they will bust in your room, if you have your own room. Or if you're not there, they'll steal and then the [foster] parents can't do anything about it. It's a lot." Even during their time in the foster care system, there are behaviors described by Spence (2014) where the foster youth feel the need to fend for themselves at the cost of someone else's sense of security. Even for the participant, Jay, who in relative care still felt unsafe. Jay says, "my uncle does hard drugs too, you know. He has his moments where, you know, he just tweeks out. When he's mad at one thing. He's mad at the whole world." This environment often led to violence. These behaviors could be a product of their basic needs not being met and being in survival mode.

Sub-theme 2: Belongingness

"I'm the black sheep of my family, and there's a reason for that." - Lay

Identified as a social need in the hierarchy, belonging is defined as a human emotional need in which one feels like they have to be accepted in a group (Mackay, 2005). FYA grow up feeling like they are neglected or not wanted by their families or

friends. A participant, Lay, spoke about feeling unaccepted amongst her family for speaking out and describes feeling like a black sheep. She said, "In my family, I'm kind of looked at like 'oh, you put your own mom in jail.'" In addition, participants describe being ousted by their peers in schools after entering foster care. The participants, Red and Yonce, reacted one of two ways either running away or fighting. When asked about his time in a group home, Red says, "when I was in the group home, I didn't want to go to school because the kids try to fight me and stuff. So I ran away and they'd bring me back." Yonce shares that on various occasions he's been judged and bullied, "Like when you're picked on a lot, you just start fighting or you just do something so everybody can like back off. So, you take on that role, and it's kind of like a bully per se but you're not a bully..." Yonce responded by assuming the role of the greater bully as a defense mechanism. Mackay (2005) argues that by the time they become adults, they possess an impression of low relational value. This, in turn, leads to the development of low self-esteem and could impact long-standing mental health issues. In addition, FYA start developing behavioral problems and, as Red exemplified, begin running away and avoiding uncomfortable situations.

Sub-theme 3: Support

> *"You had to learn how to be resourceful. You always had to be when you were literally fending for yourself most of the time." - Jane*

The life of a foster youth is influenced majorly by the people around them, with families taking up a dominant role in shaping how one views the world (Shaw, 2004). The overarching objective of foster care and families is to improve the health and security

of foster youth.   Participants recalled the benefits of being in the foster care system. Yonce said, "you had a doctor's day, you had a therapist day, and just...I don't know. I just liked those environments...that was like my safety." Other participants such as Freckleface and Kwena also recall similar experiences. Kwena describes, "So it's like they [Child Welfare System] give us stuff that we need. So they meet our needs by giving us therapy. And then after you age out, they, it's like, they push you to graduate. And that's why I really like that. And then to go to college, they pay you so it's like it's making us really want to go to college and graduate. And you know, get paid." Other participants relied on external individuals to provide the support their families and foster/group homes lacked. When asked about who makes up her support system, Sasha says, "My godmother and even my boyfriend. Me and him started dating in November of last year, so he's still kind of fresh. But his mom is really, really a big like...I love her. She's really good to us. She comes to my house and she cooks." For many young adults, being in a supportive environment assists them in dealing with life's challenges (Shaw, 2004).

The lack of support, on the other hand, forces the FYA to rely upon their own novel skills to deal with the challenges. It goes without saying that most of the youth are ill-prepared for such situations, thereby meaning that they are highly likely to feel defeated if their strategies do not work. Shaw (2004) shows that youth who receive abundant support from the people around them report fewer psychological issues compared to those who receive less support. As FYA, the alumni qualify for a few programs that provide living, health, and educational assistance. Yet even with the programs available, many do not take advantage of these opportunities. One participant,

Sasha, says that "A lot of these kids not getting these resources because no one tells them nothing." The participant, Freckleface, is an example supporting Sasha's claim; she said that she took advantage of anything she was offered and continues to receive any additional resources available to her. Though resources are provided, some participants face additional challenges. Lay became homeless due to financial struggles after aging out of foster care. She describes her encounter trying to fill the gap while seeking assistance. Lay says, "And the most help that I've gotten during those times of being homeless was 'we'll put you on like a housing waiting list'. Which is not going to help with anything because I'm homeless." While the foster care system provides aid, it is still limited in its capabilities.

Sub-theme 4: Love

> *"Am I enough? Why nobody loves me or my parents...why they give me away? -*
> *Victoria*

Identified as the third component in Maslow's Hierarchy of Needs, love is shown to be a social need that determines emotional relationships that, in turn, drive how the individual behaves (Steenbakkers, 2018). Love is an important component in the life of an adolescent, with deprivation having negative impacts on their growth and sustainability. To begin with, the lack of love leads to one having issues trusting other people, thus hindering their ability to develop interpersonal relationships (Huerta, 2013). This is principally because the development of trust is dependent on one being exposed to a steady external environment. FYA are normally brought up in neglectful environments, which in turn hampers the development of self-worth, confidence, and courage. Victoria

expressed feeling inadequate as a result of the neglect she felt at home. She often

questioned, "Am I enough? Why nobody loves me or my parents...why they give me

away? Why is she [her mother] still this way?". Victoria displays the behavior described

by Huerta (2013) when a youth experiences neglect and the lack of feeling loved and

struggles with depression, anxiety, and self-doubt.

      Entering foster care does not address or improve the FYA's need for love. In fact,

their care provider may not be relatively stable, which then robs the youth of any sense of

security and/or ability to form some semblance of emotional relationships (Huerta, 2013).

Because they feel unloved, FYA are more inclined to have low self-esteem, as Victoria

displayed, with concurrent manifestations being shown in their unjustifiable sense of

failure. Prime examples of failure can include failing relationships, sports, or even in

academic settings (Huerta, 2013). When discussing her time in foster care, Crystal says,

"I always felt like no one loves me or like cared about me. So like with that barrier, I use

to like react to a lot of stuff. I use to just be like, nobody care about me so I can do

whatever I want. Ya'll don't care. Ya'll just here for a check." The FYA that entered foster

and group homes often remain with the same unfilled void.

      This lack of love can further affect them by resulting in poor emotional

intelligence. Children tend to interpret emotions using gestures and words. The use of

such forms of dyadic communication plays a considerable role in helping them develop

resilience, understand negative emotions, manage their inherent fears as well as articulate

how they feel. Being unable to understand what love consists of means that the youth will

incorrectly interpret their emotional states and that of others (Fowler, 2017). Huerta

(2013) denotes that the human brain learns majorly through the recognition of patterns and associations. FYA will thus identify people that match their inherent characteristics and dysfunctional behaviors, which can lead to the development of toxic relationships. The participant Lay shares her experience in an abusive relationship.

> Here is where my past kind of catches up to me in my relationships. I ended up in an abusive relationship. And that's the relationship that I was in for four years. It was the hardest thing in my life because there was like, a lot of cheating. There was all these problems. And for like, the first two years, I want to say that I was in denial. By the third year I was like, over it and then the fourth year, I was just like, no, this needs to be over. That's the thing about those kinds of relationships. It's no matter what you do, it's never going to be enough because the problem is not you, it's the person.

Most of these relationships contain heightened levels of insecurity and attachment that can be detrimental to both parties.

Sub-theme 5: Motivation

> *"You just take the cards that you're dealt and you make the best out of it."*
>
> *- Sasha*

Just like any other emotional and psychological need, motivation is vital in determining the actions of an individual and their willingness as well as their objectives in life. There are two types of motivations, namely, intrinsic, and extrinsic motivation (Legault, 2016).

Intrinsic motivation focuses on the formulation of behavior that is driven by one trying to satisfy their internal rewards (Legault, 2016). Most aged out foster youth find it hard to have intrinsic motivation principally because they feel like their time has run out (Fowler, 2017). In addition to this, their low self-esteem levels and a lack of situational awareness hamper their ability to develop objectives and internal rewards. Even when they are capable of intrinsically motivating themselves, Fowler (2017) shows that they are unable to connect their interests to the subject matter as they often lack the necessary resources and support to do so.

Extrinsic motivation, on the other hand, stems from outside influences with factors like family and friends determining the ability of the aged-out foster youth to attain their set goals and objectives (Legault, 2016). Having an iron-clad family background determines how a foster youth develops academic motivation and achievement. The lack of a family structure inadvertently means that the foster youth is unable to formulate and effectively achieve their objectives in the short- and long-term period (Fowler, 2017). For example, Victoria said that, "Sometimes it shows up in my work. I get into this funk. Like I want to give up. If something seems familiar, it triggers something. So, I'm starting to understand what it is, it's just the inner child me in me reacting."
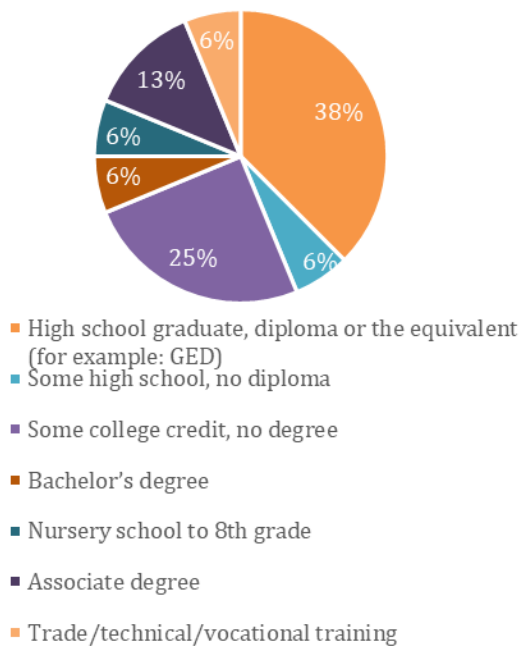
Some foster youth find it challenging to find motivation as they harbor a heightened sense of insecurity, thereby increasing the probability that some may fail in their endeavors. This could limit their ability to identify a goal and describe it in terms of specificity, difficulty, and proximity (Fowler, 2017). FYA may lack motivation due to

feeling like what they want to achieve does not have an intrinsic valence, especially when they do not have the necessary resources, structures, and support. While FYA face these challenges and often are represented by research, the majority of this study's participants show resilience and uncanny motivation as shown in the excerpts below:

- Jay - "Alot of us are in holes, financially, relationship wise, in life. Everybody has some kind of hole that they stuck in. But the thing is, are you going to make that hole bigger? Or you going to start digging yourself out? So that's the mentality that I learned, had built and decided to keep, no matter what position I'm in."

- SweetnessRo - "...everything that happened to me in the past, I use that as a motivation to push me to do better."

- Crystal - "I got to make sure I do this to make sure not to accomplish something because I want to make other people happy, but to find my happiness and what I want to do. I'm very motivated…"

The baseline data collected from the 16 individuals supports these comments showing that 82% (Figure 6) of the participants are high school graduates. Of the 82%, one has a bachelor's degree, two participants have associate degrees, and four are currently enrolled in college level courses (Table 2). The participant, Crystal, said, "I try to strive for greatness, and I always keep that in the back of my head. I always want to see myself accomplish something. Even if somebody will tell me, 'good job', I tell myself 'good job.'" The success that the participants have shown is unique to this group as they were connected to resources during their transition out of foster care.

Education Level

- High school graduate, diploma or the equivalent (for example: GED)
- Some high school, no diploma
- Some college credit, no degree
- Bachelor's degree
- Nursery school to 8th grade
- Associate degree
- Trade/technical/vocational training

Figure 6. Level of Education.

The demographic survey provided the participant's education level.

Theme 2: Coping Strategies

The psychological threats and effects that come with environmental stressors often force people to develop and implement coping strategies. Sahler (2009) defines coping strategies as tactics an individual may utilize when trying to address, solve, or come to terms with their interpersonal and intrapersonal problems. The sub-themes that will be further discussed for the coping strategies are negative and positive coping skills.

Sub-theme 1: Negative Coping Skills

  "I'm the person that bottles everything up…" - Lay

  Different people have different coping skills, with some of them being negative. The pressure exerted on FYA regularly has a negated impact on how they approach situations, with most of them resorting to the use of negative coping skills (Sahler, 2009).

  The first identified strategy is substance abuse, which involves the use of drugs and alcohol to try and feel better about the situation they are in. The 16 participants were asked what they would do to cope with stressful situations, and six disclosed drinking and/or smoking marijuana. Most mentioned that they only smoked marijuana once or only attempted during their time in foster care or only drink alcohol socially. Freckleface says, "I mean, I smoked weed before in foster care." Kwena said that she did drink alcohol and smoke marijuana but did not abuse or use either consciously as a coping mechanism. Then, there were other participants that freely shared their over use of alcohol and marijuana as both coping mechanisms and as habitual use. Jay said, "me and my friends, we smoke. That's all I mess with by the way, because again, my mom's a rasta. Weed is a part of life for me, but that's all I need. I don't really like do nothing. Everything else is a drug. I just smoke, literally, and not...not only that, because like I smoked literally every day." Like Jay, Sweetness Ro also shared a similar story. When asked how she deals with stress, she said, "Probably drinking...Yeah. If something happened, and I was like, 'Yeah, I can't do this no more.' I just started drinking until I was just like out of it." Braciszewski and Stout (2012) show that the rate of alcohol use amongst foster youth has increased from 34.0% to 54.0% in the past decade with drug

use doubling from 23.0%. Also, FYA became increasingly susceptible to drug use once they became homeless (Borczyskowski, 2013). Their responses align with the research.

Another negative coping skill adopted by FYA is avoiding others, or isolation. Isolation is an emotional condition in which one starts feeling separated from their well-functioning social networks and in turn, develops an innate feeling of being lonely. Social isolation is common among foster youth as they are accustomed to having no one to share their experiences with, thereby meaning that they harbor their thoughts to themselves (Harre and Moghaddam, 2008). Participants shared experiences of social isolation during and after entering foster care. This challenge was shared by most participants including those that were in relative care. SweetnessRo mentions isolating herself when she was with her adoptive parents, uncle and wife, due to conflict with her uncle's wife. She said, "I stay in my room. I keep myself isolated." This behavior was described in one of the elements of Family Systems (Chapter 2). In addition to avoiding others, the participant, Love, would avoid addressing conflict. She said, "Whenever I had a problem with a foster parent or child at the house, I would ask my case manager to get me out of here and just move me somewhere else. I didn't care if my school was going horrible. I wanted to change houses." Bowen (1999) stated that youth that undergo these types of stressors may physically and/or emotionally withdraw themselves.

Isolation was not always self-induced as participants relayed feeling social isolation because the participant did not feel comfortable bringing company to the homes or their friends did not feel comfortable. For Lay, her friends did not feel welcomed at her house. Lay said, "My friends were just like, look, you're invited to wherever we go out,

you know that we love you. But we don't want to go over to your house. Your grandmother is rude." Singer (2018) highlights that loneliness and social isolation can be a risk factor that leads to the development of depression. Jay's experience shows support for Singer's (2018) theory. Jay said, "I couldn't really have friends growing up because I couldn't bring people into the home, you know. I had a very lonely life growing up...I was very, very depressed. Like, I almost took my life." Singer's (2018) work shows support that prolonged social isolation could lead to depression amongst other health complications.

By avoiding others, FYA limit themselves from engaging in social conversations or settings (Borczyskowski, 2013). Sasha says the following, "...sometimes I just tried to block it out, which probably isn't good to see. That's why when I talk about it, it just brings up those feelings." Scholars argue that this is linked with the fact that they feel like such settings may stress them, make them angry, or remind them of bad memories (Borczyskowski, 2013). Winnie similarly explains, "Sometimes when I hold a lot of stuff here, it affects what I do and how I talk to people. And sometimes when I talk to like a counselor or therapist, and I know that counselor, but they get into what I don't want to release. It's like I just automatically shut down." Victoria also says, "over the years of me, you know, going through all this stuff like that, it got me into this...I guess...this personality were I'm always quiet and stay to myself. When I'm under stress I just completely just shut down like I don't want to talk to nobody sometimes." The main demerit with this coping strategy is that it leads to one feeling lonely and socially isolated, thereby exposing them to depression (Borczyskowski, 2013).

The third coping skill is sexual promiscuity, with research highlighting that FYA find themselves engaging in indiscriminate sexual behavior (Ahrens, 2012). The participant, Jane, shared her reasons for turning to sex, "But sex, sex is definitely my biggest stress relief since I was young. Probably because I was always sexually active for as long as I can remember. Back in high school, I had like eight different sexual partners." The participant, Freckleface, even shares that she often engaged in unprotected sex. Ahrens (2002) highlights that youth with low self-esteem are more likely to engage in promiscuous sexual behavior, especially with people that withhold their emotions or even those with serious character flaws. FYA identify people who have the same toxic traits with sexual interactions providing them with a false sense of belonging (Ahrens, 2012). Their sexual activities and attractions act as defensive mechanisms as they try to prove that they are loved while covering the affinity of feeling unworthy (Ahrens, 2012).

Sub-theme 2: Positive Coping Skills

"I've been trying to have a healthier lifestyle." - Freckleface

Every participant mentioned extensive and similar maladaptive coping skills, however, the participants accounted for various positive coping skills. The participant, Red, listens to music to soothe himself, and Kim, she says "Yeah, I listened to music alot or like I'll go and sit by the water and just think about everything." The participants all had various tactics, and Jackson, et. al. (2017), explains that "Preferred coping styles can be influenced by a number of factors, such as the present situation, previous learning history, or degree of maltreatment experienced" (pg. 14). Some of the participants used physical activity to cope such as Freckleface who is trying to live a "healthier lifestyle."

Victoria also copes with physical activity, but with the intention to distract herself. She says, "I'll go for a walk until I calm down. Okay, I started training myself to do that...breathe it through. Because usually when I get upset, I get really, really upset." The participant, Lay, uses this activity to bond with her pet; "I take my dog for a walk. I definitely try to spend a lot of time with my puppy." Other participants cope through social interactions such as Liz who likes "talking to people" and Yonce. Yonce recently met a new group of friends who he says "have like the same goals and different things like that. I'm like opening up more. So like, I really just talked to them, like, we go out and I kind of take my mind off of things or like, you know, like, have a good time." The benefit of seeking support instead of being isolated greatly reduces the negative impact of a strenuous situation (Sahler, 2009).

Theme 3: System Barriers

Each interviewee brought different experiences and issues, but system barriers were a common issue that arose that often confined the growth and development of FYA. These system barriers can be seen in the structural violence. Burtle (2013) explains that these social structures "harm or otherwise disadvantage individuals." The system barrier sub-themes addressed here are family systems and foster care systems.

Sub-theme 1: Family System

> *"I witnessed for a long time my father beating on my mom, drug use, sisters and brothers molestation, stuff like that. In and out of abandoned apartments, we would never be stable." - Love*

The whole concept of a family is to provide children with the necessary support and love as they grow (Mackay, 2005). Even though most families are provided with a one-size-fits-all strategy into how to approach life, it goes without saying that conflicts often throw the whole family structure into confusion. To begin with, conflict between their biological or foster parents exposes youth to psychologically damaging situations (Mackay, 2005). The family projection process, as previously described in the family systems theory, suggests that the children who have experienced this sort of conflict in the home will "[respond] anxiously to the tension in a parents' relationship" (Brown, 1999, p. 96). Jay's experience corroborates with this theory as he unveiled that there has been violence in his home since before he was born. He also comes from a long line of drug addiction which have all caused him to deal with depression and suicidal thoughts. He shared that his father only changed his life when six-year old Jay visited him in jail and told him "Daddy, I want to be a gangster just like you and him hearing that broke his heart."

As most FYA, the other participants also were victims of abuse that were not always their biological parents but were relatives who were their caregivers. SweetnessRo provided many encounters with her adoptive dad's (biological uncle) wife who frequently verbally abused her and once physically abused her during an altercation. The wife would often tell her that "before you turn 16 you're going to be pregnant with a bunch of kids and are going to have HIV." When SweetnessRo arrived at her breaking point after becoming suicidal, she begged to be sent to the Caribbean with her other family. She recounts, "I don't wanna stay in the house and having to deal with her, like,

targeting me and breaking me down. So he [uncle] eventually sent me home back to the Caribbean. But she took all of my...like my passport, my Social Security, everything. She confiscated everything." This caused complications and delays when SweetnessRo tried to return to the U.S. Upon her return, she decided to enter the foster care system rather than returning to her abusive home.

Several of the participants shared the experience of complex trauma directly caused from being sexually abused, or exposed to, by their relatives prior to entering foster care. Love recalls, "I witnessed for a long time my father beating on my mom, drug use, sisters and brother's molestation...stuff like that. In and out of abandoned apartments, we would never be stable. So it was you know, always an apartment here living with somebody here and there." The participant, Jane, also was a victim of complex trauma. Jane said, "Um, so my father was very abusive, sexually, emotionally, physically, mentally. And so it was actually one of my siblings that had reported at her school, that there was a lot of abuse going on and the day after he was arrested for a domestic violence thing, where he almost beat my other sister who he impregnated...it's complicated." She continued explaining that the dad abused "only the girls. So there's five girls and five guys...though one of my siblings is transitioning from female to male." Liz shared her story with their common experience. Liz said, "When I was six...maybe seven...I was getting molested and it happened for like a long, long time by my sister's dad. I wanted to say something, but because of the mom's ways, I didn't feel comfortable. Another girl who later came to stay with us, she told her [stepmom] that he touched her and she didn't believe her. So I'm like, she really won't believe me, you know." Not all

participants were just abused, some were also severely neglected by their parents which led them to enter the system. Lay shared her experience:

> I originally, when I was six years old...before I was six...I was living with my mom, and she was abusive. They found me wandering the streets near our apartment. And a man with his own two kids picked up his two kids ran across traffic and grabbed me. I remember this as clear as day. I was six years old, six years old. And he called the police. From then on, they waited at the apartment for my mom to come back. She never came. So from there they called the social worker.

Lay said that her mom served years in jail for child abuse and neglect "which I'm sure she hates me for it."

Dysfunctional family relationships hinder the healthy development of the youth on top of affecting their emotional and social competence (Huerta, 2013). Though the population consists of FYA that were abandoned or removed from their birth parents, the majority often seek out a relationship with their biological parents, if they have not deceased. More often than not, these participants have not had a pleasant reunion. Kim shared that she was originally removed from her mother because of neglect after her kidney transplant.

> I got the transplant and she wanted to work and she didn't want to stay home I guess because it bored her. She wasn't taking care of me properly or taking me to my doctor's appointment or like giving me medication. So then I got sick, and then when I was hospitalized. I just remember being in the hospital for so long,

and I asked the nurse, 'When am I going home?' He told me, 'You're not going home. You're going into the foster care system.' So like, I started crying, like I didn't know what to do. It was just really bad.

Kim is in contact with her mother, but she struggles with a healthy relationship. Kim says regarding her contact with her biological mother, "Yeah, every now and then, but it's kind of hard with her...she'll bring up stuff from the past, and then she'll basically like blame me for everything going wrong that's happened in her life." Like Kim, Victoria is in a similar unhealthy relationship with her parent. When Victoria was asked about whether she had contact with her biological parent, Victoria responded that she "unfortunately" was in contact and acting as her mother's caretaker. Her mother's history with drug use has led her to reside in a recovery home. These circumstances faced by this group of youth tend to cause the development of behavioral mechanisms that might trigger dissonance with the people around them.

Sub-theme 2: Foster Care System

> *"It's really sink or swim. You didn't expect them [case manager] to do anything. It was more like they were there. There were probably meetings going on in the background about your well-being, but they very rarely checked on you to see how you were doing." - Jane*

The foster care system is designed in a manner through which a child is placed into a private home, group home, or ward that is approved by the government (Fowler, 2017). The system comes intact with a myriad of benefits, such as the creation of a dynamic support system for the children, whereby they are intended to experience life

from a positive perspective. It is important to note that despite its merits, the system's inefficiencies directly affect the growth of a child, especially when and if they have a relatively long stay in foster care (Fowler, 2017).

The participants described many traumatic events that pertained to the foster care system starting even prior to formally entering the system. Before a child enters the foster care system, there is an investigation that occurs to determine the claims of child neglect or endangerment. In these investigations, the children are usually interviewed to get their accounts of the events that have transpired. The participant, Jay, questions, "Why would you sit down with a five year old and ask 'who do you love more?', 'does she hit you?', and 'how does she hit you?'. Jay agreed that this questioning was very traumatic. At times, the foster youth felt that these visits often only worsened their circumstances as they were often questioned about the abuse in front of the abusers and then no further steps would be taken. Liz was being physically abused at home and said "DCF (Department of Children and Families) came out a lot, but they never moved us...like they never moved us." Similarly Lay said, "The DCF worker made my situation worse because he didn't do anything, so you didn't feel the need to report it, he just didn't care." In the case that the DCF worker did report and continue to remove the child from their home, the removal process was not discreet. Victoria continued the process saying, "It was really, really hurtful and scary because you know all eyes was on us. All the neighbors, all our cousins, everybody was watching the whole scene." While the foster youth are in dire situations, they still felt a sense of loss from being removed. Sasha says "It was so traumatizing for me because I was just plucked out of my environment." While

they are expected to be taken from a dangerous situation and placed into a better one, they are being retraumatized from the removal process and entry into the foster care system.

As they leave their endangered homes and enter the foster care system, they are entering a new and often repeated environment that may or may not be just as traumatic as the last. Only two of the 16 participants recalled having positive foster placement experiences. Freckleface was placed with a foster parent with whom she had a great relationship with. She said, "I had a great foster mom. I even adopted like calling her my god mom. Still to this day, we speak every day all the time." SweetnessRo also had a good experience, but at a group home. When she was asked about her experience, she said, "I loved it. I felt like it was really good for me. Because I've heard about other group homes, and I've met other foster kids while I was in the system. They told me about their group home, and when I compare it to mine, I'm like, I just feel so blessed." As SweetnessRo mentions, this is not a common experience, not even amongst the study participants. On the contrary, most accounts of the foster care system are unfortunately more traumatic. Some of the participants shared accounts of physical abuse. Love said, "I had a foster parent...she was an alcoholic. She choked me three times and hit me twice." Then Victoria shared that, "She [caregiver] would, you know, beat me. Sometimes she would take me out of school and do things...like enough to one point it got really bad...to the point where she used to choke me. And she used to leave marks on my neck; that's when I ran away." She continues saying, "I was there for at least a year, maybe two. But after that day I started running away, and he [case worker] always used to bring me right

back." There was also a participant, Yonce, that describes instances of both physical and sexual abuse. Yonce shared the following: "So my first foster home that I went into I got raped in. I was five." He continues saying, "the first time I ever got Baker Acted was the one other time I got physically abused in foster care not sexually abused, but physically abused." For many of the foster youth, these encounters are many and vary from foster homes, group homes, and relative care.

With the entrance into the foster care system, the foster youth are copy and pasted from home to home and often caseworker to caseworker. The Foster Youth Alumni, Jane, sums up a shared experience amongst the participants: "the way I experienced foster care was kind of your an adult, you had to be an adult at a young age to make sure you got your basic needs. Because your case manager was often overcrowded with a lot of cases. And you were not their priority. I learned early on you were not their priority, their job was their priority, and it's a job for them. It was more like if you were doing bad, that's when they showed up. Otherwise, you hardly almost never saw them." With the few times that the participants obtained a caseworker they paired well with, the common complaint was that they would often be changed and bounced around to several caseworkers. Sasha said, "what did affect me is when I had [a caseworker] that I used to love. And then they just came and told me one day, well, you don't have [him] anymore you got a new caseworker...so you know, sometimes caseworkers are really slack. And sometimes some of them are really good. And they build bonds with these kids. So that's another thing that adds to trauma on trauma." These participants have all been taken from their homes and placed with new caretakers and surroundings and often no one in their

life remains a constant which they shared being impacted by. Lay had six different case managers and shared that, "It felt um, it was just really tiring and draining to keep going through the same things like having to retell the same story to explain the situation over again. It's just so tedious." All participants shared the effect of the instability of the foster care system from the initial placement until exiting the system which has long-lasting impact that spans their development and adaptation to adulthood.

Chapter Summary

This chapter served to present the participants that made up the total Foster Youth Alumni in this study. Through the demographic information and narrative accounts of their time in the foster care system, shared experiences and trends were identified. From this analysis, the following themes were depicted across all narratives: Lack of Basic Needs, Coping Strategies, and System Barriers. Each theme was further divided into sub-themes to aid in the representation of their experience as Foster Youth Alumni through the semi-structured interviews. In the next chapter, each theme and sub-theme will be addressed, analyzed, and reviewed for its implications.

Chapter 5: Discussion and Implications of the Study

Introduction

This phenomenological study homed in on the intrapersonal conflicts faced by Foster Youth Alumni (FYA) caused by traumatic events. The study aimed to answer the following research questions: 1) What traumatic experiences impact the lives of foster youth alumni (FYA)? and 2) How do such traumas contribute to intrapersonal conflict? The researcher reviewed and analyzed the interview results to find common themes through the participant's detailed narration: lack of basic needs, coping strategies, and system barriers. Within the themes, many sub-themes were also identified as will be described below. The following chapter will focus on the themes and sub-themes to highlight the intricate web of causes and effects from the FYA's experience in and after the foster care system. In addition, this chapter will also provide recommendations pertaining to best practices and further research based on the study outcomes.

Overview of the Findings

Theme 1 Findings: Lack of Basic Needs

An analysis of the first theme suggests that FYA lack the necessary basic needs required for psychological and physiological development. The loss of a safety net exposes them to many barriers as they are forced to find ways through which they can make a living. The lack of a safety net also means that the FYA do not get to experience the benefits of love and belongingness, which in turn hampers their ability to develop intrapersonal skills. Many of the participants commonly expressed a lack of various needs. The narrative came from several questions (Question 1-10 and 16) that asked

about their experience before and after the entry into the foster care system. The sub-themes that arose from the interviews were the following: Safety, Belongingness, Support and Love.

Sub-Theme 1 addresses "Safety" such as personal security which is a basic human right that these foster youth alumni (FYA) were not afforded. In many of these instances, the children felt unsafe in their own homes and the lack of security worsened when entering the foster care system. The FYA start life already at a disadvantage, partially due to the lack of security, and then the odds continue to stack against them as they further develop in a system that perpetuates this experience. To be more specific, this group's narrative depicted safety in these two tenets: 1) financially and 2) health and wellness. The result of lacking safety manifests in being on "survival mode" or continuing to focus on muddling through one day or one issue at a time such as being homeless or their next meal rather than the long-term planning that is given to non-FYA individuals at this stage. These disadvantages directly impact the FYA emotionally and physiologically, affecting all areas of their lives, as they age out of the foster care system on survival mode.

Sub-Theme 2 addresses "Belongingness" or the lack of belonging as a majority of the participants described various events that spanned different parts of their social interactions from not belonging amongst their peers at school, their foster families, or their family. These participants have a shared experience of frequent change causing them to have new schools, new parents, new friends, new communities, etc. This lack of stability during early developmental years can cause negative effects. Allen and Kern

(2019) discussed the importance of social interaction and belongingness on the brain development which affects their self-identity. In its absence, FYA may feel long lasting effects into adulthood on their psychological and social development. These individuals were left to rely only on themselves without a caregiver to be their moral compass at a development stage where they are building their self-confidence and their foundation.

The label of the foster care system brings a spotlight making foster youth more susceptible to bullying and mistreatment for being in a system designed to improve their quality of life. This was displayed in each participant that shared the feeling that they did not belong in school and were bullied which led many of them to begin running away. This feeling also spilled into their foster homes. The author, Kenisha Anthony (2020), shared her experience in the foster care system: "Like Harry Potter, I shared a home with family members who weren't the most welcoming...I had to move between bedrooms when her kids wanted their own space" (pg. 46). The participants also shared this experience of being mistreated and ousted to the foster family's own children or even their family members in relative care.

Sub-Theme 3 addresses "Support" related to the services the participants were provided while in care and through the transition process. During the participants' time in foster care, they felt safe and supported through the provided medical and mental health care. However, they felt the absence of the support once they aged out as some of the FYA lack the awareness of the programs available to them and the life skills needed to excel independently. The transition process is in need of a pre-assessment to determine if the FYA are prepared to live independently prior to aging out. Should the assessment

indicate that the FYA is not suitable to transition, then an extension should be granted.

Dion et al. (2014) explains that a majority of foster youth have spent many years in the

foster care system with various experiences, so their level of preparation is highly

variable. These gaps are the catalyst for the creation of programs, such as Educate

Tomorrow, to build awareness of the programs and services available to FYA. These

programs address the gaps that the foster youth encounter during their transition. The

foster care system is currently collaborating with these programs, informally, but to

ensure less FYA are falling through the gaps there should be pipelines into these

programs as a requirement to receive their stipends.

Sub-Theme 4 addresses "Love" which is a basic need that many take for granted

and is an innate need that is fulfilled by parents. These participants, like many other FYA,

were not afforded the opportunity to be or feel loved. Some parents died while others

neglected and/or abused them. In either case, the participants shared the experience of

lacking a foundation centered in love which impacted them inter- and intrapersonal. Dr.

Raj Raghunathan (2014), said "All of us have an intense desire to be loved and nurtured.

The need to be loved, as experiments by Bowlby and others have shown, could be

considered one of our most basic and fundamental needs". These participant's narrative

revealed a lack of self-esteem and quest for validation through their questions regarding

why no one loved them or why their parents abandoned/abused them.

The effects of lacking love manifested in the participant's behaviors as they

sought love from others, even in toxic relationships. Based on Huerta's (2013) insight,

youth with more exposure to patterns of violence and mistreatment have a greater chance

of engaging in unhealthy relationships such as Lay who endured domestic violence for years. This further supports Luyten and Blatt's (2013) theory, discussed in Chapter 2, that states the lack of "close, stable, nurturing, and protective relationships," (interpersonal) and "coherent, differentiated, stable, and positive" sense of self (intrapersonal) result in lacking "reciprocal, meaningful, and personally satisfying interpersonal relationships," (Luyten & Blatt, 2013, p. 172; Shahar, Henrich, Blatt, Ryan, & Little, 2003, p. 470). Dr. Raj Raghunathan (2014) also states that "In our pursuit of the need to be loved, however, most of us fail to recognize that we have a parallel need: the need to love and care for others. This desire, it turns out, is just as strong as the need to be loved and nurtured". Some satisfy the need to love and provide affection through their children and puppies, and then others fulfill this need through promiscuous sex.

Sub-Theme 5 addresses "Motivation" as the intrinsic and extrinsic drive to accomplish something we desire. Being motivated is not an innate feeling, but calls for intentional processing and action; like Jay's outlook "are you going to make that hole bigger? Or you going to start digging yourself out?". Most of these participants are digging themselves out of a hole while the odds continue to be stacked against them. This shows from the data collected that 82% have completed high school, but many of these participants have also faced homelessness. These participants make up a small and fortunate group that have connected with organizations, such as Educate tomorrow, and resources that have aided their transitional processes. And yet, they continue to face challenges uncommon to their FYA peers with less access to resources.

Young adults, in general, face a common lack of motivation related to this developmental stage. However, FYA experience additional deficits of motivation often due to their basic needs not being met and the obstacles that come from being ill-prepared for independent living. When they can intrinsically motivate themselves, they continue to face extrinsic challenges that become barriers to obtaining their goals. In addition, Fowler (2017) adds the obstacle of not having sufficient resources to act on the motivation. Author, Kenisha Anthony, also shared her experience with self-sabotage and her journey of resiliency when faced with similar obstacles during her time in college:

> "Passing the classes wasn't the hard part; money was...After the first session of night school, I would cry because I was so hungry. I didn't have any money. Sometimes, I would go to a friend's house nearby to eat at least a peanut butter and jelly sandwich before the second session started. Other times, I just dwelled on my situation with an empty stomach. I remember listening to the words of Monica's song "Getaway." I connected with every word. I was overwhelmed with hopeless emotions as tears streamed down my face. Still carrying the burdens of my past and dealing with situations at hand, it felt like I was never going to catch a break at this thing called life."

The constant roadblocks can further reinforce a feeling of defeat and lack of motivation. This in turn can manifest to negative coping skills.

Theme 2 Findings: Coping Strategies

The results for Theme 2, Coping Strategies, mostly were drawn from the detailed narration while answering Question 15, *"Share your experience with how you handle*

feeling distressed or uncomfortable". This question was aimed to explore how the FYA responded or coped with stressful situations. Coping skills and strategies are learned skills that often reflect surrounding behaviors and environments. This question explores what coping skills these FYA exhibit as they face a myriad of unstable and abruptly changing environments through developmental years. As such, the sub-themes that arose from the interviews were the following: Negative Coping Skills and Positive Coping Skills.

Sub-theme 1 addresses Negative Coping Skills that were common amongst the FYA: Substance Abuse, Isolation, and Promiscuous Sex.

Substance abuse was a shared negative coping skill amongst the 16 participants as they disclosed the use of alcohol and marijuana. Some of the participants were identified as habitual users as they reported using marijuana frequently, such as Jay who uses daily. While other participants used marijuana and/or alcohol during periods of high stress. This coping skill is problematic as it can lead to addiction and may exacerbate mental health issues. In addition, the participant's narrative shows links between substance abuse and homelessness. FYA also may be using marijuana and/or alcohol to self-soothe or self-medicate to feel numb or escape the emotional strain. Often, FYA are modeling the behavior that many of them were exposed to before and during the system as they come from environments where substance abuse is normalized and is perpetuated even amongst their peers in the foster care system.

The participants shared the coping skill of isolation where the effects are not solely physiological, but there are also remnants in their social behavior due to isolation

during developmental years. The isolation in their youth and during very traumatic events lead some of the participants to avoidant behaviors and further isolation. Other participants also related similar stories where they repeatedly mentioned feeling misunderstood which further encouraged their avoidant behaviors. These events were scattered throughout their experience in the foster care system and even after. In Family Systems, Bowen (1999) explains that stressed/traumatized youth will often react to their environmental cues with high anxiety and unfavorable behavioral patterns. So much so that their behavior is often "mistaken for a problem in the child" (p. 96). This is a recurring experience for FYA trying to navigate the foster care system.

The final negative coping skill is promiscuous sex or sexual encounters with multiple partners. Some of the participants shared that promiscuous sex was being used as a stress relief or outlet. This behavior is related to self-sabotage as some of the participants mention not using protection or not being tested for sexually transmitted infections (STIs) though the participants are aware of the importance. Shahar et. al. (2003) describes the importance of an unconditional positive caregiver in the development of personal autonomy, self-worth, and self-esteem, as discussed in Chapter 2. Yet, in the absence of this positive caregiver, the lack of greater personal autonomy, self-worth, and self-esteem is what can lead FYA to seek this love and support from others even through promiscuity. FYA that engage in promiscuous sex usually are trying to regain the abruptly lost sense of security and love of their parents. Since FYA are deeply wounded by their parents, they experience traumatic loss from an incredibly early age which later surfaces in dysfunctional codependent relationships as they search for

emotional intimacy. As mentioned before, this is also a form of self-medication to avoid the feeling of loss, grief and/or sadness from the abandonment and abuse endured. This is in line with Kendall-Tackett (2001) that states that poor emotional support at a young age leads to mental health issues. Overall, FYA practice negative coping skills to deal with their stressors, such as homelessness, lack of food and security, since they lack the skills to healthily cope.

Sub-theme 2 addresses Positive Coping Skills that were common amongst the FYA: Music, Physical Activity, and Socializing.

Music is a positive use of therapy as it can help impact your coping mechanisms by aiding relaxation and providing relief from unhealthy emotions (Saarikallio and Erkkilä, 2007). Music is an easy, accessible tool for FYA to utilize and relate to. Like the excerpt from the author, Kenisha Anthony, where she has a memory intertwined with the music and emotions (despair, hunger, and motivation) which empowered her through her troubles. In addition, the author created a playlist, *A Memoir*, which she shares that "This playlist of music has been the background of my life throughout this journey of writing, reflecting and growing" (Anthony, 2020, pg. 273). Like music, physical activity also has been used as a positive coping mechanism in various forms by the participants. Participants remained active by walking or exercising to distract themselves while processing their emotional states. Azizi (2011) states that, "The results of most studies and researches imply that exercise (doing physical activities) is very effective in: decreasing stress and depression, increasing mental health, improving life quality, decreasing phobia of success and worry of losing" (Azizi, 2011). In addition, one of the

participants included their pet during the activity by going on walks together. This can

bring additional benefits as pets are more frequently being used as support animals.

Finally, the participants positively coped by socializing with like-minded people. FYA

seek secure relationships to provide a sense of community and belongingness. Through

these relationships they are learning valuable lessons that are usually taught during

developmental stages such as emotional intelligence, communication skills, and empathy

to form healthy relationships (Shemmings, 2011; Furnivall, 2011). While FYA are part of

a vulnerable population and have been exposed to many traumatic events, they were not

unaware of what positive coping skills were or how they choose to positively cope. This

is a hopeful sign as this population is often seen from a deficit point of view, but this

shows one of many signs of their resilience.

Theme 3 Findings: System Barriers

An analysis of the third and final theme allowed the participants to proceed

through their lived experiences that each one struggled through. The narrative came from

several questions (Question 2-10) which allowed the participants to identify the multiple

individuals, organizations, and processes that became barriers as they moved from one

system to another. The sub-themes that arose from the interviews were the following:

Family System and Foster Care System.

The sub-theme "Family system" is referring to the families the FYA had prior and

during their time in the foster care system. Brown (1990) highlighted the importance of

the family system on daily stress management and the negative impacts a dysfunctional

family system can cause. The participants shared how they were born into a dysfunctional

family system that included generational trauma such as domestic violence and addiction. Due to the dysfunction at home, even when it is solely between the parents, it causes many of the FYA to be on high alert and often suffer from an array of mental health issues such as PTSD, anxiety, depression, etc.

Unfortunately, the majority of FYA come from a dysfunctional family system such as SweetnessRo whose family system included her uncle, adoptive dad, and his wife. She was constantly verbally abused by the wife who would compare her to her mother and often threatened that she would only amount to the same, "before you turn 16 you're going to be pregnant with a bunch of kids and are going to have HIV". Comparing the youth to their parents is essentially using their trauma against them. Anthony (2020) shared the same experience of being verbally abused in the same manner, "When I misbehaved, her definition of discipline was a beating and repeatedly yelling, 'You're gonna end up like Gina!' At the time, I didn't know what my mother was, so I couldn't grasp what she expected me to become. From the tone of her voice, I knew it wasn't anything good. Eventually, her verbal abuse grew to descriptive, and I started to have more of an idea about why my mother wasn't around and what she was doing in the world" (page 46). The negative talk only reinforces the same image that society has of FYA that it is not possible to break the cycle and perpetuates the systemic barriers FYA face.

Despite the turmoil within their family systems, many of the participants sought their biological parents after aging out of the foster care system. The participants shared their experience reuniting with their parents, but it often led to retraumatization. Kim and

Victoria both reunited with their biological mothers and were being manipulated and taken advantage of. Kim showed some unease when speaking about their relationship. She felt conflicted as she wanted to re-establish their relationship, but her mother often brought up their past and even blamed Kim for the consequences of her neglect. Similarly, Victoria was removed from her mother but years after the foster care system she was now her mother's caretaker. She expressed the heavy load of trying to finish school and be independent with the burden of feeling guilty and responsible for the mother who previously neglected her. The trauma of their dysfunctional family system has left many FYA stunted in their emotional development which often led them wanting to reconnect and receive the love of their parents. For this group, this is problematic because they were not taught to have boundaries, even within family systems, and this is why they are often taken advantage of such as Kim and Victoria (Farmer and Pollock, 2003).

The final sub-theme, Foster Care System, arose from the participant's narration and was strung together to provide them a voice to share their experience which echoes that of the thousands that endure the same introduction to the foster care system. Most FYA shared the experience as author Kenisha Anthony (2020) describes, "Life as a foster kid does not exempt you from the detrimental environments the system intends to shield you from. It seems being removed from my parents left me more vulnerable to them" (pg. 31). The foster care system confronted the FYA with obstacles that spanned the process from the investigations, removal from their home, foster care placement, high turnover of case managers, and overall system (agency, court system, services, etc.).

The following accounts through the foster care system have been woven together based on the participant's narration. The FYA enter the foster care system due to abuse or neglect that occured in their home, but the introduction to the foster care system re-traumatizes the individuals as they endure the investigation procedures such as the interview process and questioning in front of the abuser who was never removed. The process begins with the receipt of a complaint of suspected child abuse and/or neglect, the Child Protective Investigator (CPI) is sent to investigate to determine whether the home is unsafe for the child(ren). The participants had the unfortunate shared experience of this investigation where one participant, Jay, stated that the process was very traumatic due to the nature of the questions being asked of a 5 year old: "Who do you love more", "does she hit you?", and "how does she hit you?". In a 2010 article, Dr. Abraham Bergman introduced the idea that this failure in the investigation may be due to multiple factors. He stated that CPI's service "is mostly investigation and not much support and it's an overwhelming task given to people who don't have much training and tremendous turnover" (Szalavitz, 2010). CPIs often are overburdened with lower salary, lack of appropriate training, and unmanageable caseloads. This becomes problematic when most CPIs often lack the appropriate level of education and experience needed to properly conduct these investigations that call for a specific code of ethics and skill.

The foster youth enter the foster care system with the ultimate goal of protecting and providing them with a safe environment, yet as previously mentioned by Ms. Anthony, being removed from their home does "not exempt [them] from the detrimental environments the system intends to shield [them] from" (2020, pg. 31). The results of the

interviews show support for this as only 2 of 16 participants had a positive placement experience. The 14 remaining participants detailed many traumatic encounters during their time in foster care placement. These events ranged from substance abuse exposure to physical and sexual abuse. In Yonce's case, the abuse began during his first placement. "So my first foster home that I went into I got raped in. I was five." He continues saying, "the first time I ever got baker acted was the one other time I got physically abused in foster care not sexually abused, but physically abused." Sedlak et al. (2010) show evidence that this a common occurance where foster children are 10 times more at risk of sexual abuse than non-foster youth peers with both biological parents. This is a gap in the system where prospective foster care parents only need to meet the criteria to be accepted: 1) Attend an orientation 2) Complete free foster parent educational resource hours 3) Have a child abuse and fingerprint-based, criminal background check 4) Participate in a home inspection and 5) Participate in a home study to review the readiness for fostering in the home (Florida Department of Children & Families, 2019). No further psychological assessments are done and result in higher possibilities of further exposure to re-traumatization.

The obstacles were not solely related to the foster caregivers, but also extended to the system. Many participants expressed challenges with their case managers as there is a high turnover. Lay experienced frustration while having to re-tell her story and re-build her relationship with six different case managers. The lack of stability causes severe obstacles as FYA struggle building bonds, and when they do create a bond the case managers are switched which can result in the FYA feeling abandoned. Perry (2006)

states that the youth's mental health status variations "may be linked to the level of network disruption experienced in the foster care system" (pg. 373). The lack of stability with their network (case managers, foster caregivers, etc.) is a continuum of the environment they came from and blocks the healing process. Holland and Crowley (2013) show the desire of the FYA to connect to the foster care network which includes foster caregivers, mentors, and foster youth peers. Having a stable, meaningful relationship throughout the foster care process greatly contributes to foster youth becoming high functioning adults.

<div align="center">**Application of Theories**</div>

The study results align with previously named theories: Structural Violence Theory and Systems Theory. Burtle (2013) explains the Structural Violence Theory as referring "to systematic ways in which social structures harm or otherwise disadvantage individuals." While Schellenberg (1996, p. 72) describes the Systems Theory as having an emphasis "placed on how things work together, not how they fall apart." These theories were selected to identify the trauma inflicted and maintained by the multiple levels of systems and structural violence on FYA and the effects the traumatic experiences had on their intrapersonal skills.

Systems Theory

Systems theory is defined by the interrelatedness and interdependence of various systems working cohesively. In Chapter 2, systems theory was described with a focus "placed on how things work together, not how they fall apart" (Schellenberg, 1996, p. 72). The descriptive narration of the participants highlighted the following systems that

have affected them: Family system, Foster Care system, and the Justice system. Foster

youth are being abused and neglected initially by the family system. This is what first

leads the foster care system and the justice system to work in tandem at the start of the

foster care system experience. Through this experience the foster youth have expressed

many instances of re-traumatization and their needs not being met. Foster youth are

introduced to the justice system at the entrance point to the foster care system while being

removed from their homes, questioned, and placed into foster care. Yet, the foster care

system is beyond capacity to provide the children with the needs that other children are

afforded or a stable long-term placement; it is also lacking personnel with the proper

educational background (e.g. social work, psychology, mental health, etc.). This gap in

care for foster youth has failed this vulnerable population and led them to be reintroduced

to the justice system. This process has proven to be an ongoing cycle from one system to

the next.

The System Theory as depicted in the Figure 2, *Trauma Stock-and-Flow diagram*,

displays that the degree of the abuse and neglect affects the trauma suffered by FYA

which in turn affects the degree of their negative coping skills. The results of this study

reinforce the System Theory; neglected and abused FYA were traumatized, and the

extent of the trauma correlates with the intensity of negative coping skills. Due to the

amount of trauma endured, the participants looked for any way to fill the void or deal

with the effects of that trauma, but most exhibited negative coping skills. Their coping

skills varied from minor to severe behaviors that could cause long-lasting, acute

consequences such as unprotected promiscuity, substance abuse, and/or risky behavior that could lead to legal consequences.

Structural Violence Theory

As previously mentioned, Burtle (2013) describes structural violence as a means to maintain the status quo and perpetuate the oppression of disadvantaged individuals. This form of violence emphasizes the unequal power relationships in society and the ways in which society structures itself to maintain those approaches. Author, Bandy Lee, states that "Structural violence refers to the avoidable limitations that society places on groups of people that constrain them from meeting their basic needs and achieving the quality of life that would otherwise be possible. These limitations, which can be political, economic, religious, cultural, or legal in nature, usually originate in institutions that exercise power over particular subjects" (2019).

Structural violence within the foster care system is portrayed by policy that does not assess readiness for independence, lack of staff with appropriate skills, and insufficient housing to meet the needs of foster youth. The study results support the visual representation in Figure 4, *Structural Violence Onion Diagram*, which portrays the different levels of structural violence that impacted FYA even prior to aging out of the foster care system. The effects of structural violence in the foster care system and while aging out often lead to permanent disadvantage which is exhibited by mental health issues, homelesness, dysfunctional interpersonal relationships and intrapersonal skills, and lack of being financially solvent.

Research Findings

In addition to the findings regarding the themes, the first research question was not directly tied to just one theme but resonated through themes 1 and 3. *What traumatic experiences impact the lives of foster youth alumni (FYA)?* This question was addressed utilizing Question 10 which refers to the FYA's experiences before and after the foster care system that resulted in them feeling distressed or uncomfortable (Appendix B). While the interviewer used Question 10 to lead the conversation towards their traumas, their traumas surfaced through the entire interview without needing to be probed. This question was answered through the detailed narration of how they were abused and neglected before entering the system, the traumatic experiences when entering the foster care system and while being in foster care through multiple placements, abusive foster parents, and high turnover in case managers. To the first theme, Lack of Basic Needs, the participants described how the traumatic events affected their basic needs from the love they lacked at a young age to the resources and support they lacked aging out of the system. For theme 3, System Barriers, the participants then identified the systems and gaps within the foster care system and family system which both were detrimental to their well-being and sustained a cycle of re-traumatization.

The second research question directly ties these experiences to their coping skills: *How do such traumas contribute to intrapersonal conflict?* This was first addressed in Question 5 which questions what barriers the FYA have experienced, Questions 11-14 which are regarding the FYA's awareness of their need for counseling and whether they sought help, and Question 15 which asks them to share their coping strategies (Appendix

B). The participants' feedback spanned across the interview and collectively generated Theme 2 - Coping Strategies. For FYA, intrapersonal conflict can be arduous as they lack self-awareness, or the self-realization needed for resolution. The results derived from the second theme show that most FYA experience intrapersonal conflicts that involve their values, principles, thoughts, and emotions clashing. They start feeling separated from their well-functioning social networks and in turn, develop an innate feeling of being lonely, thereby becoming isolated. The results also show that the aged-out foster youth are often hypersensitive, hyper-vigilant, and hyper-alert. Their intrinsic and extrinsic motivation is also quite low as they lack the necessary resources and support structures to develop their goals and see them through.

Implications

The findings of this study will provide professionals that work with foster youth a better understanding of foster youth alumni experiences and needs, thus allowing them to provide mentorship, assistance, and/or interventions that address these needs. This study also makes a case for the importance and need of additional support post-foster care via mentoring and/or life skills training. The service providers that maintain their links with foster youth after aging out and during their transition to adulthood provide the FYA with emotional support required for achieving positive outcomes in adulthood as supported by Greeson and Thompson (2014). Additionally, the study provides awareness to the gaps in the system and literature. FYA have many needs that are not being met by the current foster care system, and there is little literature that covers the results of traumatic experiences and how it transpires intrapersonally (Courtney, 2005). The study results

highlight the need for effective action as the FYA population is suffering the consequences with an exponential higher chance of becoming homeless and facing mental health issues while being retraumatized by the system that is placed to support them (Greeson and Thompson, 2014).

Limitations of the study

There were several limitations that were identified in the study. From the beginning, the researcher identified a gap in the literature. Previous studies have focused on foster youth alumni but have not covered the effects that trauma experienced by foster youth alumni (FYA) have on their coping skills. This limits access to research directly regarding this topic, but also allowed the researcher flexibility while designing the study. A second limitation was the sole use of foster youth alumni. Current foster youth who are still in the foster care system may have a different experience than those who have already aged out of the system years before. This is also tied to the third limitation within the eligibility criteria that capped the inclusionary age criteria (18-34) and limited the population pool. The fourth and final limitation, is that all of the participants were recruited using the organization, Educate Tomorrow. As reviewed in Chapter one, Educate Tomorrow strides to educate and connect FYA to services they have rights to. This limitation is pertinent to the study as all the participants are from the organization and are more aware of resources that are available than other FYA that do not have the same support or guidance.

Recommendations

The study assessed the effects that trauma has on FYA's coping abilities and

resulted with recommendations that are stratified into two groups: Best Practices and Future Research.

Best Practices

Ideally, the study results would be used to improve the practices for current social workers, practitioners, and/or foster care and adoptive parents. The first recommendation is for the Department of Children and Family (DCF) to utilize the results of this study, and other studies regarding Foster Youth Alumni's obstacles, to bridge the gap in the system as the goal is to rehabilitate children to become self-sufficient. Such as the policies that extend the age-out to 21 years of age rather than focusing on providing more effective services to better prepare them and encourage independence (Dion et. al, 2014). The second recommendation is for caseworkers, administrators, and foster care parents to become trauma informed care (TIC) trained and certified. Trauma Informed Care is a structured educational training based on "understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment" (Trauma Informed Care Project, n.d.). There are many types of training that focus on different types of trauma therapy: Child Parent Psychotherapy (CPP), Eye Movement Desensitization and Reprocessing (EMDR), Trauma Focused-Cognitive Behavior Therapy (TF-CBT), Seeking Safety, and Trauma Recovery and Empowerment Model (TREM) (Trauma Informed Care Project, n.d.). Caseworkers, administrators, and foster care and adoptive parents would benefit the most from being TIC trained as it would provide them with the skills to identify the FYA's trauma type

and provide the specific support they need.

Future Research

The researcher has identified additional recommendations for future research. The first recommendation is for additional research to be conducted that focuses on group homes and/or affordable, independent housing designed for FYA. Miami is home to the following organizations: Casa Valentina and Genesis Hopeful Haven. The purpose of these organizations is to rehabilitate FYA and help bridge the astounding gap between the foster care system and the "real world" after aging out of foster care.

Casa Valentina provides FYA access to affordable, independent housing, resources, and services. Casa Valentina's mission is "to provide at-risk and former foster care youth with safe affordable housing, life skills, and continued support so that they achieve and maintain self-sufficiency," and the vision is "a community in which all foster children receive the care and support they need to reach their full potential" (Casa Valentina, 2000). This organization accomplishes this steep vision by also providing case management and life skills curriculum while fostering an environment that motivates the FYA to focus on their "education, employment and financial goals and gaining the strength and self-esteem they need to reach their full potential". All FYA participating in this program are required to be enrolled in some type of schooling to qualify for the State of Florida's Road to Independence scholarship to include a monthly $1,256 stipend in return with passing the courses. The FYA must also meet the following criteria:

- Aging out or aged out of foster care

- 18-24 years old

- Drug free

- Demonstrate the capacity to live independently

What distinguishes this establishment is that they are not a "traditional" group home in that most FYA are familiar with. Instead, it gives the FYA more independence while providing affordable housing and continuous services that help them excel. Not only does Casa Valentina provide services and support for FYA during their program, for a maximum of 3 years, but their services extend even past the FYA's departure from the program. In fact, the alumni will continue to benefit from the provided support and services. The requirements to enter the program and the benefits given upon successful participation provides a major incentive and support system to increase the FYA's probability of success while transitioning out of the foster care system.

The Genesis Hopeful Haven (HH) is another transitional home for Foster Youth Alumni (FYA) that is also outside of the traditional group homes. Genesis Hopeful Haven's mission is "to strengthen the lives of youth in foster care through supportive housing and programs that promote hope, healing, and independence" and their vision is "HH utilizes a holistic approach to meeting the needs of at-risk youth in foster care so they can grow into self-sufficient adults who are active participants in their community" (Genesis Hopeful Haven, 2020). There are two Genesis Hopeful Haven locations where one is the Sibling Home and the second is Independent Living Home. The Sibling Home is a group home specifically geared towards sibling children that have all been extracted from their homes and placed into the foster care system. This home allows these children from being further traumatized by being separated from their siblings after being

separated from their parents. The Sibling Home also allows the parent to create a case plan with the ultimate goal of reunification. The program provides the following services:

- Housing

- Meals

- Tutoring

- Sibling grouping

- Extra-curricular activities

- Ongoing mental health therapy

- Field trips

- Life skills training workshops

- Transportation

The Genesis Hopeful Haven has a second location, Independent Living Home, that bridges another gap. This program provides a home-like and supportive environment for 18-year-old FYA males. In addition to shelter, the Independent Living Home also provides resources and support for the FYA to obtain skills that promote self-sufficiency from graduating high school to applying to internship programs during their transitional stage. This program achieves their mission and vision through weekly life skills training, tutoring, and regular meetings with a social worker to set goals. What distinguishes this group home from the others is the extensive resources provided.

- Services:
    - o On-site case management
    - o Financial literacy courses

- o   Employment readiness workshops

- o   On-site tutoring

- o   On-site mental health therapy

- o   Weekly life skills training workshops

- o   Yoga and Kickboxing classes

- Workshops:

  - o   Housing

  - o   Financial Literacy

  - o   Employment Readiness

  - o   Education

  - o   Cooking

  - o   Health and Wellness

  - o   Healthy Relationships

  - o   Community and Environment Education

- Planting Seeds for Healthy Futures

- Enrichment Program

- Internship Training Program

The researcher has highlighted group homes and affordable, independent housing such as these for a future longitudinal study that focuses on independent living. This study should include a larger sample size of FYA that are diverse in demographics and are followed from the time the FYA enter the group home/independent housing till mid-adulthood. The researcher believes future research should focus on the difference of the resiliency and outcomes of FYA in these programs compared to the FYA who do not

access these programs. Specifically, the study should measure educational achievements, years of independent living after the group home/independent living facilities, healthy and long-lasting intrapersonal relationships, employment, income, and mental health. As the literature on the effects of traumatic events on FYA is limited, there is also extremely limited research on the benefits of these group homes/independent living facilities. Though, there was a longitudinal study conducted by Loring Jones (2011) who collaborated with an organization that provided services to foster youth, prior to aging out, that focused on their education and social development. The study's purpose was to obtain data for 3 years post exiting the organization to "identify distinctive types of adaptations to the transition from foster care to independent living. The interest was also to identify factors that contributed or were a hindrance to post-placement success by identifying the strengths and needs of former foster children" (Jones, 2011pg. 1920-1921). The study's results show that the FYA were still falling through the gaps and specifically requested additional follow-up after aging-out of the foster care system. For their success, the FYA deemed financial assistance, guidance obtaining services, a support system, more transitional care, and living skills training as necessities (Jones, 2011). These results align with the missions and services provided by the Casa Valentina and Genesis Hopeful Haven. This recommended longitudinal study could lead to results that set the golden standard for the field and professionals to best serve this disadvantaged population.

In addition to further longitudinal studies to research these group homes/independent living facilities, it would benefit FYA and professionals for further research to be done on trauma informed theories such as the following: Healing Centered

Approach, Strength Based Approach, and Post Traumatic Growth Theory. These theories focus on the healing, resilience, and recovery journey to best prepare the FYA to transition into independent adults. The trend in the literature surrounding this topic tends to focus on the negative aspects and outcomes of this population and trauma informed theories aim to reframe the narrative and practices applied to ultimately reframe the outcome of FYA.

Conclusion

In America, the rate of youth that age out of foster care increases annually. These foster youth alumni (FYA) might have experienced negative emotional effects from multiple placements and lack of stability which often lead to attachment disorders, difficulty trusting, and maintaining healthy interpersonal and intrapersonal skills. Therefore, youth that transition out of the foster care system often require additional emotional backing as they steer the transition to becoming an independent adult. This qualitative and phenomenological study interviewed 16 foster youth alumni to evaluate the influence of trauma on future likelihood of negative coping skills that impact intrapersonal skills. The study results conclusively show that these participants, like many other foster youths aging out of the system, endured traumatic experiences before and during foster care and from the systems that should strive to improve their quality of life. The study results also show that these FYA lack the ability to healthily cope with the long-term effects of these traumatic events.

While this study highlights many gaps within the process of entering and exiting the Child Welfare System, these issues linger due to being understaffed and under-budgeted, amongst other obstacles. Much research has focused on these very issues and

the gaps within the system, but there is a lack of research regarding the effects of the

trauma foster youth experience and their ability (or inability) to transition effectively out

of the system, acquire life skills, and develop healthy relationships as adults. This study

emphasized the magnitude of issues that knowingly persist in the foster care system and

have dire implications on the thousands that create this vulnerable population that it seeks

to protect. As this relates to conflict resolution the study results will be a tool to facilitate

dialogues between relevant system and stakeholders including but not limited to state

agencies, contracted agencies, parents, community organizations, and most importantly

FYA. Through this facilitation, the core focus of the dialogue is centered around the lived

experience and feedback of foster youth and FYA.

      The researcher aimed to facilitate the platform for the FYA to voice the issues

they have undergone. As a conflict resolutionist, the researcher wants to bring to light and

call for action to address and act on the issues that impact FYA. This is a population that

is intelligent, resilient, and capable. While they may not have certain skills, given the

proper opportunity they would be able to rise to the occasion. By "given an opportunity",

it is not just meant regarding their education but also through stable homes, support,

guidance, and life skills training. Professionals in this field also need to be mindful that it

is imperative to allow the FYA a voice when interventions and programs are being

created rather than creating ineffective or lacking programs. The 16 participants of this

study voiced their traumas, obstacles, and experiences. They also played a larger, more

interactive, role in the study and voiced the recommendations that should be heard while

deciding how to care and provide services for this group (Appendix D). The participants

recognize the work that is being done and still needs to be discovered, but they wanted to

share their advice and provide hope for others in foster care.

"Don't let people change who you are. Only for the better. Don't let that or negative things influence you to do bad, to hurt your body or your brain in any type of way, and to graduate and stay around positive people, not negative people. Don't do drugs."

"Just be strong and do what you gotta do. Take advantage if you in foster care, cuz they will help you with a lot of things."

"What you shouldn't do, which is have all these great opportunities and yet, you don't take advantage of them. No one should ever be scared to take in help or feel any less of a man or feel any less of a person just because you sitting there having to ask somebody to help you. You know, I mean, when the help is there, you take it...you just gotta never be discouraged. You know, there's all kinds of things that are just distractions for you, drug use, robbing people...You got to make sure you stay true to you, and you got to stay true to your values and just block out all the noise."

"I would say that you know, it's unfortunate sometimes...Someone did something wrong, something wrong for a kid to end up in [foster] care. And that's not always your fault. You know, it may be hard and it may be tough, but you know, you stick it out. "

"To be strong...I think that's the biggest one. I'll tell them to be strong because there's gonna be a lot of things that's going to happen. A lot of ups and downs, more downs than ups. So, to be strong."

"I would say it's definitely not over. Use your support, use your benefits wisely to push yourself to become who you want to be...the sky is the limit. Don't ever make anyone make you feel less because you're in foster care or different."

"Make sure you have what you need because you go into [foster] care and not everyone knows what you need and not everyone will listen to you. So you may need to go above and beyond to get what you need. But make sure you have what you need."

"My advice is to stay focused because this is not the end. This is never the end. You may go through trials and tribulations now. And I want them to know they are worthy and they are accepted."

"Keep your head held high. My next advice would be to take full advantage of going to school...You know, when I was there, I had the same exact thoughts like am I going to be good enough? What if I fail? Don't think about that just get in there and just do it."

"I would recommend therapy, somebody to talk about other people that let you down. But you have to allow people who are there to help heal you, you have to allow it. You have to take the advice even though you think you grown and you don't want to listen. You think you know a lot about life, still listen to this."

"The only advice that I have is to stay out of trouble, stay focused, continue to grow and do whatever that he has to do to continue to stay focused on his dreams, his passion and not let nobody steer them away."

"It's tough, but then at the end, it'll pay off because they'll help you and you'll get your school paid and you know, it'll really benefit you in the long run."

"No matter what you go through, don't let your past determine your future. Whatever you put your mind to...you can do anything you want. And you know don't become your story whatever that is like or whatever you've been through. Don't let it hinder you. Just move forward, find ways to get over it. Overcome it. You'll be okay."

Figure 7. Word Cloud.

The recording from the descriptive narration was converted into text to create this word

cloud as a visual representation of the most prevalent terms used by the participants.

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Appendix A. Limited Interview Guide for Participants

Questions
1. Tell me about yourself.
2. How old were you when you went into foster care or the group home? How was that like?
3. How many siblings do you have? Tell me about your sibling's experience entering group or foster care system.
4. What services did you receive after transitioning out of the system?
5. Tell me about any barriers you experienced while in care?
6. Share your experiences with case managers, social workers, program coordinators and/or other child welfare personnel.
7. How many case managers/social workers did you have?
8. If multiple, share how having multiple case workers affected you?
9. What qualities would you say you learned from your time in care that you used today and that has helped you the most?

10. Please share details of any experience(s) of feeling distressed or uncomfortable.
 	
    a. Before entering the Foster Care System
 	
    b. After entering the Foster Care System

11. If **currently** receiving counseling for a psychological or emotional problem, can you share your experience?
12. If you have received individual counseling and/or family counseling during the past two years, can you share your experience?
13. Has there been a time during the past two years when you did not get treatment for a mental health problem that you thought you needed? Please explain why you did not seek treatment.
14. Has there been a time during the past two years when you did not get care for a physical problem that you thought you needed? Please explain why you did not seek treatment.

15. Share your experience with how you handle feeling distressed or uncomfortable.

16. Do you **currently** have a relationship that you feel is trusting, supportive, and unconditional with at least one adult who will always be there for you? If so, please describe your relationship to this person (parent, family member, friend, mentor, etc.) and whether you knew them prior to entering foster care.

Appendix B. Interview Guide

Questions	Related To…
1. Tell me about yourself.	Child Welfare
2. How old were you when you went into foster care or the group home? How was that like?	
3. How many siblings do you have? Tell me about your sibling's experience entering group or foster care system.	
4. What services did you receive after transitioning out of the system?	
5. Tell me about any barriers you experienced while in care?	
6. Share your experiences with case managers, social workers, program coordinators and/or other child welfare personnel.	
7. How many case managers/social workers did you have?	
8. If multiple, share how having multiple case workers affected you?	
9. What qualities would you say you learned from your time in care that you used today and that has helped you the most?	
10. Please share details of any experience(s) of feeling distressed or uncomfortable. a. Before entering the Foster Care System b. After entering the Foster Care System	Trauma - Living with individual who abused alcohol or drugs - Exposure to domestic violence - Victim of domestic violence - Exposure to violence when in foster care - Experience another person inappropriately touching you in a sexual manner or require you to have sex (oral, vaginal, or anal) with them.

	- Experience physical harm that lead to bruising or bodily injuries - Insulted, cursed at, put down, or verbally abused - Feeling unloved or not cared for at home - Not receiving basic care like sufficient food, clean clothes, and/or medical care. - Parents/Caretaker using drugs or drinking alcohol and were unable to take you to get medical attention when needed. - Divorced parents - Death of a parent - Living with someone diagnosed with depression or other mental health issues - Exposure to someone who committed/attempted to commit suicide - Having a household member that went to prison.
11. If **currently** receiving counseling for a psychological or emotional problem, can you share your experience?	Trauma Cont'd
12. If you have received individual counseling and/or family counseling during the past two years, can you share your experience?	
13. Has there been a time during the past two years when you did not get treatment for a mental health problem that you thought you needed? Please explain why you did not seek treatment.	

14. Has there been a time during the past two years when you did not get care for a physical problem that you thought you needed? Please explain why you did not seek treatment.	

15. Share your experience with how you handle feeling distressed or uncomfortable.	Intrapersonal Conflict
	● Self-harm
	● Over working
	● Drink excessive amount of alcohol
	● Substance Abuse:
	  ○ Take/do Drugs
	  ○ Drink excessive amounts of alcohol
	● Sex (Promiscuous)
	● Overeating-Emotional Eating
	● Restrictive eating
	● Compulsive Spending
	● Emotional/Physical Isolation(avoidance)
	● Risky behavior:
	  ○ Driving fast
	  ○ Anger/Violent behavior: Fighting
	  ○ Smoking

16. Do you **currently** have a relationship that you feel is trusting, supportive, and unconditional with at least one adult who will always be there for you? If so, please describe your relationship to this person (parent, family member, friend, mentor, etc.) and whether you knew them prior to entering foster care.	Relationships

Appendix C. Transcendental Framework

Phenomenological Study: Transcendental Framework (Moustaka, 1994, p. 180-182)	
Step	**Application of Framework**
Creating a positive participatory climate *To create a positive, participatory climate, the facilitator needs to be attentive to all members of the group including minorities so that all group members views are expressed. (p. 180)*	Researcher will go around the room introducing himself/herself and make sure s/he has had a few seconds with each participant, including eye contact and a handshake. Participants will be community leaders, Gun Free UT leaders, UT President (Gregory L. Fenves), the Austin mayor (Steve Adler), etc.
Build Rapport *Explain your philosophy, approach to group facilitation, and commitment to neutrality (p. 180)*	Researcher will explain the "personal meaning" philosophy and its characteristics. Personal meaning is described to be a "socially constructed cognitive system that makes sense of purpose and significance" (p. 174). Sample practitioner introduction: "Hi name is…. I'd like to start sharing my philosophy for facilitation. When I practice I… Today we will be using the MCC approach. One of the goals of this approach is for everyone to achieve a sense of purpose and significance... I want you to understand that I am here as an impartial party. I have a commitment to neutrality."

Explain the Facilitation Process *Develop common understanding and explain the decision-making process for finding a solution(s) (p. 180).*	Researcher will break up the participants into small groups. She will then distribute a one-sheeter with the background information on the personal meaning approach and another sheet with a scenario. The goal of this activity is for the participants to apply the approach to the scenario. The groups are to report back to the whole group. Sample scenarios to discuss, including: ● Safety (Class environment, trainings) ● Gun Free Zones ● Inclusion (Fairness, partnership) ● Impact on Students, Faculty & Staff Retention
Emphasize That the Process is Result Oriented *To achieve successful outcomes, the process needs to focus on solutions. The discussion needs to be regulated and focused. The facilitator should ensure that the conversation isn't rushed. It may be helpful for facilitator to jot down contributions and summarize ideas as the conversation develops (p. 181).*	Researcher will stay in their same groups and will be given a chart in which they will identify 10 priorities and then narrow down to top 3 priorities. Then they will report back to the facilitator and the facilitator will keep a collective inventory of priorities on the board. Then as a group they will identify the top 3 priorities from the whole group. Then we will have dialogue on each priority. Sample priorities: ● Public Safety ● Effective communication ● Safety training for UT Community (Students, Faculty, Staff) ● Reasonable regulations/rules (Restrictions) ● Reconciliation ● Research regarding gun safety, effects of gun violence on mental and physical health

Establish Ground Rules *The facilitator should ensure that all parties understand the objective(s), be given the opportunity to speak, question, disagree, change one's views, etc.*	The facilitator alongside the participants will identify and explain ground rules. Some examples: 1. Avoid interruptions 2. Respect others' opinions 3. Stay on topic 4. Be brief 5. Reflective listening 6. Active listening 7. Cell phone on vibrate 8. Trust the process 9. Don't make broad assumptions (liberal vs conservatives) 10. No side chatter
Clarify the Objectives and Goals *All parties must identify and agree on the objectives/goals to move forward (p. 181)*	The facilitator will engage in an "Action Planning Session" at this time. The goal for this activity is write out priorities as goals and identify objectives for each goal. **For example:** **Priority:** Safety Trainings for students, faculty & staff **Objective 1:** By the end of this academic year mandatory trainings will be scheduled and implemented. **Objective 2:** By 2019, all new students will attend a mandatory safety orientation. **Objective 4:** By 2020, 80% of UT faculty and staff would have attended a safety training.

Manage Meaning Systems *It is crucial that the facilitator synthesize the rapid amount of information that is shared to construct shared meanings. The facilitator should use skills such as empathizing, reflecting, and summarizing to help the group create a system of shared meanings (p. 182).*	Participants will be placed in different groups and will be instructed to share with their group members their goals and objectives. The groups will be tasked with identifying commonalities amongst their group members in terms of goals and objectives. Facilitator will allow time for reflection for this activity. This can uncover some biases for participants. Sample Shared Priorities: ● Reasonable regulations/rules (Restrictions) ● Building effective communication
Manage Group Dynamics *The facilitator should assess the dynamics of the group, i.e. dominating personalities and patterns of interaction. It is the facilitator's responsibility to keep a pulse of the emotional levels and anticipate potential conflicts to ensure positive and constructive interactions (p. 182).*	Throughout the process the facilitator will be observing for group dynamics and rapport or lack of among members. In this particular scenario, the group dynamics may be emotional and passionate. Therefore, a strategy that can be used to mediate a dominant participant will be to ask them to assist with recording. Possible Group Dynamic Issues: ● Biases/stereotypes ● Resistant to participate/share ● Failure to adhere to ground rules (interruptions, not respecting others' opinions, selective listening, etc.)
Teach Some Basic Skills *Depending on the needs of the group, the facilitator may need to teach skills such as active listening, dialogue, practicing empathy, etc. (p. 182).*	Depending on the group, a team building activity to promote active listening could be employed, such as one in which: ● The facilitator asks the group to write down two instances they felt unheard. ● Next, pairs are asked to share stories. ● The listener must identify two things:

	○ 1. "What the person in the story did that demonstrated non-listening"
	○ 2. "What impact this had on the speaker (usually they feel devalued, angry, upset, hurt)"
	● Then the facilitator collects all of the feedback and alongside the group develops a list of good listening principles.
	(Gough, 2010)
Provide Feedback *Following each section, there should be time for feedback and reflection (p. 182).*	The facilitator will embed a time for reflection after each activity.
Identify and Celebrate Progress *Identifying small victories along the way helps maintain a positive climate during the facilitation process (p. 182).*	"Small victories" can be acknowledged along the way by using such activities as a Round Robin sharing of each member's Aha Moment, or, a moment they experienced a small shift in viewpoint.
Debrief *It is important to evaluate the accomplishments to create a sense of closure. This can also be a time for healing, repairing, and consolidating (p. 182).*	Facilitator will revisit goals and shifts. Then the facilitator will have a tree drawn on the board and will ask the participants to go up one by one and write one word that describes their experience.