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Midwest Evaluation of the Adult Functioning of Former Foster Youth: outcomes at age 19

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CHAPIN HALL

CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO



Midwest Evaluation of the Adult Functioning of Former Foster Youth: *Outcomes at Age 19*

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Working Paper

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INTRODUCTION

The transition to young adulthood is never easy, and is particularly difficult for the approximately 20,000 foster youth who “age out” of care each year (U.S. Department of Health and Human Services, 1999). Many of these young people are unable to turn to their parents or other family members for financial and/or emotional support. Nor can they count on the state for continuing support once they have been discharged from care. Consequently, the transition to young adulthood is a challenge that many of these youth face largely on their own.

For many years, the needs of these young people were for the most part ignored by federal child welfare policy. It was not until 1986, when Congress amended the Social Security Act to include the Title IV-E Independent Living Program, that federal funding to help states prepare young people in foster care for independent living became available.¹ Unfortunately, federal funding did not keep pace with the growing number of eligible foster youth, and only a fraction of those who were eligible for services actually received them (U.S. Department for Health and Human Services, 1999).²

More than a decade after the Title IV-E Independent Living Program was established, there was little evidence that the outcomes of former foster youth had significantly improved (U.S. Department for Health and Human Services, 1999). On the contrary, what little data there were

1 States could use their independent living funds to provide educational services for youth working towards a high school diploma or GED, employment services for youth who needed vocational training or career planning, and housing services for youth who wanted help finding a place to live. However, a provision in the law prohibited states from using their Title IV-E funds for independent living subsidies or transitional housing (Allen, Bonner & Greenan 1988; Barth, 1990).

2 Under the original legislation, federally funded independent living services could only be provided to Title IV-E eligible youth between 16 and 18 years old. The eligible population was expanded in 1988 to include all 16- to 18-year-old foster youth regardless of their Title IV-E eligibility status and to former foster youth who had been discharged from care within the past 6 months. Starting in 1990, states had the option of providing independent living services to former foster youth until they reach age 21.

seemed to indicate that former foster youth were still not adequately prepared to live independently. Congress responded by passing the Foster Care Independence Act of 1999. Title I of this legislation replaced the Title IV-E Independent Living Program with the John H. Chafee Foster Care Independence Program, which doubled the maximum amount of money that states could draw down each year to \$140 million.³ The law was later amended to authorize Congress to appropriate up to \$60 million for payments to states for post-secondary educational and training vouchers of up to \$5,000 for youth likely to experience difficulty during the transition to adulthood after the age of 18.

In addition to giving states a fiscal incentive to enhance their independent living programs, the Foster Care Independence Act requires states to provide the U.S. Department of Health and Human Services with data on a variety of outcome measures (e.g., educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors) and requires the U.S. Department of Health and Human Services to conduct evaluations of innovative or potentially significant state efforts to prepare foster youth for independent living.⁴

This is the second report from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal study that is following foster youth in the states of Illinois, Iowa

3 States are now required to use at least some portion of their funds to provide follow-up services to former foster youth who already aged out, and are allowed to use up to 30 percent of their funds to pay for the room and board of 18- to 20-year-old former foster youth. The Foster Care Independence Act also increased the amount of assets that foster youth can accumulate and still be Title IV-E eligible from \$1,000 to \$10,000, gave states the option of extending Medicaid coverage to 18- to 20-year-old former foster youth, and eliminated the prohibition against contracting with private, for-profit independent living services providers using federal funds.

4 Because there have been so few methodologically sound evaluations of independent living programs (U.S. Department of Health and Human Services, 1999; U.S. General Accounting Office, 1999), relatively little is known about their effects on the self-sufficiency of former foster youth. Several program evaluations, including prospective studies with random assignment, are currently in the field.

and Wisconsin as they “age out” of the child welfare system and transition to adulthood. The study is a collaborative effort among the three state public child welfare agencies, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood since the John Chafee Foster Care Independence Act of 1999 became law.

BACKGROUND AND OVERVIEW OF STUDY

Planning for this project began in early 2001 when the public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to use some of their federal Chafee funds to study the outcomes for youth who age out of care. Chapin Hall Center for Children at the University of Chicago assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. Each state provided Chapin Hall with a list of all of the youth who met the study’s eligibility criteria (see below) from which a sample could be selected, and the University of Wisconsin Survey Center was contracted to conduct in-person interviews with the selected youth

Youth were eligible for inclusion in the study if they were in the care of the public child welfare agency, if the primary reason for their placement was abuse and/or neglect, if they were 17 years olds, and if they had entered care prior to their sixteenth birthday. Youth with developmental disabilities or severe mental illness, and youth who were incarcerated or in a psychiatric hospital were excluded from participation. Youth were also ineligible to participate in the study if they were on run or otherwise missing from care throughout the course of the

data collection period or if they were in an out-of-state placement. All of the eligible youth in Iowa and Wisconsin who fit the study criteria were included in the sample. In Illinois, which has a larger out-of-home care population, a sample of approximately 67 percent of the youth who met the criteria was selected randomly. Altogether, the three-state sample included 767 youth.

Baseline interviews were completed with a total of 736 youth (63 in Iowa, 477 in Illinois, and 196 in Wisconsin) between May 2002 and March 2003, for an overall response rate of 95.8 percent⁵. The youth were 17 or 18 years old at the time they were interviewed. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or inability to make contact with the youth. This first interview focused on the experiences of the youth while in care and covered such domains as education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, and receipt of independent living services. Those data were summarized in an earlier report entitled *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave Care*.

Follow-up interviews were completed between March and December 2004 with 603 (or 82%) of the 736 youth from whom baseline data were collected. The follow-up group includes 386 young adults from Illinois, 54 from Iowa, and 163 from Wisconsin. Forty-seven percent ($N = 282$) were still in care while 53 percent ($N = 321$) had been discharged. The second interview

⁵ The first report was based on data from 732 youth. Wave One data was later recovered for four additional cases. The existence of these youth was revealed during preliminary analysis of the Wave Two data.

covered many of the same domains as the first; however, it also focused on post-Wave 1 experiences and, in the case of discharged youth, included questions about their lives after leaving care. The study participants will be interviewed a third time between their twenty-first and twenty-second birthdays, by which time all of them will have been discharged.

The mean and median lengths of time between the first and second interviews were 606.3 and 605 days, respectively, or about 22 months. For young adults still in care, mean and median length of time between the first and second interviews were 558.5 and 547 days. For those no longer in care, mean and median lengths of time between the first and second interviews were 648.2 and 655 days. At least some of this difference, which is statistically significant ($t = 12.498, p = .000$), is probably due to the fact that administrative data about the study participants' current placement was available to locate those still in care and caseworkers did not always have information about the location of young adults who had been discharged.

This report begins with a brief description of the young adults who were interviewed at Wave 2 and compares those study participants to the young adults who did not complete a second interview. We then present data pertaining to the following domains:

- Demographic characteristics
- Most recent out-of-home care placement
- Current living arrangements
- Relationships with family of origin
- Social support
- Receipt of independent living services
- Education

- Employment
- Economic hardships
- Receipt of government benefits
- Health and mental health status and service utilization
- Sexual behaviors
- Pregnancy
- Marriage and cohabitation
- Children and parenting
- Delinquency and criminal justice system involvement

Throughout the report, we compare the outcomes of the 282 young adults who were still in care at the time of their second interview to the outcomes of the 321 who had been discharged.

Although we do not make between-state comparisons, it is important to note that all but two of the young adults still in care were wards in Illinois. This reflects the fact that Illinois courts allow wards to remain under the supervision of the child welfare agency through their twenty-first birthday, whereas courts in Iowa and Wisconsin generally discharge youth from care on their eighteenth and almost never later than their nineteenth birthday. Altogether, 72.5 percent of the Illinois respondents were still living care at the time of their follow-up interview.

We do make comparisons between our sample of young adults and a nationally representative sample of 19-year-olds from the National Longitudinal Study of Adolescent Health (henceforth referred to as “Add Health”). Add Health is a federally funded study that was intended to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents. In-home interviews were

completed with a nationally representative sample of students in grades 7 through 12 in 1994 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time, when they were 18 to 26 years old in order to explore the relationship between adolescent health behaviors and young adult outcomes. The data cited in this report are based on the sample of 19-year-olds who participated in that third wave of data collection.⁶

The next section of this report provides some demographic information about the characteristics of the 603 young adults in our sample who completed a second interview.⁷

⁶ Several groups were over-sampled (e.g., African American youth from highly educated families or a parent with a college degree), but only youth in the core sample were included in our analyses.

⁷ Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS

Table 1 shows the demographic characteristics of the 603 young adults who participated in the second wave of the study and compares the 282 young adults who were still in care to the 321 young adults who had already been discharged. Nearly all of the young adults were 19 years old, and, as in many other studies of young adults exiting foster care, females outnumbered males. Just fewer than 70 percent of the sample identified themselves as belonging to a racial or ethnic minority group. Most of these young adults were African American ($n = 342$). The only statistically significant difference between the young adults still in care and those no longer in care is that a higher percentage of those still in care identified themselves as African American ($\chi^2 = 87.936, p < .001$). This reflects the fact that almost all of the young adults still in care were from Illinois, where a much higher proportion of the out-of-home care caseload is African American than in Iowa or Wisconsin.

Table 1: Demographic Profile of Wave 2 Study Participants

	Total Sample N=603		Still in Care N=282		No Longer in Care N=321	
	#	%	#	%	#	%
Age						
18	1	0.2	0	0	1	0.3
19	575	95.4	269	95.4	306	95.4
20	27	4.6	13	4.6	14	4.3
Gender						
Male	277	45.9	119	42.2	158	49.2
Female	326	54.1	163	57.8	163	50.8
Race						
Caucasian	186	31.0	41	14.6	145	45.3
African American	339	56.5	208	74.3	131	40.9
Asian or Pacific Islander	3	0.5	0	0	3	0.9
Native American	8	1.3	0	0	8	2.5
Multiracial	62	10.3	29	10.4	33	10.3
Don't know	2	0.3	2	0.7	0	0
Hispanic Identity						
Yes	50	8.3	30	7.1	20	9.4
No	551	91.4	292	92.5	259	90.4
Don't know	2	0.3	1	0.4	1	0.3

COMPARISON OF YOUNG ADULTS INTERVIEWED AND NOT INTERVIEWED AT WAVE 2

The 603 study participants who completed a second interview represent 82 percent of the 736 young adults in the Wave 1 sample. Table 2 compares these 603 young adults to the 133 who were not re-interviewed. The only significant difference between the two groups is that non-interviewed study participants included a higher percentage of males ($\chi^2 = 8.404, p < .01$). One possible explanation for this result is that males are more likely to become involved with the

Table 2: Comparison of Wave 1 Study Participants Interviewed and Not Interviewed at Wave 2

	Total Wave 1 Sample (N = 736)		Interviewed at Wave 2 (N = 603)		Not Interviewed at Wave 2 (N = 133)	
	#	%	#	%	#	%
Gender						
Female	377	51.2	326	55.1	51	38.3
Male	359	48.8	277	45.9	82	61.7
Race						
African American	419	56.9	342	56.7	77	57.9
White	228	31.0	186	30.8	42	31.6
Multi-racial	71	9.6	62	10.3	9	6.8
Other	14	1.9	11	1.8	3	2.3
DK	4	0.5	2	.3	2	1.6
Hispanic Origin						
Non-Hispanic	669	90.9	552	91.5	117	88
Hispanic	64	8.7	49	8.1	15	11.3
DK	3	0.4	2	.3	1	.8
Age at Wave 1						
17	436	59.2	360	59.7	76	57.1
18	298	40.5	242	40.1	56	42.1
19	1	0.1	1	.2	0	0
20	1	0.1	0		1	.8
State						
IL	477	64.8	386	64	91	68.4
IA	63	8.6	54	9	9	6.8
WI	196	26.6	163	27	33	24.8
Wave 1 Living Situation						
Non-relative foster home	259	35.2	225	37.3	34	28.6
Relative foster home	225	30.6	181	30	44	33.1
Group home/residential treatment facility/child caring institution	132	17.9	107	17.7	25	18.8
Adoptive home	5	0.7	4	.7	1	.8
Independent living	63	8.6	49	8.1	14	10.5
Other	46	6.3	36	6.0	10	7.5
Missing	2	0.3	1	.2	1	.8

criminal justice system (See Table 60 as well as Courtney, Piliavin, Grogan-Kaylor, and Nesmith, 2001). Although we were able to complete interviews with 28 incarcerated males, there may have been other incarcerated males who we did not learn about.

MOST RECENT OUT-OF-HOME PLACEMENTS

Table 3 shows the current placement type of the young adults who were still in care and the type of placement from which study participants no longer in care were discharged. Half of those still in care were in some kind of supervised independent living situation,⁸ and nearly 40 percent were living with a foster family or in the home of a relative. In contrast, although nearly two-thirds of those no longer in care reported that their last placement was in a relative or non-relative foster home, only 6 percent reported that they had been discharged from an independent living situation. The most likely explanation for this difference is the fact that the opportunities for independent living provided by the child welfare agencies in the three states are primarily reserved for older adolescents and young adults, and they are more readily available in Illinois, where nearly all of the young adults still in care reside. Another possible explanation is that the information about the current placement of young adults still in care was derived from administrative data, whereas the information about the last placement of young adults no longer in care was based on self-reports.⁹

⁸ The three states provide a wide range of what are commonly referred to as “supervised independent living” and “transitional living” arrangements in which young people live in their own dwelling or together with other wards while being provided with varying degrees of supervision and support by a public and/or private child welfare agency.

⁹ Do to a problem with the wording of a question, those still in care were not asked about their current placement.

Table 3: Most Recent Placement of Study Participants

	Current Placement of Those Still in Care ^a		Last Placement of Those No Longer in Care	
	#	%	#	%
Non-relative foster home	57	20.2	127	39.8
Relative foster home	54	19.1	78	24.5
Group home/residential treatment facility/child caring institution	19	6.7	52	16.3
Adoptive home	0	0.0	5	1.6
Independent living situation	140	49.6	20	6.3
Other	12	4.3	37	11.6
Total	282		319	
Missing	0		2	

^aInformation about current placement of those still in care was obtained from administrative data.

CURRENT LIVING ARRANGEMENTS

We asked the 321 young adults who were no longer in care about their current living arrangements. Twenty-nine percent reported that they were living in their “own place” and 35 percent reported that they were living with their biological parents (17%) or with other relatives (18%). Another 10 percent reported that they were living with foster parents to whom they were not related. That a significant number of these young adults had returned to live with their family of origin is consistent with what many of the young adults told us about the closeness of their relationships with members of their family (See Table 5.)

Table 4: Current Living Arrangements of Study Participants No Longer in Care

	#	%
Own place	92	28.7
Home of biological parent(s)	54	16.8
Home of other relative	57	17.8
Home of non-relative foster parent(s)	32	10.0
Someone else’s home	38	11.8
Group quarters (e.g., dormitories; barracks)	29	9.0
Homeless	2	.6
Other	17	5.3
Total	321	100.0

RELATIONSHIPS WITH FAMILY OF ORIGIN

Despite the fact that the young adults in our study had been removed from the care of their parents, most reported feeling close to one or more members of their family of origin. They generally reported the strongest sense of closeness to grandparents and siblings. Sixty-three percent felt very close to siblings and one-half felt very close to grandparents. Although over two-thirds of the young adults reported feeling somewhat close or very close to their biological mother, nearly one-half reported feeling not at all close to their biological father.

Table 5: Closeness to Family Members

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Biological mother	N=532		N=245		N=287	
Very Close	203	38.2	87	35.5	116	40.4
Somewhat Close	153	28.8	76	31.0	77	26.8
Not Very Close	67	12.6	34	13.9	33	11.5
Not at All Close	109	20.5	48	19.6	61	21.3
Biological father	N=509		N=236		N=273	
Very Close	93	18.3	47	19.9	46	16.8
Somewhat Close	100	19.6	42	17.8	58	21.2
Not Very Close	62	12.2	25	10.6	37	13.6
Not at All Close	254	49.9	122	51.7	132	48.4
Stepmother	N=136		N=71		N=65	
Very Close	35	25.7	24	33.8	11	16.9
Somewhat Close	34	25.0	16	22.5	18	27.7
Not Very Close	16	11.8	8	11.3	8	12.3
Not at All Close	51	37.5	23	32.4	28	43.1
Stepfather	N=140		N=58		N=82	
Very Close	40	28.6	19	32.8	21	25.6
Somewhat Close	39	27.9	12	20.7	27	32.9
Not Very Close	22	15.7	9	15.5	13	15.9
Not at All Close	39	27.9	18	31.0	21	25.6
Grandparents	N=485		N=212		N=273	
Very Close	249	51.3	110	51.9	139	50.9
Somewhat Close	100	20.6	42	19.8	58	21.2
Not Very Close	28	5.8	9	4.2	19	7.0
Not at All Close	108	22.3	51	24.1	57	20.9
Siblings	N=586		N=275		N=311	
Very Close	369	63.0	176	64.0	193	62.1
Somewhat Close	137	23.4	62	22.5	75	24.1
Not Very Close	29	4.9	13	4.7	16	5.1
Not at All Close	51	8.7	24	8.7	27	8.7

SOCIAL SUPPORT

There are various kinds of social support that young adults can receive. Support can be emotional, such as having someone to share feelings with, or informational, such as having someone to turn to for advice. Young adults can also receive tangible support, such as material aid or help with a daily task, or affectionate support, such as being shown love. Finally, support can come in the form of positive social interaction, including the availability of other persons with whom to do fun or relaxing things.

These four types of social support--emotional/informational, tangible, positive social interaction, and affectionate--were measured using the MOS Social Support Survey (Sherbourne & Stewart, 1991). This is a brief, multidimensional, self-administered, social support survey that was developed for patients in the Medical Outcomes Study (MOS), a 2-year study of patients with chronic conditions. Study participants were asked to indicate on a 5-point scale how available each type of support was for them (i.e., 1 = none of the time; 2 = a little of the time; 3 = some of the time; 4 = most of the time; 5 = all of the time). Overall, they report receiving social support some or most of the time (mean score across all items of 3.87). Table 6 shows the mean social support sub-scale scores for each of the four domains as well as mean scores on the individual items. The scores for affectionate support and positive social interaction were higher than the scores for emotional/informational support or tangible support. There were no significant differences between study participants still in care and those no longer in care with respect to self-reported social support.

Table 6: Perceived Social Support of Study Participants

Items	Total		Still in Care		No Longer in Care	
	Mean	Mean	Mean	Mean	Mean	SD
Emotional/Informational Support						
Someone to listen to you	3.86	1.16	3.87	1.17	3.85	1.15
Someone to confide in	3.86	1.20	3.86	1.23	3.86	1.17
Someone to share your worries with	3.51	1.37	3.51	1.34	3.52	1.40
Someone to understand your problems	3.67	1.25	3.67	1.23	3.67	1.27
Someone to give you good advice	3.89	1.11	3.87	1.11	3.91	1.11
Someone to give you information	3.91	1.05	3.93	1.02	3.89	1.08
Someone to give you advice you really want	3.55	1.13	3.62	1.18	3.49	1.25
Someone to turn to for suggestions	3.79	1.15	3.83	1.11	3.75	1.17
Emotional/Informational Scale Score	3.76	.97	3.77	.96	3.74	.99
Tangible Support						
Someone to help you if you were confined to bed	3.64	1.25	3.58	1.24	3.69	1.26
Someone to take you to the doctor	3.96	1.72	3.95	1.58	3.97	1.18
Someone to prepare your meals if you were unable to do it yourself	3.81	1.26	3.72	1.32	3.89	1.21
Someone to help with daily chores if you were sick	3.56	1.32	3.50	1.31	3.62	1.33
Tangible Support Scale Score	3.74	.99	3.69	1.00	3.79	.98
Positive Social Interaction Support						
Someone to have a good time with	4.15	1.04	4.20	1.00	4.20	1.00
Someone to get together with for relaxation	3.72	1.28	3.76	1.28	3.76	1.28
Someone to do something enjoyable with	4.06	1.03	4.05	1.04	4.08	1.02
Positive Social Interaction Scale Score	3.98	.98	3.94	.99	4.01	.97
Affectionate Support						
Someone who shows you love and affection	4.13	1.16	4.02	1.18	4.22	1.14
Someone to love you and make you feel wanted	4.03	1.13	3.99	1.11	4.06	1.15
Someone who hugs you	3.86	1.32	3.82	1.32	3.89	1.33
Affectionate Support Scale Score	4.01	1.07	3.95	1.07	4.06	1.08

INDEPENDENT LIVING SERVICES

The John H. Chafee Foster Care Independence Program provides federal funds to states to help prepare their current and former foster youth for the transition to independent living. Youth may receive services in six domains--educational services, vocational training or employment services, budgeting and financial management services, health education services, housing services, or services to promote their development. These services can be provided by case managers, out-of-home care providers, or social service agencies.

Table 7 shows the percentage of study participants who reported that they had received at least one service in a particular domain *since their first interview*. The only domain in which at least one-half of the young adults received some type of service was educational support, and across all six domains, those still in care were more likely to have received at least one service than those no longer in care: education ($\chi^2 = 16.79, p < .001$), vocational training or employment ($\chi^2 = 8.86, p < .01$), budgeting and financial management ($\chi^2 = 20.37, p < .001$), housing ($\chi^2 = 21.08, p < .001$), health education ($\chi^2 = 12.39, p < .001$), and youth development ($\chi^2 = 18.60, p < .001$).

Table 7: Receipt of Independent Living Services

	Total (N=603)		Still in Care (N=282)		No Longer in Care (N=321)	
	#	%	#	%	#	%
Educational support	312	51.7	171	60.6	141	43.9
Employment/vocational support	259	43.0	139	49.3	120	37.4
Budget and financial management support	221	36.7	130	46.1	91	28.3
Housing services	214	35.5	127	45.0	87	27.1
Health education services	231	38.3	129	45.7	102	31.8
Youth development services	129	21.4	82	29.1	47	14.6

Table 8 lists the specific independent living services the young adults were asked about as well as the percentage who reported receipt of each. In most cases, fewer than one-quarter of the young people reported receiving a specific service, and, where differences existed, those still in care were more likely to have been recipients than those no longer in care.

Table 8: Percentage of Study Participants Who Received Specific Independent Living Services

	Respondents	Total %	Still in Care %	No Longer in Care %	P value
Educational Services					
Career counseling	603	23.7	29.8	18.4	***
Study skills training	602	20.1	26.0	15.0	**
School to work support	599	19.9	25.1	15.3	**
GED preparation	602	12.1	14.6	10.0	
Sat preparation	600	11.6	15.0	8.8	*
College application assistance	603	27.9	36.2	20.6	***
Financial aid/loan application assistance	603	26.7	35.1	19.3	***
Attend University/College fair	602	15.9	21.6	10.9	***
Employment/Vocational Services					
Vocational counseling	599	15.7	21.9	10.3	***
Resume writing workshop	601	18.0	22.7	13.8	**
Assistance identifying employers	601	17.0	19.9	14.4	
Help completing job applications	602	28.2	32.3	24.7	
Help developing interviewing skills	602	27.7	30.5	25.3	
Help with job referral/placement	602	20.2	26.2	15.0	**
Help with use of career resources library	601	13.0	13.1	12.9	
Explanation of benefits coverage	599	12.9	16.1	10.0	*
Help securing work permits/social security card	601	18.3	21.4	15.6	
Given an explanation of workplace values	602	18.9	22.4	15.9	
Received an internship	600	6.3	8.2	4.7	
Summer employment programs	603	15.4	22.0	9.7	***

Note: * p < .05; ** p < .01; *** p < .001

Table 8: Percentage of Study Participants Who Received Specific Independent Living Services (continued)

	Respondents	Total %	Still in Care %	No Longer in Care %	p value
Budget/Financial Management Services					
Money management courses	600	19.7	27.8	12.5	***
Assistance with tax returns	603	14.6	16.7	12.8	
Training on use of a budget	603	26.5	35.8	18.4	***
Training on opening a checking and savings account	603	25.9	31.2	21.2	**
Training on balancing a checkbook	602	23.3	28.4	18.8	*
Developing consumer awareness	597	13.4	16.5	10.7	
Accessing Information on credit	600	14.2	17.4	11.3	*
Housing Services					
Assistance with finding an apartment	602	24.5	34.0	16.2	***
Help with completing apartment application	603	15.8	22.0	10.3	***
Learning about security deposits and utilities	603	18.9	25.2	13.4	***
Handling landlord complaints	603	16.1	23.4	9.7	***
Training on health and safety standards	602	18.4	25.9	11.9	***
Tenants' rights and responsibilities training	603	18.1	24.8	12.1	***
Meal planning and preparation training	603	21.6	28.0	15.9	***
Cleaning classes	602	13.3	17.4	9.7	*
Courses on home maintenance and repairs	601	11.0	16.1	6.5	***
Health Education Services					
Training on personal care needs (basic hygiene)	602	18.6	23.4	14.4	**
Training on nutritional needs	602	21.6	25.9	17.8	*
Training on health/fitness	602	20.6	24.5	17.2	
Training on preventive and routine healthcare	601	19.1	24.9	14.1	**
Accessing health/dental insurance information	601	16.5	22.8	10.9	***
Courses on first aid	603	18.6	20.6	16.8	
Maintaining personal health records	601	17.1	23.1	11.9	***
Information on birth control and family planning	603	27.2	33.7	21.5	***
Education on substance abuse	602	25.9	32.6	20.0	***
Youth Development Services					
Youth conferences	601	10.0	15.0	5.6	***
Youth leadership activities	601	11.8	16.1	8.1	***
Mentoring services	602	13.3	18.5	8.7	***

Note: * p < .05; ** p < .01; *** p < .001

There were also some gender differences in the receipt of independent living services. For example, females were more likely to report that they received three of the educational and employment services: help with college applications ($\chi^2 = 4.15$, $p < .05$), resume writing workshops ($\chi^2 = 5.10$, $p = .05$), and budget training ($\chi^2 = 5.35$, $p < .05$). They were also more likely to report that they received health education services ($\chi^2 = 13.82$, $p < .001$), including nutritional education ($\chi^2 = 5.51$, $p < .05$), information about accessing health and dental

insurance ($\chi^2 = 5.49$, $p < .05$), first aid training ($\chi^2 = 3.94$, $p < .05$), information about family planning and birth control ($\chi^2 = 37.47$, $p < .001$), and substance abuse education ($\chi^2 = 5.69$, $p < .05$).

Because states can use some of their Chafee funds to provide independent living subsidies to current or former foster youth, we also asked our sample of young adults if they had received an independent living subsidy (see Table 9).¹⁰ Although fewer than one-quarter of the young adults reported that they had ever been a recipient, those still in care were more likely to have received an independent living subsidy than those no longer in care ($\chi^2 = 19.28$, $p < .001$). They were also more likely to identify themselves as current independent living subsidy recipients ($\chi^2 = 58.04$, $p < .001$).

Table 9: Receipt of Independent Living Subsidy

	Total Sample			Still in Care			No Longer in Care		
	# of R's	#	%	# of R's	#	%	# of R's	#	%
Ever received an independent living subsidy	597	136	22.8	279	86	30.8	318	50	15.7
Currently receiving an independent living subsidy	135	86	63.7	86	75	87.2	49	11	22.4

EDUCATION

Many foster youth approach the transition to adulthood with significant educational deficits (Courtney, Terao, and Bost, 2004), and these deficits are evident in the educational attainment of our study participants at age 19. Although all but one of the young adults in our sample

¹⁰ States can now use up to 30 percent of their Chafee funds to pay for the room and board of 18- to 20-year-old former foster youth.

were at least 19 years old when they completed their second interview, more than one-third had neither a high school diploma nor a GED. In this regard, there was relatively little difference between those who were still in care and those who had already been discharged ($\chi^2 = .299, p = .584$).

Table 10: Study Participants with a High School Diploma or GED

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
High school diploma	346	57.8	162	57.9	184	57.7
GED	31	5.2	11	3.9	20	6.3
Neither	222	37.1	107	38.2	115	36.1
Total	599	100	280	100	319	100
Missing	4		2		2	

A very different picture emerges when current enrollment in school or training programs is examined. Just under half of the young adults were currently enrolled in a school or training program. However, those still in care were more than twice as likely to be enrolled as those who had been discharged ($\chi^2 = 74.54, p < .001$). Moreover, respondents still in care who did not have a high school diploma or GED were twice as likely as those no longer in care who did not have a high school diploma or GED to be enrolled in a high school or GED program ($\chi^2 = 16.353, p < .001$). The young adults still in care who had a high school diploma or GED were also over three times more likely than their counterparts who were no longer in care to be enrolled in a 2- or 4-year college ($\chi^2 = 49.583, p < .001$).

Table 11: Current Enrollment in School or Training Programs

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Not enrolled	314	52.3	94	33.3	220	69.2
Enrolled in high school or GED program	91	15.2	59	20.9	32	10.1
Enrolled in vocational training program	53	8.8	24	8.5	29	9.1
Enrolled in 2-year college	100	16.7	75	26.6	25	7.9
Enrolled in 4-year college	42	7.0	30	10.6	12	3.8
Total	600	100	280	100	320	100
Missing	3		2		1	

According to Table 12, the young adults in our sample were significantly less likely than 19-year-olds in the Add Health sample to have a high school diploma ($\chi^2 = 110.18, p < .001$) or to have a high school diploma or GED ($\chi^2 = 113.15, p < .001$).

Table 12: Educational Outcomes: Three-State Sample Compared to Add Health Sample

	3-State Sample		Add Health Sample	
	Frequency	Percentage	Frequency	Percentage
High school diploma	346	57.8	434	86.6
GED	31	5.2	20	4.0
Neither	222	37.1	47	9.4
Total	599	100	501	
Missing	4		1	

Table 13 compares the types of educational programs in which the young people in our sample were enrolled to the types of educational programs in which the 19 year olds in the Add Health study were enrolled. Nineteen-year-olds in the Add Health sample were significantly more likely to be enrolled in school than the young adults in our study ($\chi^2 = 97.93, p < .001$), and there was a significant difference between the two groups with respect to the types of programs in which they were enrolled. Thirty-nine percent of the respondents in our study who were currently enrolled in school were enrolled in a regular high school or GED program compared to less than 2 percent of the Add Health Sample ($\chi^2 = 117.154, p < .001$).¹¹ Sixty-two percent of the 19-year-olds in the Add Health sample who were enrolled in school were enrolled in a 4-year college compared to only 18 percent of the young adults in our sample ($\chi^2 = 104.953, p < .001$).

¹¹ Add Health figures do not include enrollment in GED programs.

Table 13: Current School Enrollment: Three-State Sample Compared to Add Health Sample

	Three-State Sample		Add Health Sample	
	#	%	#	%
Enrolled in educational program	236	39.1	295	59.0
Type of Program				
Enrolled in high school or GED program*	91	38.6	6	2.0
Enrolled in 2-year college	100	42.4	101	34.2
Enrolled in 4-year college	42	17.8	182	61.7
Other	0	0.0	5	1.7
Missing	3	1.3	1	0.3

*Add Health figures do not include enrollment in GED programs.

**Vocational training is excluded from this table because Add Health did not distinguish between current and prior enrollment in training programs.

Note: For the specific types of education programs, the percentages shown are of those enrolled.

EMPLOYMENT AND EARNINGS

Although the vast majority of the young adults in our study reported that they had held a job at some point in time, and three-quarters reported that they had worked for pay during the past year, their employment was often sporadic and seldom provided them with financial security. According to Table 14, only 40 percent of the young adults in the Midwest Study were currently employed.

Table 14: Current Employment Status and Recent Work History

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Ever held a job	555	92.2	260	92.2	295	92.2
Worked for pay during the past year	404	67.0	172	61.0	232	72.3
Currently employed	244	40.5	93	33.0	151	47.0

*One respondent did not answer the question about ever holding a job.

Although there was no difference between the young adults who were still in care and those who had been discharged in the likelihood of having held a job, those who had already been discharged were more likely to have worked for pay during the past year ($\chi^2 = 8.641, p < .01$) and more likely to be employed when they were interviewed ($\chi^2 = 12.322, p < .01$). In part, this

difference could reflect the fact that study participants still in care were more likely to be enrolled in school. It is also important to note that, despite this difference, fewer than half of the young adults no longer in care were currently employed. This in turn raises questions as to whether they were required to support themselves, and if so, how they were managing without income from employment.

As Table 15 shows, the young adults in our study were slightly less likely to have held a job than 19-year-olds in the Add Health sample ($\chi^2 = 7.50, p < .01$), and even less likely to be currently employed ($\chi^2 = 34.37, p < .001$).

Table 15: Employment: Three-State Sample Compared to Add Health Sample

	Three-State Sample		Add Health Sample	
	#	%	#	%
Ever held a job	555	92.2	482	96.0
Currently employed	244	40.5	292	58.2

Table 16 shows the number of hours these young people are working each week, and Table 17 shows their wages. Study participants who were currently employed reported working a mean of 32.6 and a median of 35 hours per week. However, those who had been discharged worked about 7 more hours per week than those still in care ($t = 4.185, p < .001$). Again, this difference could reflect the fact that young adults still in care were more likely to be enrolled in school.

Table 16: Hours Worked Per Week at Current Job

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Less than 20 hours	28	11.6	19	20.4	9	6.0
20 to 39 hours	111	50.0	50	53.7	71	47.6
40 hours	21	29.3	20	21.5	51	34.2
More than 40 hours	72	9.1	4	4.3	18	12.1
Total	242		93		149	
Mean	32.59		28.35		35.23	
Median	35		30		35	
Missing	2		0		2	

The mean and median hourly wages reported by study participants who were employed were \$7.54 and \$7.00, respectively. Although the mean hourly wages reported by young adults still in care were somewhat lower than those reported by young adults who had been discharged, this difference was not statistically significant ($t = .174, p = .862$).

Table 17: Hourly Wages at Current Job

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Less than \$5.15	8	3.70	1	1.20	7	5.20
\$5.15 to \$5.99	21	9.70	13	15.90	8	6.00
\$6.00 to \$6.99	64	29.60	20	24.40	44	32.80
\$7.00 to \$7.99	58	26.90	23	28.00	35	26.10
\$8.00 to \$8.99	25	11.60	6	7.30	19	14.20
\$9.00 to \$9.99	18	8.30	8	9.80	10	7.50
\$10.00 to \$10.99	14	6.50	8	9.80	6	4.50
\$11.00 to \$11.99	5	2.30	2	2.40	3	2.20
\$12.00 or more	3	1.40	1	1.20	2	1.50
Total	216		82		134	
Mean	7.54		7.49		7.57	
Median	7		7		7	
Missing	28		11		17	

There was very little difference in the number of hours worked per week between the employed young adults in our sample (mean = 32.6) and the employed 19-year-olds in the Add Health Sample (mean = 31.1). Nor was there much difference between our employed study participants (mean = \$7.54) and the employed 19-year-olds in the Add Health Sample (mean = \$7.64) in terms of the hourly wages they were paid.

What is particularly striking about the employment of these young adults is just how little they earned during the past year. Table 18 shows that, of the study participants who reported any

income from employment during the past year, more than three-quarters earned less than \$5,000, and 90 percent earned less than \$10,000.¹²

Table 18: Income from Employment During the Past Year

	Number of Respondents	Total %	Still in Care %	No Longer in Care %
Any income from employment during the past year	570	77.2	69.2	84.7
Amount of income from employment (among those employed during the past year)	431			
\$5,000 or less		76.1	80.4	72.9
\$5,001 to \$10,000		13.9	12.0	15.4
\$10,001 to \$25,000		8.1	7.1	8.9
\$25,001 to \$50,000		1.9	0.5	2.8
Missing = 9				

Study participants no longer in care were more likely than those still in care to report income from employment during the past year ($\chi^2 = 19.404$, $p < .001$), but the difference between their earnings distributions was not statistically significant ($\chi^2 = 5.103$, $p = .164$).

Table 19 compares earnings for the year prior to their second interview reported by the young adults in our sample to the earnings reported by the 19-year-olds in the Add Health sample for the calendar year prior to the year of their third interview, either 2000 or 2001. The comparison is somewhat crude because the two studies used different earnings categories.¹³

Nevertheless, the data indicate that the young adults in our sample were more likely to report earnings of \$10,000 or less than their same-age peers in the Add Health sample ($\chi^2 = 19.574$, $p < .001$).

¹² These figures do not agree with the data shown in Table 15 due to discrepancies in respondents' answers to distinct questions about their employment. Specifically, 395 respondents indicated that they had worked during the past year while 440 reported at least some income from employment.

¹³ The Add Health study uses the following categories: less than \$10,000; \$10,000 to \$14,999; \$15,000 to \$19,999; \$20,000 to \$29,999; \$30,000 to \$39,999; \$40,000 to \$49,999; \$50,000 to \$74,999; and \$75,000 or more. The categories we used are shown in Table 19.

**Table 19: Income from Employment During the Past Year:
Three-State Sample Compared to Add Health Sample**

	Three-State Sample		Add Health Sample	
	#	%	#	%
Any income from employment during the past year	440	77.2	447	89.9
Amount of income from employment (among those employed during the past year)				
\$10,000 or less	388	90.0	324	79.0
More than \$10,000	43	10.0	86	21.0
Missing	9		37	

ECONOMIC HARDSHIPS

Not surprisingly, given their generally low level of educational attainment and limited employment, many of the young adults in the Midwest Study reported experiencing one or more recent indicators of economic hardship. Fifty-five percent of our respondents reported at least one of the first seven hardships listed in Table 20, and those no longer in care were more likely to report at least one of the hardships than their still-in-care counterparts ($\chi^2 = 25.516, p < .001$). They also reported significantly more hardships ($t = 4.754, p < .001$). In terms of the individual hardships, four were significantly more likely to be reported by young adults no longer in care than by those still in care: not having enough money to pay rent; not having enough money to pay a utility bill, being evicted, and sometimes or often not having enough food to eat.

Table 20: Economic Hardships

	Number of Respondents	Total Sample %	Still in Care %	No Longer in Care %
(1) Not enough money to buy clothing	591	38.1	36.1	39.9
(2) Not enough money to pay rent	584	12.0	4.7	18.6
(3) Not enough money to pay utility bill	589	12.2	6.5	17.4
(4) Gas or electricity shut off	591	3.0	1.8	4.2
(5) Phone service disconnected	592	21.1	20.0	22.1
(6) Evicted	589	4.4	1.1	7.4
(7) Sometimes or often not enough food to eat	592	7.7	3.6	11.5
Mean number of hardships (1 – 7)	583	.981	.733	1.21
(8) Ever homeless post-discharge*	323	----	----	13.8

*Only asked of respondents who said they were no longer in care.

As shown in Table 21, the young adults in our sample were twice as likely as the 19-year-olds in the Add Health sample to report not having enough money to pay their rent or mortgage ($\chi^2 = 13.43$, $p < .001$), twice as likely to report being unable to pay a utility bill ($\chi^2 = 10.17$, $p < .01$), and 1.5 times as likely to report having their phone service disconnected ($\chi^2 = 9.45$, $p < .01$).¹⁴ Although evictions were not reported by a large percentage of either sample, our study participants were four times as likely to report being evicted as their Add Health counterparts ($\chi^2 = 8.48$, $p < .01$).

Table 21: Economic Hardships: Three-State Sample Compared to Add Health Sample

	Three State Sample		Add Health Sample	
	#	%	#	%
Not enough money to pay rent/mortgage	70	12.0	28	5.6
Not enough money to pay utility bill	72	12.2	33	6.6
Gas or electricity shut off	18	3.0	16	3.2
Phone service disconnected*	125	21.1	70	13.9
Evicted	20	4.4	4	.8

*Add Health asked if without phone service for any reason.

¹⁴ The Add Health question was more encompassing in that it asked whether the respondent had been without phone service for any reason.

Two other important indicators of economic hardship are homelessness and housing instability. Although only 2 of the 321 young adults who were no longer in care reported that they were currently homeless, 14 percent reported that they had been homeless at least once since they were discharged.¹⁵ In addition, more than a third reported that their living arrangements had changed at least twice during that period of time.

Being in debt can also be a sign of economic hardship. Table 22 explores the indebtedness of the young people in our study. Just over half of the young adults reported that they had borrowed at least \$200 from family or friends since the first time they were interviewed, and 27 percent reported that they had some other form of debt, excluding student loans, auto loans, and mortgages. Study participants no longer in care were more than twice as likely as those still in care to have borrowed at least \$200 ($\chi^2 = 14.224, p < .001$). Although they were also more than twice as likely to report having some other form of debt ($\chi^2 = 42.82, p < .001$), there was no significant difference between young adults still in care and those no longer in care with respect to the amount of debt reported ($\chi^2 = 5.38, p = .146$).

Table 22: Indebtedness

	Number of Respondents	Total %	Still in Care %	No Longer in Care %
Borrowed at least \$200 from family or friends since last interview	579	12.6	7.2	17.6
Any other debt (excluding student loans, auto loans and mortgage)	579	26.9	14.4	38.5
Total amount of debt from other sources	148			
\$1 - \$1,000		68.9	73.7	67.3
\$1,001 - \$2,500		16.2	7.9	19.1
\$2,501 - \$5,000		12.2	18.4	10.0
More than \$5,000		2.7	0.0	3.6
Any savings/checking account?	582	46.6	48.0	45.5

¹⁵ Those still in care were not asked about homelessness.

Although money management is an important part of living independently, fewer than half of our respondents reported having a savings or checking account, and those still in care were as likely to report having an account as their counterparts who were no longer in care ($\chi^2 = .377$, $p = .539$). That only 46 percent of the young adults in our sample had a savings or checking account is particularly striking given that nearly 82 percent of the 19-year-olds in the Add Health sample reported that they did ($\chi^2 = .148.20$, $p < .001$).

The final indicator of economic hardship that we included in our interviews was a set of twelve items from the USDA's measure of food security (Bickel, Nord, Price, Hamilton and Cook, 2000). These items and the percentage of study participants who responded affirmatively to each are shown in Table 23. More than 20 percent of the young adults responded affirmatively to four particular items concerning food insecurity: getting food or borrowing money for food from others; worrying about running out of food and not being able to afford more; not being able to afford more food when food did not last; and not being able to afford to eat balanced meals. Those no longer in care were more likely than those still in care to indicate that they had experienced eight of these problems.

Table 23: Food Insecurity

	Number of Respondents	Total Sample %	Still in Care %	No Longer in Care %	P value
(1) Got food or borrowed money for food from friends or family	592	23.3	17.5	28.5	**
(2) Put off paying bill to buy food	593	10.8	6.8	14.4	**
(3) Received emergency food	594	12.5	5.0	19.1	***
(4) Received a meal from a soup kitchen	594	4.2	2.9	5.4	
(5) Cut size of meals because you could not afford more	594	11.1	5.4	16.2	***
(6) Did not eat for a whole day because there was not enough money for food	593	8.3	2.9	13.1	***
(7) Did not eat as much as you thought you should because you did not have enough money for food	593	12.8	6.1	18.8	***
(8) Hungry but didn't eat because could not afford food	593	10.6	5.4	15.3	***
(9) Lost weight because didn't have enough food	591	8.3	3.2	12.9	***
(10) Sometimes or often worried about running out of food because could not afford more	593	29.4	29.6	29.1	
(11) Sometimes or often food didn't last and could not afford more	593	25.6	23.2	27.8	
(12) Sometimes or often could not afford to eat balanced meals	593	24.1	22.1	25.9	
Mean score on 5 item food security measure	593	.843	.621	1.039	
Categorized as food insecure*	593	24.8	22.5	26.8	

*Responded affirmatively to at least 2 of these 5 items from the short form of the USDA's food insecurity measure: #5, #6, #7, #11, and #12.

Note: * p < .05; ** p < .01; *** p < .001

We used five of these items to construct a food security composite score similar to the short form of the USDA's food security measure. Study participants who responded affirmatively to at least two of these five items were categorized as *food insecure*. Overall, a quarter of the participants were categorized this way. The young adults no longer in care responded affirmatively to significantly more of these items than those still in care ($t = 3.431$, $p < .01$), but were no more likely to be categorized as food insecure ($\chi^2 = 1.437$, $p = .231$).

RECEIPT OF GOVERNMENT BENEFITS

Overall, the young people in our study have not been successful at supporting themselves.

Table 24 shows the proportion of former foster youth in our study who received various government benefits. Thirty-nine percent ($n = 234$) of the young people in this study had received one or more of the government benefits listed in Table 24 since their first interview (34% if “other” is excluded) and just over one-quarter ($n = 154$) were currently receiving one or more (23% if “other” is excluded).¹⁶ Excluding Unemployment Insurance and Workers’ Compensation, where eligibility is dependent upon prior labor market participation, 37.5 percent of our sample ($n = 226$) had received one or more need-based government benefits since their first interview (32.5% if “other” is excluded) and one-quarter ($n = 152$) were currently receiving one or more (23% if “other” is excluded).

Table 24: Receipt of Government Benefits

	Number of Respondents	Ever Received %	Currently Receiving %	Current recipients as a percentage of all recipients %
Unemployment insurance	578	2.0	0.2	10.0
Workers’ compensation	579	0.8	0.3	37.5
Food stamps	578	24.8	16.8	67.7
Public housing/rental assistance	576	6.1	2.7	44.3
Low-income family assistance (TANF) ^a	103	15.5	10.7	69.0
Other welfare payments	577	9.6	4.6	47.9
WIC ^b	96	92.7	64.6	69.2

^aAs a percentage of young adults living with at least one child

^bAs a percentage of females living with at least one child

Both young adults still in care and those no longer in care reported some benefit receipt, according to Figure 25. However, young adults no longer in care were more likely to report

¹⁶ The question about “other welfare payments” was worded in the following way: “Now I’d like to ask you about other welfare programs such as SSI, general assistance payments, emergency assistance payments, or Cuban/Haitian or Indian assistance payments.”

that they had ever received food stamps, TANF, or other welfare payments than those still in care. They were also more likely to report that they were current recipients of food stamp, TANF and other welfare payments. Although young adults no longer in care were more likely to report having lived in public housing or received rental assistance, they were no more likely than those still in care to report being current public housing residents or rental assistance recipients.

Table 25: Receipt of Government Benefits by Care Status (Percentages)

	Number of Respondents	Still in Care		No Longer in Care	
		Ever	Current	Ever	Current
		%	%	%	%
Unemployment insurance	578	1.8	0.0	2.3	0.3
Workers compensation	579	1.4	0.7	0.3	0.0
Food stamps	578	12.1	10.7	36.1	22.3
Public housing/rental assistance	576	3.6	1.8	8.4	3.5
Low income family assistance (TANF) ^a	103	4.0	4.0	26.4	17.0
Other welfare payments	577	2.5	1.8	16.0	7.0
WIC ^b	96	93.9	57.1	91.5	72.3

^aAs a percentage of young adults living with at least one child

^bAs a percentage of females living with at least one child

There were some gender differences in benefit receipt, as shown in Table 26. Females were more than twice as likely as their male counterparts to report ever having received food stamps, and more than three times more likely to report being current food stamp recipients. Although females living with their children were also more than twice as likely as their male counterparts to report having ever received TANF, the difference was not statistically significant.

However, only females living with children reported current TANF receipt. Altogether, 50 percent of the female study participants ($n = 163$) and 26 percent of the male study participants ($n = 71$) had received one or more of the government benefits listed in Table 26 since their first interview (46% and 20% if “other” is excluded) and 37 percent of females ($n = 122$) and 12

percent of males ($n = 32$) were currently receiving one or more (35% and 9% if “other” is excluded). Excluding Unemployment Insurance and Workers’ Compensation, 48.5 percent of female study participants ($n = 158$) and 24.5 percent of male study participants ($n = 68$) had received one or more of the need-based government benefits since their first interview (44% and 19%, respectively, if “other” is excluded) and 37 percent of females ($n = 122$) and 11 percent of males ($n = 30$) were currently receiving one or more (35 and 8% if “other” is excluded).

Table 26: Receipt of Government Benefits by Gender (Percentages)

	Number of Respondents	Females		Males	
		Ever	Current	Ever	Current
		%	%	%	%
Unemployment insurance	578	2.8	0.0	1.1	0.4
Workers compensation	579	0.9	0.3	0.7	0.4
Food stamps	578	33.1	25.2	14.6	6.7
Public housing/rental assistance	576	6.2	3.4	6.0	1.9
Low-income family assistance (TANF) ^a	103	15.6	11.5	14.3	0.0
Other welfare payments	577	10.7	5.5	8.3	3.4
WIC ^b	96	92.7	64.6	-----	-----

^aAs a percentage of young adults living with at least one child

^bAs a percentage of females living with at least one child

The young adults in our sample were significantly more likely to be receiving food stamps ($\chi^2 = 59.771$, $p < .001$) than 19-year-olds in the Add Health sample ($\chi^2 = 3.94$, $p < .05$).¹⁷ There was no statistically significant difference in the likelihood of TANF receipt among young adults living with at least one child in their custody.

¹⁷ Although the young people in the Add Health sample were asked about other government benefits they might have received (e.g., unemployment insurance, workers compensation, housing assistance), the questions referred to the past year whereas our questions referred to the period since the first interview.

**Table 27: Current Receipt of Government Benefits:
Three-State Sample Compared to Add Health Sample**

	Three-State Sample		Add Health Sample	
	#	%	#	%
Food stamps	100	16.8	14	2.8
*Low-income family assistance (TANF)	11	10.7	11	22.4

*As a percentage of young adults living with at least one child

HEALTH AND MENTAL HEALTH STATUS AND SERVICE UTILIZATION

The young adults in our sample were asked a series of questions designed to assess their current physical well-being, and Table 28 provides a detailed picture of the health status of these young people. Although over three-quarters described their health as good to excellent, one-quarter indicated that health conditions limit their ability to engage in vigorous activity, and 10 percent indicated that health conditions limit their ability to engage in moderate activity. One-third of the young adults in our sample reported going to the emergency room at least three times during the past 5 years, and nearly a quarter had experienced more than one hospitalization during that same period of time. Of the young adults who had been hospitalized, more than half reported that their most recent hospitalization occurred within the past 12 months. Overall, the largest percentage of these most recent hospitalizations were pregnancy related, followed by illness and injury or accident. However, among males, the largest percentage was due to injury or accident. There were no statistically significant between those still in care and those no longer in care with respect to any of these measures of health status.

Table 28: Health Status of Study Participants

	Total Sample (N=603)		Still in Care (N=282)		No Longer in Care (N=321)	
	#	%	#	%	#	%
Description of general health						
Excellent	181	30.0	98	34.8	83	25.9
Very good	184	30.5	86	30.5	98	30.5
Good	164	27.2	70	24.8	94	29.3
Fair	67	11.1	24	8.5	43	13.4
Poor	7	1.2	4	1.4	3	0.9
Health limits any vigorous activities						
Not at all limited	456	75.6	212	75.2	244	76.0
Limited a little	110	18.2	53	18.8	57	17.8
Limited a lot	37	6.1	17	6.0	20	6.2
Health limit any moderate activities						
Not at all limited	551	91.35	252	89.38	299	93.63
Limited a little	36	5.97	18	6.38	18	5.77
Limited a lot	16	2.65	12	4.26	4	1.28
Seriousness of worst injury during the past year						
Very minor	261	45.0	124	47.3	137	43.1
Minor	236	40.7	102	38.9	134	42.1
Serious	52	9.0	24	9.2	28	8.8
Very serious	22	3.8	5	1.9	17	5.3
Extremely serious	9	1.6	7	2.7	2	0.6
Number of ER visits during the past 5 years						
0	188	31.7	92	33.6	96	30.1
1-2	208	35.1	96	35.0	112	35.1
3-5	113	19.1	57	20.8	56	17.6
6-8	26	4.4	6	2.2	20	6.3
9+	58	9.8	23	8.4	35	11.0
Number of hospitalizations during the past 5 years						
0	376	62.6	168	60.0	208	64.8
1	138	23.0	71	25.4	67	20.9
2-3	62	10.3	28	10.0	34	10.6
4-5	12	2.0	5	1.8	7	2.2
6+	13	2.2	8	2.9	5	1.6
Missing = 1						
Length of time since most recent hospitalization						
Within the past 3 months	56	24.8	22	19.6	34	29.8
4-6 months ago	29	12.8	12	10.7	17	14.9
7-9 months ago	21	9.3	9	8.0	12	10.5
10-12 months ago	16	7.1	4	3.6	12	10.5
More than 1 but less than 2 years ago	36	15.9	22	19.6	14	12.3
At least 2 years ago	68	30.1	43	38.4	25	21.9
Reason for most recent hospitalization						
Illness	42	18.6	21	18.8	21	18.4
Injury or accident	37	16.4	20	17.9	17	14.9
Drug use or emotional problem	30	13.3	18	16.1	12	10.5
Pregnancy-related	87	38.5	44	39.3	43	37.7
Elective Surgery	9	4.0	1	0.9	8	7.0
Other	21	9.3	8	7.1	13	11.4

We asked the young adults in our sample about how frequently they experienced a variety of health problems during the past year including headache, stomach ache, sore throat or cough, being very tired, skin problems, muscle or joint aches, trouble sleeping, trouble relaxing, moodiness, and, for females, menstrual cramps. Several of these problems were experienced more frequently by those no longer in care than by those still in care: stomach aches ($\chi^2=9.471$, $p<.05$); skin problems ($\chi^2=12.507$, $p<.014$); muscle or joint aches ($\chi^2=12.162$, $p<.016$); trouble sleeping ($\chi^2=10.275$, $p<.036$); trouble relaxing ($\chi^2=18.599$, $p<.001$); and moodiness ($\chi^2=13.701$, $p<.008$). Although those no longer in care were no more likely than those who remained in care to describe their overall health as only fair or poor, and were no more likely to report inability to engage in vigorous or moderate activities, the differences in reported health symptoms are concerning, and may be a reflection of the stress associated with the transition to independent living, especially in the absence of sufficient social supports.

Table 29: Frequency of Health Problems During the Past Year

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Headache						
Never	70	11.6	34	12.1	36	11.2
Just a few times	366	60.7	182	64.5	184	57.3
About once per week	95	15.8	38	13.5	57	17.7
Almost every day	58	9.6	23	8.2	35	10.9
Every day	14	2.3	5	1.8	9	2.8
Stomach ache						
Never	102	16.9	49	17.4	53	16.5
Just a few times	388	64.3	185	65.6	203	63.2
About once per week	67	11.1	36	12.8	31	9.7
Almost every day	37	6.1	10	3.5	27	8.4
Every day	9	1.5	2	0.7	7	2.2
Sore throat or cough						
Never	141	23.4	64	22.7	77	24.0
Just a few times	424	70.3	207	73.4	217	67.6
About once per week	26	4.3	10	3.5	16	5.0
Almost every day	11	1.8	1	0.4	10	3.1
Every day	1	0.2	-	-	1	0.3

Table 29: Frequency of Health Problems During the Past Year (continued)

	Total Sample		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Very tired						
Never	228	37.8	99	35.1	129	40.2
Just a few times	217	36.0	114	40.4	103	32.1
About once per week	70	11.6	31	11.0	39	12.1
Almost every day	61	10.1	29	10.3	32	10.0
Every day	27	4.5	9	3.2	18	5.6
Skin problems						
Never	305	50.6	159	56.4	146	45.5
Just a few times	192	31.89	87	30.9	105	32.7
About once per week	41	6.8	13	4.6	28	8.7
Almost every day	30	5.0	8	2.8	22	6.9
Every day	35	5.8	15	5.3	20	6.2
Muscle or joint aches						
Never	216	35.8	107	37.9	109	34.0
Just a few times	259	43.0	124	44.0	135	42.1
About once per week	76	12.6	38	13.5	38	11.8
Almost every day	37	6.1	11	3.9	26	8.1
Every day	15	2.5	2	0.7	13	4.0
Trouble sleeping						
Never	287	47.6	142	50.4	145	45.2
Just a few times	165	27.4	83	29.4	82	25.5
About once per week	65	10.8	29	10.3	36	11.2
Almost every day	63	10.4	18	6.4	45	14.0
Every day	23	3.8	10	3.5	13	4.0
Trouble relaxing						
Never	298	49.4	151	53.5	147	45.8
Just a few times	178	29.5	87	30.9	91	28.3
About once per week	47	7.8	24	8.5	23	7.2
Almost every day	52	8.6	15	5.3	37	11.5
Every day	28	4.6	5	1.8	23	7.2
Moodiness						
Never	136	22.6	70	24.8	66	20.6
Just a few times	246	40.8	127	45.0	119	37.1
About once per week	99	16.4	41	14.5	58	18.1
Almost every day	75	12.4	32	11.3	43	13.4
Every day	47	7.8	12	4.3	35	10.9
Menstrual cramps (females only)						
	<i>N</i> =327	<i>N</i> =165	<i>N</i> =162			
Never	95	29.1	51	30.9	44	27.2
Just a few times	166	50.8	80	48.5	86	53.1
About once per week	12	3.7	8	4.8	4	2.5
Almost every day	38	11.6	18	10.9	29	12.3
Every day	16	4.918	18	4.8	8	4.9

Because many of the health-related questions we asked were drawn from the National

Longitudinal Study of Adolescent Health, we are able to compare the health status of the young

adults in our sample to the health status of the nationally representative Add Health sample of 19-year-olds (see Table 30). The adults in our sample tended to describe their overall health less favorably ($\chi^2 = 33.122$, $p < .001$) and were more likely to report that health conditions limited their ability to engage in moderate activity ($\chi^2 = 9.891$, $p < .01$). They also reported more ER visits ($\chi^2 = 29.446$, $p < .001$) and more hospitalizations ($\chi^2 = 127.581$, $p < .001$) during the past 5 years. Finally, there was a statistically significant difference in the reasons they reported for their most recent hospitalization ($\chi^2 = 16.963$, $p < .01$). Specifically, the young adults in our sample were less likely to report that their most recent hospitalization had been due to illness, injury, or accident and more likely to report that it had been due to drug use or emotional problems.

Table 30: Health Status: Three-State Sample Compared to Add Health Sample

	Three-State Sample (N = 603)		Add Health Sample (N = 502)	
	#	%	#	%
Description of general health				
Excellent	181	30.0	170	33.9
Very good	184	30.5	207	41.2
Good	164	27.2	100	19.9
Fair	67	11.1	21	4.2
Poor	7	1.2	4	0.8
Health limits any vigorous activities				
Not at all limited	456	75.6	387	77.40
Limited a little	110	18.2	93	18.60
Limited a lot	37	6.1	20	4.00
Health limits any moderate activities				
Not at all limited	551	91.35	476	95.01
Limited a little	36	5.97	23	4.59
Limited a lot	16	2.65	2	0.40
Number of ER visits during the past 5 years				
0	188	31.7	200	40.98
1-2	208	35.1	180	36.89
3-5	113	19.1	82	16.80
6-8	26	4.4	12	2.46
9+	58	9.8	14	2.87
Number of hospitalizations during the past 5 years				
0	376	62.6	396	81.48
1	138	23.0	71	14.61
2-3	62	10.3	24	4.94
4-5	12	2.0	4	0.82
6+	13	2.2	1	0.21
Length of time since most recent hospitalization				
Within the past 3 months	56	24.8	11	11
4-6 months ago	29	12.8	15	15
7-9 months ago	21	9.3	11	11
10-12 months ago	16	7.1	9	9
More than one but less than 2 years ago	36	15.9	22	22
At least 2 years ago	68	30.1	32	32
Reason for most recent hospitalization				
Illness	42	18.6	27	27
Injury or accident	37	16.4	23	23
Drug use or emotional problem	30	13.3	4	4
Pregnancy-related	87	38.5	40	40
Elective Surgery	9	4.0	5	5
Other	21	9.3	1	1

Data pertaining to the utilization of mental health services as well as clinical assessments suggest that mental health problems are more prevalent among youth in foster care than among their same-aged peers in the general population (Leslie, Landsverk, Ezzet-Lofstrom, Tschann, Slymen, & Garland, 2000). The risk of developing mental health problems may be especially high for those making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge.¹⁸

We assessed the mental health of the young adults in our sample using the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). The CIDI is a highly structured interview designed for use by non-clinicians that generates both lifetime and current (i.e., past 12 months) psychiatric diagnoses according to the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). The items included in our second interview were taken from the lifetime version of the CIDI.

Exactly one-third of all the young adults we interviewed were found to have at least one of the mental health diagnoses presented in Table 31. The most prevalent mental health problems were PTSD, alcohol abuse, substance abuse, and major depression. Compared to young adults still in care, respondents no longer in care had notably higher lifetime prevalence rates of alcohol dependence ($t = 2.5, p < .01$), alcohol abuse ($t = 3.4, p < .001$), substance dependence ($t = 2.0, p = .04$), and substance abuse ($t = 3.4, p < .001$).

¹⁸ Consistent with this hypothesis, we asked the young adults in our sample who were no longer in care if they had experienced a psychiatric hospitalization since they were discharged. Six percent of those young adults indicated that they had been. By comparison, only 3 percent of the 19-year-olds in the Add Health sample reported a psychiatric hospitalization during the past 5 years.

Table 31: Lifetime CIDI Diagnoses

	Total Sample (N=603)		Still in Care (N=282)		No Longer in Care (N=321)	
	#	%	#	%	#	%
Alcohol Dependence	26	4.3	6	2.1	20	6.2
Alcohol Abuse	63	10.5	17	6.0	46	14.3
Substance Dependence	23	3.8	6	2.1	17	5.3
Substance Abuse	66	10.9	18	6.4	48	15.0
Post Traumatic Stress Disorder (PTSD)	76	12.6	36	12.8	40	12.5
Major Depression	50	8.3	17	6.1	33	10.3
Dysthymia	4	0.7	0	0	4	1.3
Social Phobia	3	0.5	3	1.0	0	0
Generalized Anxiety Disorder	0	0	0	0	0	0

There were statistically significant gender differences in lifetime prevalence rates (see Table 32). Alcohol abuse ($t = 2.1, p = .03$) and substance abuse ($t = 2.8, p = .001$) were more prevalent among males, while major depression ($t = 2.7, p = .007$) and PTSD ($t = 4.0, p < .001$) were more prevalent among females.

Table 32: Lifetime CIDI Diagnoses by Gender

	Male (N=277)		Female (N=326)	
	#	%	#	%
Alcohol Dependence	11	4.0	15	4.6
Alcohol Abuse	37	13.4	26	8.0
Substance Dependence	14	5.1	9	2.8
Substance Abuse	41	14.8	25	7.7
Post Traumatic Stress Disorder (PTSD)	19	6.9	57	17.5
Major Depression	14	5.1	36	11.1
Dysthymia	2	0.7	2	0.6
Social Phobia	0	0	3	0.9
Generalized Anxiety Disorder	0	0	0	0

The presence of differences in lifetime prevalence rates between young adults still in care and those no longer in care raises the question of whether these differences existed prior to the latter's discharge or whether they are a more recent phenomenon. We addressed this question by estimating rates of *recent* mental health diagnoses among the study participants, focusing

on diagnoses where the most recent episode began or ended when the respondent was 18-19 years old (see Table 33).

One-quarter of the respondents, or nearly three-quarters (74%) of those with at least one lifetime diagnosis, had one or more recent diagnoses. Moreover, young adults who were no longer in care had higher rates of recent alcohol abuse ($t = 3.3, p = .001$), substance dependence ($t = 2.3, p = .02$), and substance abuse ($t = 2.9, p = .004$). This suggests that much of the difference in self-reported substance dependence and abuse between young adults still in care and those no longer in care may be due to relatively recent problems among the latter.

Table 33: Recent Diagnoses

	Total Sample ($N=603$)		Still in Care ($N=282$)		No Longer in Care ($N=321$)	
	#	%	#	%	#	%
Alcohol Dependence	18	3.0	6	2.1	12	3.7
Alcohol Abuse	46	7.6	11	3.9	35	10.9
Substance Dependence	19	3.2	4	1.4	15	4.7
Substance Abuse	56	9.3	16	5.7	40	12.5
Post Traumatic Stress Disorder (PTSD)	36	6.0	14	5.0	22	6.9
Major Depression	34	5.6	12	4.3	22	6.9
Dysthymia	2	0.3	0	0	2	0.6

We also observed the same pattern of gender differences in recent diagnoses that were found in lifetime prevalence rates (Table 34). Specifically, males were more likely to be diagnosed with recent alcohol abuse ($t = 2.1, p = .04$) and substance abuse ($t = 3.2, p = .001$), while females were more likely to be diagnosed with recent depression ($t = 2.4, p = .02$) and PTSD ($t = 2.3, p = .02$).

Table 34: Recent Diagnoses by Gender

	Male (N=277)		Female (N=326)	
	#	%	#	%
Alcohol Dependence	10	3.6	8	2.5
Alcohol Abuse	28	10.1	18	5.5
Substance Dependence	10	3.6	9	2.8
Substance Abuse	37	13.4	19	5.8
Post Traumatic Stress Disorder (PTSD)	10	3.6	26	8.0
Major Depression	9	3.2	25	7.7
Dysthymia	1	0.4	1	0.3

In addition to questions about their physical and mental health status, we asked the young adults in our sample about their health and mental health care service utilization. The results are shown in Tables 35 and 36. Young adults still in care were more likely to report having health insurance ($\chi^2=186.75$, $p < .001$), having had a medical examination ($\chi^2=7.05$, $p<.008$), and having visited a dentist ($\chi^2=8.19$, $p=.004$) since their first interview than those who had left care. Conversely, young adults no longer in care were significantly more to report not receiving medical care ($\chi^2=36.01$, $p<.001$) or dental care ($\chi^2=7.29$, $p=.007$) that they thought they needed. Regardless of whether the young adults were still in care or not, the main barriers preventing them from receiving care were the perceived cost of care (45.7%; $n = 37$) and being uninsured (67.9%; $n = 55$).

Table 35: Health Care Service Utilization

	Number of Respondents	Total Sample N=603		Still in Care N=282		No Longer in Care N=321	
		#	%	#	%	#	%
		Has health insurance	586	418	71.3	273	98.2
Medical exam since last interview	603	286	47.4	150	53.2	136	42.4
Dental exam since last interview	106	80	13.0	41	14.5	40	12.5
Did not receive needed medical care	600	81	13.5	13	4.6	68	21.4
Did not receive needed dental care	590	81	13.7	19	6.8	62	20.1

Twenty-one percent of the young adults in our sample reported receiving psychological or emotional counseling in the year prior to the interview, and young adults still in care were twice as likely to report receipt of those services as those no longer in care ($\chi^2=19.97$, $p < .001$). There were no other differences between young adults still in care and those no longer in care in the receipt of mental or behavioral health services in the past year.

Table 36: Mental and Behavioral Health Care Services Utilization

	Number of Respondents	Total Sample		Still in Care		No Longer in Care	
		N=603		N=282		N=321	
		#	%	#	%	#	%
Received psychological or emotional counseling	602	124	20.6	80	28.5	44	13.7
Attended substance abuse treatment program	603	45	7.5	21	7.4	24	7.5
Received medication for emotional problems	601	93	15.4	44	15.6	49	15.3

The young adults in our study were more than twice as likely to have received psychological or emotional counseling ($\chi^2 = 27.4739$, $p < .001$) and to have attended a substance abuse treatment program ($\chi^2 = 10.6324$, $p < .001$) in the prior year than 19 year olds in the Add Health sample.

Table 37: Health Care Service Utilization: Three-State Sample Compared to Add Health Sample

	Three-State Sample		Add Health Sample	
	#	%	#	%
Received psychological or emotional counseling during past year	124	20.6	46	9.2
Attended substance abuse treatment program during the past year	45	7.5	15	3.0

Eleven percent of the young adults in our sample—primarily, but not entirely females--reported receiving family planning services. According to Table 38, young adults still in care were more likely to report receiving family planning services than young adults no longer in care (χ^2

= 9.18, $p < .01$), and this difference persisted when the analysis was limited to females ($\chi^2 = 4.79$, $p < .05$).

Table 38: Receipt of Family Planning Services

	Number of Respondents	Total Sample		Still in Care		No Longer in Care	
		#	%	#	%	#	%
Total	603	67	11.1	43	15.2	24	7.5
Females	326	48	14.7	31	19.0	17	10.4
Males	277	19	6.9	12	10.1	7	4.4

SEXUAL BEHAVIORS

The young adults in our sample were asked a series of questions about their sexual behaviors that were selected from the Wave 3 Add Health survey instrument. These included questions related to sexuality, “safe” sex practices, and high-risk behaviors. By comparing their responses to those given by 19-year-olds in the Add Health sample, we can see how the young adults in our sample compare to national norms.

The vast majority of the young adults in our sample identified themselves as “100 percent heterosexual.” This was true regardless of whether they were still in care or had already been discharged ($\chi^2 = .008$, $p = .931$). Nevertheless, about one in seven of our study participants chose to self-identify in another way, with 6.7 percent identifying themselves as “bisexual,” “mostly homosexual,” or “100 percent homosexual.”

Table 39: Youth Self-Report of Sexual Orientation

	Total (N=544)		Still in Care (N=258)		No Longer in Care (N=286)	
	#	%	#	%	#	%
100% heterosexual	461	84.7	219	84.9	242	84.6
Mostly heterosexual, but somewhat attracted to people of the same sex	36	6.6	19	7.4	17	5.9
Bisexual	18	3.3	3	1.2	15	5.2
Mostly homosexual, but somewhat attracted to people of the opposite sex	7	1.3	2	.8	5	1.7
100% homosexual	11	2.0	8	3.1	3	1.0
Not sexually attracted to males or females	11	2.0	7	2.7	4	1.4

The males in our sample were significantly more likely than the females to identify themselves as “100 percent heterosexual” ($\chi^2 = 9.889$, $p < .01$).

Table 40: Youth Self-Report of Sexual Orientation by Gender

	Male (N=267)		Female (N=319)	
	#	%	#	%
100% heterosexual	225	90.0	236	80.3
Mostly heterosexual, but somewhat attracted to people of the same sex	7	2.8	29	9.9
Bisexual	4	1.6	14	4.8
Mostly homosexual, but somewhat attracted to people of the opposite sex	4	1.6	3	1.0
100% homosexual	4	1.6	7	2.5
Not sexually attracted to males or females	6	2.4	5	1.7

Although the overwhelming majority of males and females in both samples identified themselves as “100 percent heterosexual,” the females in our sample were less likely to do so than their Add Health counterparts ($\chi^2 = 7.255$, $p < .01$).

Table 41: Sexual Orientation by Gender: Three-State Sample Compared to Add Health Sample

	Males				Females			
	Three-State Sample (N=258)		Add Health Sample (N=214)		Three-State Sample (N=319)		Add Health Sample (N=288)	
	#	%	#	%	#	%	#	%
100% heterosexual	225	84.3	197	92.1	236	74	252	87.5
Mostly heterosexual, but somewhat attracted to people of the same sex	7	2.6	5	2.3	29	9.1	21	7.3
Bisexual	4	1.5	2	.9	14	4.4	7	2.4
Mostly homosexual, but somewhat attracted to people of the opposite sex	4	1.5	0	.0	3	0.9	3	1.0
100% homosexual	4	1.5	4	1.9	7	2.2	1	.3
Not sexually attracted to males or females	6	2.2	3	1.4	5	1.6	1	.3

A majority of the young adults in our sample reported that they have had sexual intercourse, and those still in care were no more likely to have had sexual intercourse than those no longer in care ($\chi^2 = .192$, $p = .661$). About two-thirds of these young adults reported using contraception either all or most of the time they had sexual intercourse during the past year, while one-quarter reported using contraception either never or less than half of the time. Likewise, 56 percent of these youth adults reported using condoms either all or most of the time they had sexual intercourse during the past year, while 36 percent reported using condoms either never or less than half of the time. A similar pattern was observed when these young adults were asked about the most recent time they had intercourse. Just over two-thirds reported that they had used contraception and 58 percent reported that they had used condoms. There were no statistically significant differences between those still in care and those no longer in care with respect to any of these sexual behaviors. In terms of the other risky sexual behaviors, they were most likely to report having a sexual partner with an STD and least likely to report having sex with an IV drug user with no significant differences between those still in care and those no longer in care.

Table 42: Self-Reported Sexual Behaviors

	<i>N</i>	Total Sample		Still in Care		No Longer in Care	
		#	%	#	%	#	%
Ever had sexual intercourse	561	489	87.8	231	86.5	258	87.8
Self or partner used birth control during most recent sexual intercourse	398	266	68.0	116	67.1	150	68.8
Frequency of birth control use during past year	396						
None of the time		49	12.4	16	9.0	33	15.1
Some of the time		50	12.6	26	14.7	24	11.0
Half of the time		29	7.3	13	7.3	16	7.3
Most of the time		90	22.7	39	22.0	51	23.3
All of the time		178	44.9	83	46.9	95	43.4
Self or partner used a condom during the most recent sexual intercourse	398	230	57.8	106	59.6	124	56.4
Frequency of condom use during past year	396						
None of the time		64	16.2	20	11.3	44	20.1
Some of the time		79	19.9	37	20.9	42	19.2
Half of the time		31	7.8	13	7.3	18	8.2
Most of the time		76	19.2	38	21.5	38	17.4
All of the time		146	36.9	69	39.0	77	35.2
Any sexual partner had an STD during the past year	371	53	14.3	23	13.9	30	14.6
Ever paid by someone to have sex	578	29	5.0	15	5.5	14	4.6
Ever had sex with someone who uses street drugs with a needle	574	13	2.3	4	1.5	9	3.0

N is the number of study participants who responded to the question

There were a number of gender differences with respect to sexual behaviors among the young adults in our sample (Table 43). . Females were slightly more likely than males to report having had sexual intercourse ($\chi^2 = 4.124, p < .05$). They were also more likely to report unsafe sexual behaviors. For example, females were less likely to report using contraception or condoms all of the time and more likely to report using contraception or condoms none of the time than their male counterparts.¹⁹ Moreover, although females were no less likely than males to report using contraception the most recent time they had sexual intercourse ($\chi^2 = 1.996, p = .158$), they were less likely to report using condoms ($\chi^2 = 21.804, p < .001$).

With respect to the other risky sexual behaviors, females were nearly twice as likely as males to report having had a sexual partner with an STD during the past year ($\chi^2 = 5.540, p < .05$).

¹⁹ For contraception, $\chi^2 = 10.808, p < .05$. For condom use, $\chi^2 = 25.008, p < .001$.

However, they were no more likely to report being paid to have sex ($\chi^2 = .504, p = .478$) or having sex with an IV drug user ($\chi^2 = .000, p = .999$).

Table 43: Self-Reported Sexual Behaviors by Gender

	Males (N=258)			Females (N=319)		
	N	#	%	N	#	%
Ever had sexual intercourse	257	216	84.0	304	273	89.8
Self or partner used birth control during most recent sexual intercourse	164	118	62.0	227	148	65.2
Frequency of birth control use during past year	169			227		
None of the time		13	7.7		36	15.9
Some of the time		17	10.1		33	14.5
Half of the time		13	7.7		16	7.0
Most of the time		37	21.9		53	23.3
All of the time		89	52.7		89	39.2
Self or partner used a condom during the most recent sexual intercourse	170	121	71.2	228	109	47.8
Frequency of condom use during past year	170			228		
None of the time		17	10.0		47	20.8
Some of the time		26	15.3		53	23.5
Half of the time		11	6.5		20	8.8
Most of the time		31	18.2		45	19.9
All of the time		85	50.0		61	27.0
Any sexual partner had an STD during the past year	160	15	9.4	211	38	18.0
Ever paid by someone to have sex	262	15	5.7	316	14	4.4
Ever had sex with someone who uses street drugs with a needle	265	6	2.3	309	7	2.3

There were no differences between the males in our sample and those in the Add Health sample with respect to any of the sexual behaviors about which we asked. However, as shown in Table 44, the females in our sample were more likely to report having had sexual intercourse ($\chi^2 = 15.551, p < .001$), using a condom the last time they had sexual intercourse ($\chi^2 = 5.178, p < .05$), and having had a sexual partner with an STD during the past 12 months ($\chi^2 = 14.747, p < .001$) than their Add Health counterparts.

**Table 44: Self-Reported Sexual Behaviors of Females:
Three-State Sample Compared to Add Health Sample**

	Three-State Sample (N=319)			Add Health Sample (N=288)			
	N	#	%	N	#	%	
Ever had sexual intercourse	304	273	89.8	285	222	77.9	***
Self or partner used birth control during most recent sexual intercourse	227	148	65.2	203	132	65.0	
Frequency of birth control use during past year	227			147			
None of the time		36	15.9		27	13.4	
Some of the time		33	14.5		16	7.9	
Half of the time		16	7.0		18	8.9	
Most of the time		53	23.3		44	21.8	
All of the time		89	39.2		97	48.0	
Self or partner used a condom during the most recent sexual intercourse	228	109	47.8	203	75	36.9	*
Frequency of condom use during past year	228			203			
None of the time		47	20.8		58	28.6	
Some of the time		53	23.5		35	17.2	
Half of the time		20	8.8		19	9.4	
Most of the time		45	19.9		47	23.2	
All of the time		61	27.0		44	21.7	
Any sexual partner had an STD during the past year	211	38	18.0	196	11	5.6	***
Ever paid by someone to have sex	316	14	4.4	287	5	1.7	
Ever had sex with someone who uses street drugs with a needle	309	7	2.3	287	5	1.7	

Tables 45 and 46 present some additional data about the sexual behavior of these young adults.

There was little if any difference between those still in care and those no longer in care with respect to the median age at which they began having sexual intercourse, the median number of sexual partners they have had, or the number of times they have had sexual intercourse during the past year.

Table 45: Self-Reported Sexual Behaviors

	Total	Still in Care	No Longer in Care
Median age at first intercourse	15	15	15.5
Median number of lifetime sexual partners	4	4	4
Median number of sexual partners past year	1	1	1
Median frequency of intercourse past year	10	9.5	15

Males reported starting sex earlier than females and having a greater median total and recent number of sexual partners. Females reported having sex a greater median number of times in the past year.

Table 46: Self-Reported Sexual Behaviors

	Males	Females
Median age at first intercourse	15	16
Median number of lifetime sexual partners	5	3
Median number of sexual partners past year	2	1
Median frequency of intercourse past year	10	12

Finally, both males and females in the Add Health sample reported having sexual intercourse more frequently during the past 12 months than the young adults in our study.

Table 47: Self-Report of Sexual Behaviors by Gender: Three-State Sample Compared to Add Health Sample

	Males				Females			
	Three-State Sample		Add Health Sample		Three-State Sample		Add Health Sample	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Median age at first intercourse	190	15	164	16	242	16	221	16
Median number of lifetime sexual partners	190	5	164	3	243	3	221	3
Median number of sexual partners past year	171	2	166	1	232	1	220	1
Median frequency of intercourse past year	143	10	141	20	150	12.5	172	30

**N* = the number of young adults who responded to the question

PREGNANCY

Over one-third of the females in our sample reported becoming pregnant since their last interview, and nearly 18 percent of those who became pregnant had been pregnant more than once. Table 48 presents some data pertaining to the pregnancy histories of the young women in our sample. Significantly more of the females who were no longer in care reported a pregnancy ($\chi^2 = 4.90, p < .05$), and of those who became pregnant, a significantly higher percentage became pregnant more than once, with nearly one-quarter reporting two or more pregnancies ($\chi^2 = 4.3, p < .05$).

One unexpected finding was that females who were no longer in care were more likely to have received prenatal or post-partum services if they became pregnant than females who were still in care ($\chi^2=7.911$, $p < .01$). The exact reasons for this discrepancy are unclear, but suggest that some young adults in care are not receiving the services they need.²⁰

The young women who had left care were more likely than their peers who remained in care to report that they had “definitely” wanted to get pregnant by their partner at the time they became pregnant ($\chi^2 = 4.29$, $p < .05$). Although the young women who were still in care reported fewer pregnancies, 22 percent reported ending a pregnancy in an abortion compared to only 3 percent of the young women who were no longer in care ($\chi^2 = 9.43$, $p < .05$).

Table 48: Pregnancy History

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Pregnant since the last interview	107	37.4	46	31.1	61	44.2
Number of pregnancies since first interview						
Once	85	79.4	40	87.0	45	73.8
Two or more times	19	17.8	4	8.7	15	24.6
Received prenatal/post-partum services ^a	73	68.9	48	80.0	25	54.3
Wanted to get pregnant by partner						
Definitely or probably no	37	34.6	19	41.3	18	29.5
Neither wanted nor didn't want	29	27.1	14	30.4	15	24.6
Definitely or probably yes	37	34.5	10	21.7	27	44.3
Wanted to marry partner						
No	32	29.9	13	28.3	19	31.1
Didn't care	9	8.4	3	6.5	6	9.8
Yes	56	52.3	25	54.3	31	50.8
Outcome of pregnancy						
It has not ended; you are still pregnant	29	27.1	12	26.1	17	27.9
A live birth	47	43.9	18	39.1	29	47.5
Still birth or miscarriage	19	17.8	6	13.0	13	21.3

²⁰ However, of the females who became pregnant, those who were still in care (17.4%) were more likely to have received family planning services than those who were no longer in care (13.1%) ($\chi^2 = 8.77$, $p < .05$).

Moreover, by the time of the time of their second interview, or by approximately 19 years of age, nearly half of the females in our sample reported that they had ever been pregnant. This is significantly higher than the 20 percent of 19-year-old females in the national Add Health sample who reported at least one pregnancy ($\chi^2 = 52.76, p < .001$).

MARRIAGE AND COHABITATION

Very few of these young adults were married, and only a small percentage was cohabiting (i.e., living with a partner in a marriage-like relationship), as shown in Table 49. Taken together, being married or living with a partner in a marriage-like relationship was more common among young adults who had been discharged from care than among those still in care ($\chi^2 = 14.696, p < .001$), and among females than among males ($\chi^2 = 6.814, p < .01$). However, the relationship between gender, care status, and marriage or cohabitation is complex. All married study participants were females no longer in care. Although it is not surprising that married participants were no longer in care, it is interesting that no males have married. Females no longer in care are more likely to be either married or cohabiting than females still in care ($\chi^2 = 18.476, p < .001$) and males regardless of their care status ($\chi^2 = 20.307, p < .001$). There are no statistically significant differences with respect to either marriage or cohabitation between males in care and those no longer in care ($\chi^2 = .728, p = .394$) or between males and females who remain in care ($\chi^2 = .003, p = .959$). In short, females who have left care are the only group that in which a significant percentage of the young adults (21%) were married or cohabiting at the time of their follow-up interview.

Table 49: Percentage of Young Adults Married or Cohabiting by Gender

	Total Sample			Still in Care			No Longer in Care		
	All	Female	Male	All	Female	Male	All	Female	Male
Married	1.7	3.1	0	0.0	0.0	0.0	3.1	6.1	0.0
Cohabiting	8.3	9.8	6.5	5.0	4.9	5.0	11.2	14.7	7.6
Either married or cohabiting	10.0	12.9	6.5	5.0	4.9	5.0	14.3	20.9	7.6

Table 50 compares the young adults in our sample to those in the Add Health sample with respect to marriage and cohabitation. The young people in the three-state sample were significantly less likely to be married or cohabiting than their same age peers in the Add Health sample ($\chi^2 = 7.83, p < .01$).

Table 50: Percentage of Young Adults Married or Cohabiting: Three-State Sample Compared to Add Health Sample

	Three-State Sample			Add Health Sample		
	All	Female	Male	All	Female	Male
Married	1.7	3.1	0	5.0	7.3	1.9
Cohabiting	8.3	9.8	6.5	10.6	13.2	7.0
Either married or cohabiting	10.0	12.9	6.5	15.6	20.5	8.9

CHILDREN AND PARENTING

Tables 51 through 53 provide information about childbearing and parenting among our sample of young adults. Nearly a quarter of these young adults reported that they had at least one living child. Although young adults still in care were as likely to report having a child as those who had been discharged ($\chi^2 = .324, p = .569$), females were more likely to report having a child than males ($\chi^2 = 26.482, p < .001$). Of course, it is possible that some of the males in the sample had fathered children of whom they were unaware.

Table 51: Parenthood

	Percentage Who Have Children (N = 602)			Percentage Living with Their Children (N = 141)		
	Total Sample	Still in Care	No Longer in Care	Total Sample	Still in Care	No Longer in Care
Total Sample	23.4	24.5	22.5	73.0	72.5	73.6
Females	31.6	31.3	31.9	93.2	96.1	90.4
Males	13.8	15.1	12.7	18.4	5.6	30.0

Of the 141 study participants who reported having at least one child, 73 percent were living with one or more of their children. Participants who had a child and were still in care were as likely to report living with at least one of their children as those who had a child and had been discharged ($\chi^2 = .024$, $p = .878$), but females who had a child were more likely to report living with one or more of their children than their male counterparts ($\chi^2 = 78.854$, $p < .001$).

The young adults in our sample were nearly twice as likely as 19-year-olds in the Add Health sample to have at least one child ($\chi^2 = 35.854$, $p < .001$). However, they were no more likely than their counterparts in the Add Health sample to be living with their child if they had one ($\chi^2 = .385$, $p = .535$). This same pattern was observed when the analysis was limited only to females and when it was limited only to males.²¹

Table 52: Parenthood: Three-State Sample Compared to Add Health Sample

	Percentage Who Have Children		Percentage Living with Their Children	
	Three-State Sample	Add Health Sample	Three-State Sample	Add Health Sample
All	23.4	9.8	73.0	77.6
Females	31.6	12.2	93.2	94.3
Males	13.8	6.5	18.4	35.7

²¹ The males our sample were more likely to report having children than the males in the Add Health sample ($\chi^2 = 6.635$, $p < .05$), but they were no more likely than their Add Health counterparts to be living with their children ($\chi^2 = 1.724$, $p = .189$). Similarly, the females in our sample were more likely to report having children than the females in the Add Health sample ($\chi^2 = 33.173$, $p < .001$), but they were no more likely than their Add Health counterparts to be living with their children ($\chi^2 = .050$, $p = .823$).

Altogether, the 141 young adults in our sample who reported that they had at least one child were the parents of 174 children. Two-thirds of these children were currently living with the parent in our sample. Although this is lower than the percentage of children living with their 19-year-old parents in the Add Health sample (80%), the difference is not statistically significant. Nor is there a significant difference between the living arrangements of children whose parents were still in care and those whose parents were not.

Table 53: Living Arrangements of Study Participants' Children

Number of children	Total 174		Still in Care 84		No Longer in Care 90	
	#	%	#	%	#	%
Children currently living with study participants	117	67.2	59	70.2	58	64.4
Children not living with study participants	57	32.8	25	29.8	32	35.6

Note: These figures are based on the 141 respondents who reported at least one child.

DELINQUENCY AND VIOLENT BEHAVIOR

We incorporated a series of items from the Wave 3 Add Health survey instrument to measure delinquency and violence among the young adults in our sample and to compare their behaviors to the behaviors reported by the nationally representative sample of young adults who participated in the Add Health study. We also asked a number of questions dealing with arrest, conviction, and incarceration to assess criminal justice system involvement. The findings are displayed in Tables 54 through 61.

The two most commonly reported delinquent or violent behaviors were deliberately damaging someone else's property and taking part in a fight that involved one group against another.

These were followed by belonging to a named gang, hurting someone badly enough in a

physical fight to require medical treatment, and selling marijuana or other drugs. The only statistically significant differences between the young adults who were still in care and the young adults who had already been discharged are that the latter were more likely to report selling drugs ($\chi^2 = 12.974$, $p < .001$) and writing a bad check ($\chi^2 = 3.924$, $p < .05$), whereas the young adults still in care were more likely to report fighting with a weapon ($\chi^2 = 3.886$, $p < .05$).

Table 54: Self-Report of Delinquent and Violent Behaviors During the Past 12 Months

	Total		Still in Care		No Longer in Care		P value
	(N=577)		(N=278)		(N=299)		
	#	%	#	%	#	%	
Deliberately damaged someone else's property	122	21.5	56	20.5	66	22.4	
Stole something worth more than \$50?	41	7.1	20	7.2	21	7.1	
Go into a house or building to steal something	22	3.8	12	4.3	10	3.4	
Used or threatened to use a weapon to get something from someone	27	4.7	15	5.4	12	4.0	
Sold marijuana or other drugs	74	13.1	21	7.7	53	18.0	***
Stole something worth less than \$50	61	10.7	27	9.8	34	11.6	
Took part in a fight where one group was against another	136	23.9	68	24.9	68	22.9	
Bought, sold, or held stolen property	56	9.8	20	7.3	36	12.0	
Used someone else's credit card, bank card, or automated teller card without their permission or knowledge	7	1.2	3	1.1	4	1.3	
Deliberately wrote a bad check	32	5.6	10	3.6	22	7.4	*
Used a weapon in a fight	58	10.1	35	12.7	23	7.7	*
Carried a hand gun at school or work	10	1.7	4	1.4	6	2.0	
Belonged to a named gang	97	17.1	44	16.2	53	18.0	
Owned a handgun	31	5.5	17	6.3	14	4.7	
Took part in a physical fight and injured self so badly that medical treatment was required	36	6.4	21	7.7	15	5.1	
Hurt someone badly enough in a physical fight to require medical treatment	86	15.2	43	15.6	43	14.7	

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Table 55 compares the delinquent and violent behavior of the males and females in our sample. In general, the males in our sample were more likely to report engaging in these behaviors than the females, and nearly all of these gender differences were statistically significant.

Table 55: Self-Report of Delinquent and Violent Behaviors During the Past 12 Months by Gender

	Male (N=258)		Female (N=319)		P value
	#	%	#	%	
Deliberately damaged someone else's property	66	26.1	56	17.8	*
Stole something worth more than \$50?	26	10.2	15	4.7	*
Go into a house or building to steal something	16	6.3	6	1.9	**
Used or threatened to use a weapon to get something from someone	15	5.9	12	3.8	
Sold marijuana or other drugs	54	21.4	20	6.4	***
Stole something worth less than \$50	39	15.5	22	6.9	**
Took part in a fight where one group was against another	89	34.8	47	15.0	***
Bought, sold, or held stolen property	37	14.6	19	6.0	**
Used someone else's credit card, bank card, or automated teller card without their permission or knowledge	7	2.7	0	0.0	**
Deliberately wrote a bad check	14	5.4	18	5.7	
Used a weapon in a fight	36	14.0	22	6.9	**
Carried a hand gun at school or work	6	2.8	3	0.9	
Belonged to a named gang	68	27.3	29	9.1	***
Owned a handgun	25	10.0	6	1.9	***
Took part in a physical fight and injured self so badly that medical treatment was required	19	7.6	17	5.4	
Hurt someone badly enough in a physical fight to require medical treatment	59	23.5	27	8.5	***

Note: * p < .05; ** p < .01; *** p < .001

The young adults in our sample were more likely to report having someone pull a gun on them, having someone pull a knife on them, or seeing someone shot or stabbed than any other type of victimization. Young adults no longer in care were no more likely to report being the victim of any of the acts we asked about than young adults still in care. Nor were they any more likely to report being the perpetrator of any act.

Table 56: Self-Report of Victimization and Perpetration During the Past 12 Months

	Total		Still in Care		No Longer in Care		P value
	(N=577)		(N=278)		(N=299)		
	#	%	#	%	#	%	
Victimization							
Saw someone being shot or stabbed	95	16.5	52	18.7	43	14.4	
Someone pulled a knife on the young adult	75	13.1	31	11.2	44	14.9	
Someone pulled a gun on the young adult	88	15.3	40	14.4	48	16.2	
Shot by someone	8	1.4	2	0.7	6	2.0	
Cut or stabbed by someone	26	4.5	11	4.0	15	5.0	
Beaten up with nothing stolen	47	8.1	25	9.0	22	7.4	
Beaten up and belongings stolen	15	2.6	10	3.6	5	1.7	
Perpetration							
Pulled a knife or gun on someone	35	6.1	22	7.9	13	4.4	
Shot or stabbed someone	11	1.9	7	2.5	4	1.4	

Male study participants were more likely than their female counterparts to report being victims of violent acts. However, there were no statistically significant differences in self-reported use of a weapon against another person.

Table 57: Self-Report of Victimization and Perpetration During the Past 12 Months by Gender

	Male		Female		P value
	(N=258)		(N=319)		
	#	%	#	%	
Victimization					
Saw someone being shot or stabbed	56	21.7	39	12.2	**
Someone pulled a knife on the young adult	49	19.1	26	8.2	***
Someone pulled a gun on the young adult	63	24.6	25	7.9	***
Shot by someone	8	3.1	0	0.0	**
Cut or stabbed by someone	20	7.8	6	1.9	**
Beaten up with nothing stolen	33	12.8	14	4.4	***
Beaten up and belongings stolen	13	5.1	2	0.6	**
Perpetration					
Pulled a knife or gun on someone	21	8.2	14	4.4	
Shot or stabbed someone	8	3.2	3	0.9	

Note: * p < .05; ** p < .01; *** p < .001

Overall, the young adults in our sample reported a high level of criminal justice system involvement, as shown in Table 58. Twenty-eight percent of the young adults reported being arrested, 12 percent reported being convicted of a crime, and nearly one-fifth reported being

incarcerated since their first interview. Young adults no longer in care were more likely than young adults still in care to report each of these events: arrest ($\chi^2 = 9.345$, $p < .01$), conviction ($\chi^2 = 11.311$, $p < .01$) and incarceration ($\chi^2 = 7.743$, $p < .01$).

Table 58: Self-Report of Arrest, Conviction, and Incarceration

	Total (N=577)		Still in Care (N=278)		No Longer in Care (N=299)		P value
	#	%	#	%	#	%	
Arrested since last interview	162	28.1	61	21.9	101	33.8	**
Arrested for violent crime	54	33.3	23	37.7	31	30.7	
Arrested for property crime	22	13.6	6	9.8	16	15.8	
Arrested for other crime	48	29.6	18	29.5	30	29.7	
Convicted of a crime since last interview	71	12.3	21	7.6	50	16.7	**
Convicted of violent crime	20	28.2	8	38.1	12	24	
Convicted of property crime	16	22.5	2	9.5	14	28	
Convicted of other crime	18	25.4	5	23.8	13	26	
Spent at least one night in a jail, prison, juvenile hall or other correctional facility since last interview	111	19.2	40	14.4	71	23.7	**
Incarcerated for violent crime	40	36.0	19	47.5	21	29.6	
Incarcerated for property crime	20	18.0	6	15.0	14	19.7	
Incarcerated for other crime	24	21.6	4	10.0	20	28.2	

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Not surprisingly, the males in our sample reported a significantly higher level of criminal justice system involvement than the female young adults in terms of arrest ($\chi^2 = 22.329$, $p < .001$), conviction ($\chi^2 = 17.633$, $p < .001$) and incarceration ($\chi^2 = 34.512$, $p < .001$).

Table 59: Self-Report of Arrest, Conviction, and Incarceration by Gender

	Male (N=258)		Female (N=319)		P value
	#	%	#	%	
Arrested since last interview	98	38	64	20.1	***
Arrested for violent crime	34	34.7	20	31.3	
Arrested for property crime	15	15.3	7	10.9	
Arrested for other crime	22	22.4	26	40.6	
Convicted of a crime since last interview	48	18.6	23	7.2	***
Convicted of violent crime	15	31.3	5	21.7	
Convicted of property crime	11	22.9	5	21.7	
Convicted of other crime	11	22.9	7	30.4	
Spent at least one night in jail, prison, juvenile hall or other correctional facility since last interview	77	29.8	34	10.7	***
Incarcerated for violent crime	27	35.1	13	38.2	
Incarcerated for property crime	16	20.8	4	11.8	
Incarcerated for other crime	15	19.5	9	26.5	

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

There were several differences between the young adults in our sample and 19-year-olds in the Add Health sample in reported rates of delinquent and violent behavior. Males in our sample are more likely than their Add Health counterparts to report engaging in group fights ($\chi^2 = 11.807, p < .001$), using a weapon in a fight ($\chi^2 = 4.259, p < .05$), and belonging to a gang ($\chi^2 = 6.063, p < .05$). Likewise, females in our sample are more likely than their Add Health counterparts to report damaging property ($\chi^2 = 21.101, p < .001$), using or threatening to use a weapon ($\chi^2 = 4.616, p < .05$), engaging in group fights ($\chi^2 = 14.099, p < .001$), using a weapon in a fight ($\chi^2 = 7.087, p < .01$), dealing with stolen property ($\chi^2 = 7.087, p < .01$), and hurting someone badly enough to require medical attention ($\chi^2 = 11.973, p < .001$). It is interesting to note that females in the Add Health sample are more likely to report belonging to a gang ($\chi^2 = 5.419, p < .05$) and owning a handgun ($\chi^2 = 5.708, p < .05$) than female young adults in our sample.

**Table 60: Self-Reports of Delinquent and Violent Behaviors:
Three-State Sample Compared to Add Health Sample**

	Males				Females				P value		
	Three-State Sample (N=258)		Add Health Sample (N=214)		Three-State Sample (N= 319)		Add Health Sample (N=288)				
	#	%	#	%	#	%	#	%			
Delinquent and Violent Behaviors											
Deliberately damaged someone else's property	66	26.1	45	21.0			56	17.8	16	5.6	***
Stole something worth more than \$50?	26	10.2	20	9.3			15	4.7	6	2.1	
Go into a house or building to steal something	16	6.3	15	7.0			6	1.9	2	.7	
Used or threatened to use a weapon to get something from someone	15	5.9	9	4.2			12	3.8	3	1.0	*
Sold marijuana or other drugs	54	21.4	34	15.9			20	6.4	18	6.3	
Stole something worth less than \$50	39	15.5	35	16.4			22	6.9	18	6.3	
Took part in a fight where one group was against another	89	34.8	43	20.1	***		47	15.0	16	3.2	***
Bought, sold, or held stolen property	37	14.6	28	13.1			19	6.0	5	1.7	**
Used someone else's credit card, bank card, or automated teller card without their permission or knowledge	7	2.7	4	1.9			0	0.0	3	1.0	
Deliberately wrote a bad check	14	5.4	9	4.2			18	5.7	8	2.8	
Used a weapon in a fight	36	14.0	17	7.9	*		22	6.9	3	4.0	***
Carried a hand gun at school or work	6	2.8	5	2.3			3	0.9	0	0	
Belonged to a named gang	68	27.3	37	17.3	*		29	9.1	44	15.3	*
Owned a handgun	25	10.0	27	12.6			6	1.9	16	5.6	*
Took part in a physical fight and injured self so badly that medical treatment was required	19	7.6	21	9.8			17	5.4	7	2.4	
Hurt someone badly enough in a physical fight to require medical treatment	59	23.5	38	17.8			27	8.5	6	2.1	***

Note: * p < .05; ** p < .01; *** p < .001

Both the male and female young adults in our sample reported higher rates of being the victims and perpetrators of violent acts than their counterparts in the Add Health sample. With respect to victimization, males in the three-state sample are more than twice as likely to report seeing someone shot or stabbed ($\chi^2 = 11.788, p < .001$), having a gun pulled on them ($\chi^2 = 11.042, p < .001$), being cut or stabbed ($\chi^2 = 4.298, p < .05$), and being beaten up with nothing stolen ($\chi^2 = 5.910, p < .05$) as males in the Add Health sample. They were also nearly twice as likely to

report having had a knife pulled on them ($\chi^2 = 7.991$, $p < .01$). Likewise females in our sample are three to four times as likely to report seeing someone shot or stabbed ($\chi^2 = 17.199$, $p < .001$), having a knife pulled on them ($\chi^2 = 8.320$, $p < .01$), and having a gun pulled on them ($\chi^2 = 11.913$, $p < .001$) as females in the Add Health sample. Finally, with respect to perpetration, both the males ($\chi^2 = 4.999$, $p < .05$) and females ($\chi^2 = 10.2543$, $p < .01$) in our sample were more likely than their Add Health counterparts to report pulling a knife or gun on someone.

Table 61: Self-Report of Victimization and Perpetration by Gender: Three-State Sample Compared to Add Health Sample

	Males				P value	Females				
	Three-State Sample		Add Health Sample			Three-State Sample		Add Health Sample		
	(N=258)	(N=214)	(N=319)	(N=288)		(N=319)	(N=288)	(N=288)	(N=288)	
	#	%	#	%	#	%	#	%		
Victimization										
Saw someone being shot or stabbed	56	21.7	22	10.3	***	39	12.2	9	3.1	***
Someone pulled a knife on young adult	49	19.1	22	10.3	**	26	8.2	8	2.8	**
Someone pulled a gun on young adult	63	24.6	25	11.7	***	25	7.9	5	1.7	***
Shot by someone	8	3.1	3	1.4		0	0.0	0	0	
Cut or stabbed by someone	20	7.8	7	3.3	*	6	1.9	2	.7	
Beaten up with nothing stolen	33	12.8	13	6.1	*	14	4.4	7	2.4	
Beaten up and belongings stolen	13	5.1	4	1.9		2	0.6	1	0.3	
Perpetration										
Pulled a knife or gun on someone	21	8.2	7	3.3	*	14	4.4	1	.3	**
Shot or stabbed someone	8	3.2	4	1.9		3	0.9	0	0	

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

DISCONNECTED YOUTH

Increasing attention has been paid in recent years to so-called “disconnected” youth. Although terms and definitions vary, the term is generally used to refer to youth who are out of school and out of work (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy, Oldham, Zanghi, Ansell, Correia, & Copeland, 2001; Sum, Khatiwada, Pond, Trub’skyy, Fogg,

& Palma, 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).²² Some definitions have included youth who are homeless, incarcerated, or otherwise institutionalized (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2000X). One group that has been identified as being at particular risk of being disconnected is youth aging out of foster care (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 200X; Youth Transition Funders Group, 2004).

We applied this concept of “disconnectedness” to the participants in our study, and began with a very basic definition. Participants were categorized as disconnected if they were neither in school nor employed at the time of their second interview. We then broadened our definition to include (1) those who were homeless; (2) those who were incarcerated; and (3) those who were homeless or incarcerated. One possible objection to these definitions is that a young person could be out of school and out of work because they are the parent and primary caretaker of a young child. To address this possibility, we modified our definition of disconnected to exclude study participants who were parenting. Table 62 shows the percentage of young adults in our sample who would be categorized a disconnected according to each of these definitions.

²² For example, Haveman and Wolfe (1994) talk about “economically inactive” youth.

Table 62: Percentage of Study Participants Categorized as Disconnected

	Number of Respondents	Total Sample %	Still in Care %	No Longer in Care %
1. Not in school and not employed	601	30.9	24.1	37.0
2. Not in school and not employed OR homeless OR incarcerated	601	32.9	25.2	39.8
3. Not in school and not employed and not parenting	602	24.3	19.9	28.1
4. Not in school and not employed and not parenting OR homeless OR incarcerated	602	26.2	20.9	30.9

Row 1: $\chi^2 = 11.614$, $p = .001$
Row 2: $\chi^2 = 14.511$, $p = .000$
Row 3: $\chi^2 = 5.576$, $p = .018$
Row 4: $\chi^2 = 7.768$, $p = .005$

Using the basic definition (i.e., out of work, out of school), nearly one-third of the three-state sample would be categorized as disconnected (Row 1). When parents are not counted as disconnected, that figure falls to just under one-quarter (Row 3). Including the homeless or incarcerated increases both percentages, but only by two percentage points (Rows 2 and 4). And regardless of how disconnected is defined, study participants were more likely to be categorized as disconnected if they were no longer in care. The young people in our sample were over twice as likely to be categorized as “disconnected” as the 19-year-olds in the Add Health sample regardless of which definition was used.

Table 63: Disconnected Youth: Three-State Sample Compared to Add Health Sample

	Three-State Sample		Add Health Sample	
	Frequency	Percentage	Frequency	Percentage
Not in school and not employed	415	30.9	60	12.3
Not in school and not employed and not parenting	456	24.3	49	10.0

Add Health figures do not exclude those currently enrolled in a vocational training program.
Row 1: $\chi^2 = 353.45$, $p < .001$
Row 2: $\chi^2 = 468.85$, $p < .001$

Our finding that the young adults who stayed in care were more likely to be in school or employed raises an important question: Might this relationship simply reflect differences between the young adults who remained in care and those who did not---differences that would have made it likely that those young adults would fare better over time even if they had exited the child welfare system? To address this question, we estimated a series of logistic regression models that predicted whether the young adults in our sample were working or in school when we interviewed them at Wave 2. These models allow us to estimate the effect of staying in care on “connectedness”, after statistically controlling for the characteristics and experiences of the young adults that might be expected to affect their likelihood of being in school or employed. The models included a variable indicating whether the young adults were still in care as well as an array of other variables that we constructed from the data we collected during the first round of interviews. These variables included:

- Gender
- Race/Ethnicity
- Educational aspirations (wants to graduate from college)
- Retained 1 year or more in school
- Ever placed in special education
- Ever employed
- Total number of placements (foster or group care) while in out-of-home care
- Overall satisfaction with the out-of-home care experience²³
- Number of independent living services received in six separate domains²⁴

²³ This variable was coded “yes” if the respondent answered “agree,” “strongly agree,” or “very strongly agree” to the statement: “Generally I am satisfied with my experience in the foster care system.”

²⁴ These six domains were educational support; employment or vocational support; budget and financial management support; housing services; health education services; and youth development services.

- A global measure of social support²⁵
- Being “somewhat close” or “very close” to at least one family member
- Having any CIDI mental illness or substance use disorder diagnosis²⁶
- Ever incarcerated

Table 64 shows the odds ratios from the final logistic regression model that predicted “connectedness” at 19 years of age. These odds ratios measure the relationship between each variable and the likelihood that the young adult was either employed or in school, while controlling for the effects of the other variables in the model. When subtracted from 1 and multiplied by 100, odds ratios indicate the percentage by which the estimated odds of being connected are increased or decreased by a unit change in the variable. A variable with an odds ratio significantly higher than 1 is associated with an increased likelihood of being connected whereas a variable with an odds ratio significantly lower than 1 is associated with a decreased likelihood of being connected. Finally, a variable with an odds ratio close to 1 has no effect on the likelihood of connectedness. For some categorical variables, such as gender or race, the parameter estimates indicate the effect of being in one category as compared to being in the category we have chosen as the reference group (male in the case of gender and African American in the case of race/ethnicity). The reference groups are italicized in Table 64.

²⁵ This was the summary score for the MOS Social Support Survey.

²⁶ This variable was coded 1 if the young adults met the criteria for any of the CIDI diagnoses that were assessed at Wave 1: depression, dysthymia, PTSD, generalized anxiety disorder, social phobia, alcohol abuse or dependence, and substance abuse or dependence.

Table 64: Odds Ratios from Logistic Regression Model Predicting Connectedness at Age 19

	Model 1		Model 2	
	Odds Ratio		Odds Ratio	
Intercept	1.703		.438	
Still in care at Wave 2	1.848	***	2.319	***
Gender				
<i>Male</i>				
Female			.700	
Race				
<i>African American</i>				
White			1.306	
Other			1.679	
Ethnicity				
<i>Non-Hispanic origin</i>				
Hispanic origin			1.203	
Ever retained in school			.965	
Ever placed in special education			.843	
Aspires to graduate from college			1.753	*
Ever employed			1.208	
Ever incarcerated			.546	**
Total number of placements			.990	
Close to family member			2.072	**
Social support			1.001	
Satisfied with experience in out of home care			1.595	*
Mental health or substance use diagnosis			1.132	
Number of independent living services received				
Educational services			.957	
Employment/vocational services			.947	
Budgeting/financial management services			1.133	*
Housing services			.931	
Health education services			1.032	
Youth development services			1.163	

Note: * p < .05; ** p < .01; *** p < .001

Consistent with our findings at the bivariate level, the results of this multivariate analysis show a positive and statistically significant relationship between staying in care and being in school or employed. Specifically, still being in care at the time of our follow-up interview, as opposed to having left care, more than doubled the estimated odds of working or being in school. We also found statistically significant relationships between our measure of connectedness at age 19 and several of the other variables included in the model. Having aspirations to graduate

from college, feeling close to at least one family member, and expressing satisfaction with one's experience in out-of-home care were positively related to being in school or employed. Conversely, there was a negative relationship between working or being in school and prior incarceration. Interestingly, neither the number of educational services nor the number of employment/vocational services that the young adults had received was related to our measure of connectedness. However, the young adults who received more services related to budgeting and financial management services were more likely to be in school or employed.

Not only was staying in care positively related to being in school or employed, but controlling for all of the covariates increased the size of the effect. Before entering any of the other variables into the model, the odds ratio for staying in care was 1.85 (Model 1 in Table 64); in the multivariate model that controls for all of those other variables, the odds ratio for staying in care was 2.32.

We estimated several versions of the logistic regression model to test the robustness of our findings. Because Illinois accounted for almost all of the young adults who were still in care, one version of the model statistically controlled for the state in which the young adults lived. Another version of the model was limited to the young adults from Illinois. Staying in care continued to have a strong effect in these alternative models. In fact, when the analysis was limited to the young adults from Illinois, the estimated odds ratio associated with staying in care increased to 3.35.

Thus, we feel quite confident that that the estimated effect of staying in care on the likelihood of connection to school or work is not simply a reflection of young adults remaining in care differing from their out-of-care peers on one or more of the dimensions included in the multivariate model. It is possible, though we believe unlikely, that the observed relationship between remaining in care and connectedness at follow up is a result of unobserved variation between the still-in-care and out-of-care groups. We hope to test this possibility using more advanced statistical techniques in the future.

SUMMARY AND NEXT STEPS

In summary, youth making the transition to adulthood from foster care are faring worse than their same-age peers, in many cases much worse, across a number of domains of functioning. They approach the age of majority with significant educational deficits and relatively few of them appear to be on a path that will provide them with the skills necessary to thrive in today's economy. They are less likely to be employed than their peers, and earnings from employment provide few of them with the means to make ends meet. This is reflected in the economic hardships many of them face and the need that many of them have for government assistance. A large number continue to struggle with health and mental health problems. Too many of them have children for whom they cannot provide a home. They are much more likely than their peers to find themselves involved with the criminal justice system.

The young adults in the Midwest Study also have notable strengths. Some of them are moving through college and others have stable employment and living situations. Most of the young adults in the Midwest Study continue to have strong ties to family, as is evident in their

attitudes towards their family members and the fact that many went to live with members of their extended family after leaving out-of-home care. These family ties are associated with increased odds of being employed or in school at age 19. In addition, over one in ten of those who have left care have been able to continue to live with their foster parents, one indication of the continued support many of them receive from adults they met through the child welfare system. The young adults in the Midwest Study also report generally high levels of perceived social support.

Finally, although only longer-term follow-up of our study participants will make this entirely clear, it appears that allowing foster youth the option of remaining under the care and supervision of the child welfare system past age 18 offers significant advantages to them as they make the transition to adulthood. Young adults still in care had received more independent living services to help them with the transition to adulthood than those who had left care. They had progressed further in their education. They were more likely to have access to health and mental health services. Females who remained in care were less likely to become pregnant than those who had left. Remaining in care was also associated with a decreased risk of economic hardship and criminal justice system involvement.

It is still too early in our analyses to say much about how remaining in care confers these advantages. Perhaps the availability of stable housing allows young people to better cope with other responsibilities associated with this period of their lives. Alternatively, remaining in care may keep young people in contact with child welfare services professionals who can help provide access to services and supports that they need as they move towards adulthood. In any

case, our findings call into question the wisdom of federal and state policies that result in foster youth being discharged from care at or shortly after their eighteenth birthday.

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