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Pepperdine University  
Graduate School of Education and Psychology

LONG TERM EFFECTS OF FOSTER CARE ON SOCIAL RELATIONSHIPS

A dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Education in Organizational Leadership

by

Angela Hackworth-Wilson

October, 2015

Dr. Diana Hiatt-Michael, Ed.D. – Dissertation Chairperson

This dissertation, written by

Angela Hackworth-Wilson

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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## DEDICATION

I would like to dedicate this dissertation to my Father, Bishop J. B. Hackworth, and to the memory of my Mother, Alta Hackworth, who was there at the beginning of my educational journey. Also, my loving Husband, Assistant Pastor Vincent Bernard Wilson, and my wonderful children, Janette Garcia and Gregory Brown and both of their families. Thank you for all of your love and support.

## ACKNOWLEDGMENTS

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My heartfelt appreciation to all my participants in this study. I thank you for trusting me and sharing your story with the world. Hopefully, we can make a difference in the lives of foster children. I can't thank my Husband enough who pushed me toward the end to hurry up and finish. My Father who always believed in me, and encouraged me, this degree is for you Dad! To my beautiful grandchildren who are patiently waiting to spend time with their Nana, *I love you* Anaya, Aaron, Alaya, and Alana Brown. Jasten Williams, Joshua Garcia and *lil'* Jahaza

Garcia. To everyone who supported me on this educational journey, thank you. Lastly, to my cousin, Lynda Hampton, a grand thank you for rescuing me at the end!

## VITA

### Education and Professional Snapshot

#### EDUCATION

- 2008 – 2015 Ed.D. in Organizational Leadership, Pepperdine University, Graduate School of Education and Psychology
- 2006 – 2008 Master of Science in Educational Leadership, Pepperdine University
- 1989 – 1993 Bachelor of Arts in Humanities Drama, Minor in Cinema Television. University of Southern California (USC)
- 1998 – 2002 Director of Private Preschool Permit, Also Teacher Permit for Pre-School

#### RECOGNITIONS

- National Youth Leadership Forum Award, August 2007
- Private School Principal's Academy Complete and Award, August 2004

#### ADMINISTRATIVE AND LEADERSHIP EXPERIENCE

Testimonial Community Love Center Board of Directors	September 2002 – Present
Testimonial Community Child Care Center	September 1993 – Present
Testimonial Christian School	September 1981 – 2010
Assurance Learning Academy	September 2010 – Present
Testimonial Church Administrator	January 2005 – Present

#### THIRTY YEARS OF EXPERIENCE IN ADMINISTRATION PROFESSIONAL AFFILIATIONS

- ASCD (Association for Supervision and Curriculum Development)
- ACSA (Association of California School Administrators)
- CAEYC (California Association for the Education of Young Children)
- NAEYC (National Association for the Education of Young Children)
- PDK (Phi Delta Kappa)

## ABSTRACT

Ainsworth and Bowlby's Attachment Theory suggest that young children experience lasting effects of disconnection if separated from their primary caretaker. Foster children are legally removed from their primary caretakers, yet the effects of foster care on later social relationships of foster children is unknown.

The purpose of this exploratory study was to investigate the perceptions of adult foster children, ages 18 years and over, who were placed into foster care under 5 years of age. The major challenge was to obtain qualifying participants, first, because this is an invisible population in the American culture and, secondly, these individuals are hesitant to share their stories. The initial population included 5 persons from a local shelter and, using the snowball method, the researcher secured an additional 15 adult foster children that met the criteria.

Applying the phenomenological approach, these long interviews included 6 questions that addressed the research question: What do adults who have been in foster care placements prior to age 5 and have experienced more than 5 years in foster care placements from age 0-18 perceive are the long-term effects of foster care on their adult social relationships? The interviews occurred throughout Southern California and were taped and lasted 40 minutes to 2 hours, often filled with tears and high emotion. The participants included 3 with prior jail time, 6 who were homeless, 14 who were employed, 10 with an addiction, and 2 who were married. All had obtained a high school degree. All shared repeated unsuccessful friendship or romantic relationships.

The transcribed interviews were reviewed by 4 trained coders in a doctoral program and produced 8 themes, leading to the 8 conclusions. The primary conclusions are adult foster children express that abandonment is a deep core aspect of their psychological profile (95%);

share the mental health issues of low self-esteem, lack of trust, and putting up walls in their social relationships (100%); act out their generational cycles of various addictive behavior relating to abandonment (100%); spirituality helped to stabilize more than half of these adult foster children through challenging times; and those without spiritual connections described the support of mentors in their lives.

## Chapter 1: Problem and Purpose

### Introduction

Prior research suggests that foster children may grow up without the ability to form healthy relationships and the skills vital to successful social networking (Bretherton, 1993). Foster children comprise about 1% of the children in American schools (Children's Defense Fund, 2014). A foster child is defined as "a child who is removed from the home and placed in foster care when the situation in the biological parents' home becomes unsafe for the child's continued residence" (Jackson, 2013, p. 12). Once uprooted, and if the family does not step in, a foster child's residence can become a revolving door. On average, foster youth live in three residential placements, and there are anecdotal reports of children living in 10, 20, or even more placements (Wolanin, 2005).

In addition to multiple placements, a national report by the Children's Defense Fund (2014) on the state of American's children notes that infants and toddlers are the most likely group of foster children to be victims of abuse and neglect. One third of all the victims are three or younger. This report states that of all maltreated victims 78.5% are victims of neglect, 2.3% of medical neglect, and 18.3% are victims of physical abuse, 9.4 are victims of sexual abuse, and 8.1% are victims of psychological abuse, and 10.1% are victims of other or unknown types of maltreatment. As the child grows up, he/she may have difficulty trusting others and may tend to see himself/herself as a victim. Thus, foster children may grow up without the ability to form healthy relationships and the skills vital to successful social networking (Bretherton, 1992).

Relationship building and social networking are considered essential activities to everyday living and functioning in modern American society. Social networking refers to

belonging to special groups such as church, organized sports, community groups, and service learning activities (Waters & Sroufe, 1983).

Attachment styles of adults are rooted in their attachment history as children (Kesner & McKenry, 1998). A secure child carries an internal assurance that he/she is worthy of caring and love. According to Bowlby (as cited in Bretherton, 1992), the pioneer of and leading expert on attachment theory, “to grow up mentally healthy, [an] infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent substitute), in which both find satisfaction and enjoyment” (p. 761). According to Kesner and McKenry (1997), “Individuals in adult...relationships are still looking for the same sense of security and support from their partners that was important in their secure attachment relationships during early childhood” (p. 213). A secure internal working model within children and later adults produces a balance of self-reliance and help-seeking capabilities within the individual. This balance is necessary for relationship building and social networking (Ainsworth & Bowlby, 1991).

Unlike a child who experiences a warm, continuous relationship with a primary caregiver, a child who is neglected may likely form an unworthy model of the self. Unfortunately, many foster children experience this precise kind of unhealthy mental development (Weber, 2003).

### **Problem Statement**

Studies have found higher rates of homelessness, incarceration, poor physical and mental health, limited educational attainment, higher unemployment, the use of public assistance, and higher rates of parenting and substance abuse among foster youth than any other young adult population (Spencer, Collins, Ward, & Smashnaya, 2010). Foster children who have grown into adults often face attachment disorders due to abandonment, neglect, emotional, physical, or



sexual abuse, and abrupt separation from their primary caregiver(s). This makes forming lasting relationships difficult, complicating transitions and stability in all social aspects of life, including family, career, and friendships (Weber, 2003). Attachment Theory applies not only to child-parent relationships but also to romantic relationships or pair bonds. There is strong evidence that the stability of attachment relationships is relatively constant throughout the lifespan (Ainsworth, 1989; Allen & Land, 1999; Armsden & Greenberg, 1987). In order to provide appropriate interventions for the disconnections experienced by foster children, increased awareness in the area of attachment theory is needed for educators and social service workers, as well as in-depth training in relationship mentoring between the caregiver and the child.

The problem is that policymakers and social workers have limited knowledge regarding the long-term effect of the disconnections of foster care on foster children. Information and solutions from the perceptions of people in long-term foster care regarding the problem of attachment disorders is crucial for educators, social workers, and healthcare providers. A 20-year longitudinal published in the society of research in child development found that, “strong social support structures might reduce the number or impact of negative experiences and thus increase stability” (Waters, Weinfield, & Hamilton, 2000, p. 688). These professionals need to understand the psychological needs of these foster children so that they can provide better opportunities and interventions for these children.

### **Purpose of the Study**

The purpose of this study was to investigate adult foster children, ages 21 years and over, who experienced long-term foster care during the ages of birth to 18, applying phenomenological inquiry. Specifically, the study examined the adult foster children’s perceptions of their lived social experiences and relationships at school and other educational settings and descriptions of

their social experiences and relationships in their adult life. In this study the researcher intends to seek possible explanations regarding the long-term foster adult groups' past social experiences and their present perceptions of their social relationships.

### **Theoretical Perspective**

The perspective of this study is developed through Bowlby and Ainsworth's separate but complementary contributions to Attachment Theory. These researchers revolutionized thinking regarding a child's tie to the primary caregiver and its disruption through separation, deprivation, and bereavement (Bretherton, 1992). Studies have shown that the relationship between an infant and caregiver provide the foundation for neurological development and the ability to form social bonds as adults (Hardy, 2007). The quality of early attachment relationships is correlated with future personality and brain development (Bretherton, 1992).

The degree to which children are able to have their needs met affects their future relationships with other humans, and in essence, their level of social interest and ability to complete life tasks (Weber, 2003). Attachment Theory formulates a social and biological behavior system. According to Ainsworth and Bowlby (1991), "it is an ethological approach to personality development" (p. 333). Behavioral systems are not only influenced by genetics, they are also sensitive to a child's environment. Attachment Theory, which has a survival function, asserts that humans need *security* (Weber, 2003). The feeling of security is provided through love, touch, and warmth. Attachment Theory undergirds the central role of relationships in human development from the cradle to the grave. Through this theoretical lens, this study will focus on adults who have experienced foster care and its effects on the formation of social relationships. The findings will provide a call for action to address important issues for children currently in foster care (Creswell, 2009).

## **Research Question**

This study addressed the following primary research question: What do adults who have been in foster care placements prior to age 5 and have experienced more than 5 years in foster care placements from age 0-18 perceive are the long-term effects of foster care on their adult social relationships?

## **Significance of Study**

This study explored the experiences or challenges that occur in foster care that may relate to later social relationships. The intent was to secure evidence that will support and delineate policies for the protection of foster children at the county and state levels. This study is unique because it targets foster adults who have had experienced foster care and can share their insights with the researcher in a non-threatening situation. They have valuable stories and lessons for others and the future of the foster care of children and youth. This study is a bridge for understanding the needs of people who grew up in the system. Their stories suggest that emotional stability and mental needs have to be addressed as soon as others perceive foster care is required. Problems have already occurred prior to the child being placed in foster care. The findings suggest that this is the age that will send a child down a dark psychopathic road unless a permanent caregiver is in the child's life. Together, professionals can prevent a certain percentage of foster children from becoming essentially non-functioning adults that statistically will end up homeless, in prison, in prostitution, and using drugs.

With the knowledge that this study provides, social workers may apply its findings and insights to their work with children early on, before they age out of foster care, and assist their decisions. Such decisions include cautious placement, developing a personal relationship with

each foster child in their care, regular checking on foster care placement, listening to the child as well as the caretaker, and working with the child's school and church.

School counselors can target specific academic issues with informative research available. The educational system and educators will have better information regarding placing these children in classes that will best serve their educational needs. The importance for each group of decision-makers to know the child's complete history must be repeatedly reiterated. Knowing the child's history, the school counselor can target specific areas in the child's life that will need addressing before academic placement.

At the state level, the policymakers should use the findings to develop and implement laws and policies. New laws are needed to protect this vulnerable population. For example, at present, policies should be implemented that prohibit some of the prescriptions of medication that healthcare workers are putting foster children on to combat their discipline problems. At the same time, state and county agencies should develop and implement workshops so that teachers, parents, and caregivers have to be educated about new laws in place to help foster children. Schools may need resources to help train teachers, counselors and support will need to be in place early in a foster child's life. Most importantly, the findings of this research will enhance training for new foster parents. This researcher, as an educator and an evangelist, is in a unique position to affect many lives through the knowledge generated by this study. This study may also serve as an outreach and healing vehicle to those who may be looking for answers, or help to foster parents develop a deeper level of understanding of their children. The healthcare system, law enforcement, and other community organizations can work hand in hand to ensure a brighter future for foster children, and for future generations to come.

## **Assumptions**

This study assumes that foster adult participants will be honest in responding to interview questions, after they fit the study's criteria for participation. It is also assumed that the foster adults will follow a pattern, conscious or unconscious, of their generational background. The third assumption is that the participants will possess the capability to accurately recall past experiences in sufficient detail, and respond accurately. Lastly, it is assumed that the participants will feel at ease with the interviewer and the interviewer will speak and act with ease with the participants. With open communication, the participant's background regarding their social relationships, employment and family relationships will unfold to make a connection to the study.

## **Delimitations of the Study**

This study is limited to adults who were placed in foster care by the age of 5 and remained in care for 5 years or more. Because of the young age at which these participants were placed in foster care and the emotions connected to being separated from their biological parents, the participant might not be able to recall the exact details of these early years living in foster care. However, this delimitation does not affect the primary purpose of the study that focuses on long-term effects of this early separation.

The study subjects will be geographically limited to residents living in the greater Los Angeles Area during 2014.

## **Definition of Terms**

The following terms are defined for use throughout this study:

- **Abandonment:** Is a behavioral or psychological condition that results primarily from the loss of one or both parents. Abandonment may be physical

(the parent is not present in the child's life) or emotional (the parent withholds affection, nurturing or stimulation; Black, 2002).

- **Adult Foster Child:** An adult currently between the ages of 21 and 60 who entered the foster care system between the ages of 0 and 5, grew up, and aged out at age 18 (Bowlby, 1982).
- **Attachment Disorder:** A disorder of mood, behavior, and social relationships that arise; an individual's failure to form normal attachments in early childhood, up to age 5 (Mayo Clinic, n.d.).
- **Attachment Theory:** This theory suggests that infants from 0 to 5 years old are evolutionarily primed to form close, enduring, dependent bonds on a primary caregiver beginning in the first moments of life (Ainsworth, 1989).
- **Educator:** An educator is an adult in serving in a child-supervisor role. Educators include, but not limited to, teachers, counselors, healthcare workers, and law enforcement officials (Blome, 1997).
- **Foster Child:** A child who is removed from the home and placed in foster care from 0 to 18 years of age when the situation in the biological home becomes unsafe for the child's continued residence (Jackson, 2003).
- **Foster Child Placement:** This option allows the child to stay in custody of the state and the child can stay placed in a foster home, with a relative or a long term care facility (for children with development disabilities, physical disabilities or mental disabilities (Children's Health, 2015)
- **Mentoring:** A developmental partnership through which one person shares knowledge, skills, information, and perspective to foster the personal and

professional growth of someone else (Donaldson, Ensher, & Grant-Vallone, 2000).

- Protective Factor: Anything that prevents or reduces vulnerability for the development of a disorder (U.S. Department of Health and Human Services, n.d.b).
- Resiliency: An individual's ability to cope with stress and adversity (U.S. Department of Health and Human Services, n.d.a).
- Social Competence: An individual's ability to interact successfully with peers and adults (Waters & Sroufe, 1983)
- Social worker: The advocate who legally steps in as a liaison between the foster child's biological parents and the new placement home (National Association of Social Workers, 2008).
- Spiritual Transformation: has a variety of overlapping meanings that carry distinct connotations: In psychology, spiritual transformation is understood within the context of an individual's meaning system, especially in relation to concepts of the sacred or ultimate concern (Mahoney & Pargament, 2004).
- Identity: To connect, associate, or involve closely to. To understand and share the other's thoughts, feelings, problems, and sympathize with (Identity, 1999).
- Maturity: A state of being complete or ready, becoming due, in a state of being fully developed. Ripe, seasonable, mature (Maturity, 1999).

## **Chapter 2: Literature Review**

### **Overview of Related Literature**

The impact of early close relationships on psychological development is one of the enduring questions of developmental psychology that is addressed by Attachment Theory and research (Laible & Thompson, 2000). According to research by Laible and Thompson (2000), Attachment Theory has become the dominant approach to understanding early socio-emotional and personality development during the past quarter-century of research. This literature review will present the meaning of Attachment Theory and its importance to relationships. The review begins with an historical background of foster care and will subsequently focus on attachment disorder development and educational lives of foster youths whose forced movement from school-to-school and home-to-home may affect their social relationships. This chapter will be divided into sections elucidating Attachment Theory and resiliency in foster youth, including: (a) the effectiveness of laws currently in place for foster care; (b) Attachment Theory; (c) the effect of educational experience, such as student-teacher relationships, athletics, and community service, on attachment development in foster youth; (d) the transition process of foster youth to adulthood; and (e) the use of mentoring as a protective factor for foster youth, giving hope and encouraging them, and as a model for healthy relationships.

### **Historical Background of Foster Care**

The English Poor Law, enacted in England in 1562, was a law regarding poor relief that placed orphaned children into a system of indentured servitude until they became of age. This system of poor relief led to the development and eventual regulation of family foster care in the United States, thus causing the state to become the ultimate caregiver of all children. In 1636 this practice of placing children into homes was imported to the United States. Though indentured



service was marred by exploitation and maltreatment, it provided an alternative to the Alms Houses where children were not trained in and were exposed to traumatic surroundings. The practice of indenturing children persisted into the first decade of the 20th century (National Foster Parent Association, n.d.).

In the mid 19<sup>th</sup> century, approximately 30,000 homeless or neglected children lived in New York City. In 1853, Charles Loring Brace, the founder of the New York Children's Aid Society, saw the need of the children. By removing youngsters from city streets and placing them in farm families, he believed they might have a chance of escaping a lifetime of suffering. He proposed that these children be sent by train to learn and work on farms in the Midwest and in the West. The resulting orphan train movement lasted from 1853 to the early 1900s, and transported more than 120,000 to children to new lives (Children's Aid Society, n.d.).

In the early 1990s, Children's Aide pioneered concurrent planning, a foster care approach that became the basis for the Federal Adoption and Safe Families Act of 1997, and that greatly changed the face of foster care. At the federal level, President Franklin D. Roosevelt sponsored the Economic Security bill, which was signed into law in 1935 as the Social Security Act, Title IV. That act created the Aid to Dependent Children (ADC) Program, which was later renamed the Aide Families with Dependent Children (AFDC) Program in 1962 (Children's Aid Society, n.d.).

In 1962, President John F. Kennedy amended ADC to include two-parent homes in which the primary breadwinner was unemployed, as well as households that took in foster children (Tompkins, 2010). The United States has come a long way with its policies concerning the treatment of children. Unfortunately, however, the laws that are in place today remain insufficient for protecting and nurturing foster children as a whole.

## **Current Legal Trends in Foster Care**

With the governmental acceptance of parental obligation to the foster youth comes the vital role of the legal system. The courts must approve permanency plans and permanent placements for the children in foster care; therefore, court systems have a significant influence on achievement of permanency outcomes (U.S. Department of Health and Human Services, 2005). However, a recent review of foster care adoption found that more than 84% of states reported barriers to adoption in the courts and legal systems (Macomber, Scarcella, Zielewski, & Geen, 2004). This included the reluctance of some judges to terminate parental rights for children until a permanent family has been identified and delays in scheduling trials for termination of rights (Fostering Results, 2004; Macomber et al., 2004). Youths without stable family need an extra *leg-up* into adulthood.

The Fostering Connections to Success and Increasing Adoptions Act of 2010 is the most significant child welfare legislation in more than a decade (Voices for Children, n.d.). This law, signed by the president in October 2008, makes major improvements in current legislation. Additionally, legislative enactments created to improve the mental and behavioral health of foster youths for the state of California requires the State Department of Social Services to:

convene a stakeholder group to identify barriers to the provision of mental health services by mental health professionals with specialized training in adoption or permanency issues to children receiving those medically necessary specialty mental health services. This requires the stakeholder group to make specific recommendations by January 31<sup>st</sup>, 2016. (National Conference of State Legislatures, 2015, p. 2)

Additionally, the Child and Family Services Improvement Act under federal legislation promotes collaborative efforts between child welfare agencies, Medicare, Medicaid, pediatricians and other experts as being of the utmost important to monitoring and tracking behavioral and mental health. This tracking, “includes medical and mental health evaluations, both on entry into

foster care and periodically while the child is in foster care” (p. 4). The act also emphasizes the provision of continuity of care and oversight of medication use (NCSL, 2015).

The following sections present the five most critical areas of the Fostering Connections to Success and Increasing Adoptions Act of 2010.

### **Support for Family Connections**

This legislation increases opportunities for relatives to step in when children are taken away from their parents. To do this, the states must identify and notify all adult relatives within 30 days of assuming custody of the child. States can use federal funds for kinship-guardianship payments. The law clarifies that youths who leave foster care after age 16 are eligible for independent living services and education and training resources. This also requires the state to make exerted efforts to place siblings together (Voices for Children, n.d.). Implementation of the law also address the number of children placed in programs. It identifies the population of foster children to be served, which includes but is not limited to the classification levels from 9 to 14 years of age. Additionally Cal Wel n Inst. Code 18358.05 provides a plan for monitoring the participating foster family agencies for compliance (Fostering Connections to Success and Increasing Adoptions Act, 2015). The legislation states that each participating foster family agency may accept under this program up to 25 children per year, no more than 20 of whom are placed from a group home with a rate classification level of 12 or above pursuant to section #114.62. Five children per year may be accepted under this program that are at imminent risk of psychiatric hospitalization or placement in a group home based on an assessment by a county interagency review team. No children accepted under this program may come from placement in a state psychiatric hospital. These children must have access to a nonpublic school program, which provides mental health treatment, also a contract with the county for the provision of

mental health treatment for children. The legislation is authoring the development of an intensive foster care program which will provide for the transition of children from residential programs to more permanent non-institutional placements by lining up aspects of residential treatment programs with features of foster care, and providing multi-problem children with cost-effective and clinically effective treatment (Deering's California Codes Annotated, 2015).

### **Personnel, Administrative, and Support Services**

California code 18358.10 and legislation gives special attention to the selection and training of foster parents. Foster parents shall be provided with at least 40 hours of training in the care of emotionally disturbed children or children who have serious behavioral issues. Foster parents will have 32 hours of ongoing in-service training within the first 12 months after becoming a certified Intensive Treatment Foster Care, or ITFC, parent. Foster parents will also have 12 hours of on-going in-service training each year thereafter. Training will include, but is not limited to working with abused and neglected children, behavioral de-escalation techniques, and cardiopulmonary resuscitation and first-aid. All training shall be completed prior to the child's placement in the home. These requirements may be waived for a participating foster parent in this program with prior experience that includes working for at least one year with emotionally disturbed children, and children who have serious behavioral issues. These foster parents shall be provided with all necessary support services. However, there shall be no more than a total of five children living in a certified family home, with two adults. There shall be no more than a total of three children living in a certified family home with one adult, except where the other children are 15 years or older (Deering's California Codes Annotated, 2015).

**Aid for youth in transition.** According to The Extended Care Policy Toolkit, states can extend care to youth aged 19 to 21 with continued federal support. Child welfare agencies must

help the youth to create a transition plan during the 90 days before the youth exits the foster care system (Voices for Children, n.d.). This four page transition plan, presented in a PDF workbook format, serves as an agreement between the foster youth and those supporting the foster youth, such as their primary caregiver, a mentor, social worker, or probation officer, and family members, Service Providers, CASA, and other supporters of the youth (California Department of Social Services, 2014). The transition plan shows where the youth plans to live, receive additional support, work and/or go to school and maintain family connections. The youth are expected to meet with their caseworker and, if available, a person that serves as a court advocate, to create their personal plan. Copies of the transition plan are distributed to all parties and signed by each, pledging to assist the youth to complete all parts of the plan (California Department of Social Services, 2014).

**Adoption assistance.** The Fostering Connections to Success and Increasing Adoptions Act of 2010 provides additional financial incentives to states and adoptive families to support adoption. For example, for Missouri youth with elevated needs, caregivers receive \$100 of incentive payment in addition to funding covering maintenance of room and board, clothing, and food, medical care. For those that qualify, \$40 for respite care from another trained resource parent is additionally available for caregivers who are encouraged to utilize this service one weekend per month plus 14 days per year (Missouri Department of Social Services, 2013). These incentives found in the Child Welfare Manual are focused primarily on older youths and children with disabilities or other special needs. The law also increases opportunities for children with special needs to receive federally supported adoption assistance, without regard to birth family income level (Voices for Children, n.d.).

**Greater health care services.** California Health and Safety Code requires that state child welfare and state Medicaid agencies work together with other healthcare experts to create a plan to better coordinate healthcare for children in foster care (1530.6). The plan should be prepared so that they ensure appropriate screenings, assessments, and follow-up treatments. The law requires the sharing of critical information with appropriate providers and oversight of prescription medications. This coordination will help cut down inaccurate diagnosis and putting foster children on unnecessary medication for behavioral problems better treated in other ways (Voices for Children, n.d.). The Fostering Connections to Success and Increasing Adoptions Act of 2010 requires the sharing of critical information with appropriate providers and oversight of prescription medications. This coordination will help cut down inaccurate diagnosis and putting foster children on unnecessary medication for behavioral problems better treated in other ways (Voices for Children, n.d.). Though this Act was passed in 2010, an analysis conducted in March of 2015 by the Department of Health and Human Services found that in States with high numbers of foster youth, California included, problems with mental, medical, and dental screenings persist. Though the State of California requires that foster children receive a health screening within 24 hours of being placed in a home, 12% of children in the study did not receive an initial screening upon placement, and 17% did not receive one of the three required by law: mental, physical, and dental. Additionally 27% of children received their screenings late (Levinson, 2015).

**Access to education.** The states must ensure that a child in foster care attends school and have access to the same academic resources, services, and enrichment activities that are available to all students (California Foster Youth Education Task Force, 2010). The law EC § 48850(a)(1) also helps foster children remain in the same school as long as appropriate, and secures prompt

and smooth transfers to a new school when they come into foster care or change placements while in foster care. This mandate for education will provide increased federal support for assistance with school-related transportation (Voices for Children, n.d.). All educational and school placement decisions should be based on the child's best interests and consider educational stability. Social workers and probation officers have strict education related reporting requirements in the State of California (California Foster Youth Education Task Force, 2010).

The reality of today's court system is the swelling caseloads that judges and social workers are being asked to carry. This high load reduces the amount of time each professional has to focus on the needs of the children whose futures they decide. For example, the latest Dependency Counsel Caseload Standards sought to quantify optimum caseloads for attorneys working in the California Juvenile Court system. It was reported to the California Legislature that a maximum caseload of 77 clients per attorney was ideal for best practice and performance. However, in the face of the average caseload of 273 juvenile clients per attorney, the report recommended that a maximum standard of 141 clients be implemented (Judicial Council of California, 2008). Last year, county leaders in California launched its new creation of a new office of child protection, and the top contender to lead the nascent child protection is Judge Michael Nash (Heimpel, 2014). Judge Nash, the presiding Judge of Los Angeles County Juvenile Court, in January of 2014, issued an order that dependency hearings that were closed to the press, are now opened to the press: no more secrecy hearings that covered up parents' and workers' mistakes that resulted in the death of children (Steward, 2011).

In 2013, Los Angeles County Social Workers went on strike over their caseloads, which averaged 31 children per social worker that year (Lopez & Klemack, 2013). To settle the strike, the Los Angeles County Department of Child and Family services hired 450 new social workers.

While the new hires brought the average caseload down, social workers in Los Angeles County continue to operate over capacity. A new budget proposed in April 2015 would add 543 social workers in Los Angeles County. While caseloads currently average 27 for social workers managing foster children already placed, recommended caseloads are 24 children (Therolf, 2015). Caseworkers will be renamed counselors. These counselors must prepare a service plan for each child and arrange for coordination services with local education agencies and the service providers' nonpublic school where applicable. The requirements for these persons have been re-specified. The support counselor will have one of the following: a bachelor's degree in a social science related field, at least six months of experience with emotionally and behaviorally problematic children, or an associates degree in a social science field and at least one year of experience with emotionally and behaviorally problematic children (Deering's California Codes Annotated, 2015).

### **Attachment Theory**

**Attachment disorder defined.** Attachment Theory, the joint work of John Bowlby and Mary Ainsworth, began its developmental history in the 1930s with Bowlby's interest in maternal loss or deprivation. In the 1950s, Mary Ainsworth joined Bowlby's research. Out of this collaboration emerged the term *Attachment Disorder*, a disruption of the child's tie with the mother, and the mental defects that the child would subsequently suffer. The quality of early attachment relationships is correlated with future personality and brain development (Bretherton, 1992). Bowlby and Ainsworth researched the link between maternal loss of deprivation, personality development, and security theory. According to Ainsworth, attachment and security work hand in hand:



Just when an infant feels afraid, his attachment behavior is likely to be activated (as well as fear behavior), likewise when he feels secure, his attachment behavior may be at a low level of activation. (Ainsworth, Blehar, Waters, & Wall, 1978, p. 22)

Ainsworth helped to expand Bowlby's theory with her concept of the attachment figure as a secure base from which an infant can explore the world. According to Attachment Theory, an infant's need for a committed care-giving relationship, with one or a few adult figures, is most central to healthy development. Many years of research suggest that deep psychological damage occurs in the infancy stage if babies are separated from their mothers or primary caregivers (Bretherton, 1992).

Attachment Theory is a descriptive theory in that it does not claim to offer prescriptions for intervention or treatment. More recent research has brought in another concept called *Reactive Attachment Disorder* or RAD. The diagnostic criteria for RAD include a pattern of disturbed and developmentally inappropriate social relationships. Studies have shown that the relationship between an infant and caregiver provides the foundation for neurological development. Attachment disturbances are associated with psychopathology in childhood and adulthood (Hardy, 2007). Hardy (2007) explains that in any infant it is:

Particularly...the right hemisphere that will influence the infant's personality and relationships with others throughout life. Neural activity in the right hemisphere creates and maintains continuity of inner affective experience amidst external changes. (p. 28)

So far, this research has been conducted only with children who have been institutionalized. The authors caution that these behaviors may not be found as frequently in non-institutionalized children, who may present with milder attachment disorders (Hardy, 2007). The majority of infants who are placed in foster homes have histories of neglect, abuse, parental drug abuse, and family instability. Such problematic caretaking conditions are associated with the

development of insecure attachment strategies in infants (Stovall & Dozier, 1998). These findings mirror the work of Mary Ainsworth and John Bowlby.

Attachment styles of adults are rooted in their attachment history (Kesner & McKenry, 1998). One of Bowlby's primary goals in developing a modern attachment theory was to preserve what he considered Freud's genuine insights about close relationships and development. These included insights about (a) the complexity of social, cognitive, and emotional life in infancy; (b) underlying similarities in the nature of close relationships in infancy and adulthood; and (c) the importance of early experience in later development (Waters, Merrick, Albersheim, Treboux, & Crowell, 2000).

Negative life events can alter a child's life-paradigm, sending him/her on a dark, psychopathic road to adulthood. These negative life events can include: (a) the loss of a parent, (b) parental divorce, (c) the life threatening illness of a parent or child, (d) a parental psychiatric disorder that goes untreated, and (e) physical or sexual abuse by a family member. As foster youths are vulnerable to many of these negative life events, they are also vulnerable to their ramifications: namely, the inability to form the relationship and social attachments necessary for a stable and successful adulthood (Waters et al., 2000).

Additionally, the death of the primary caregiver can also be a condition for removal. This disruption, loss, unresponsiveness, or unpredictability of an attachment figure may produce anger, depression, anxiety, and sadness, among other feelings, in the foster child (Weber, 2003). Stovall and Dozier (1998) state that, "unfortunately, after suffering the loss of the primary caregiver, many infants in the foster care system undergo additional disruptions in caregivers as they are placed from home to home" (p. 1). Several studies have demonstrated that children who experience multiple placements suffer from poorer psychosocial development than their peers

and more emotional and behavioral problems than children with stable placements (Bryce & Ehlert, 1971; Fanshel & Shinn, 1978; Goldstein, Freud, & Solnit, 1973; Pardeck, 1985; Runyan & Gould, 1985). Thus, foster children that have experienced multiple placements may demonstrate the inability to create positive social relationships in their adulthood.

### **Abandonment**

**Nobody's children?** To society, children who stay in foundling institutions, sleep in the rough streets of crowded urban cities, or find themselves confined to juvenile camps, appear to be abandoned by their parents, and by society (Brick & Smith, 2000). The term *abandonment* has powerful emotional overtones both for the media and general public. This term labels the children and provokes pity for people to donate or rescue these children, but obscures the real issues in their lives. The term abandonment can be applied in so many different situations in the life of a child (Black, 2002.) Some of the examples include:

- Emotional abandonment, where the parent is physically there, but shows no moral support, or acts of love; and
- Runaway children, who runs to escape unhappy or abusive homes;
- Involuntary loss of a parent, such as through divorce or death, can also create abandonment issues.

In an article by Claudia Black (2010), she states that

for some children abandonment is primarily physical. Physical abandonment occurs when the physical conditions necessary for thriving have been replaced by: (1) lack of appropriate supervision; (2) inadequate clothing, housing, heat, or shelter; and (3) physical and/or sexual abuse. (p. 1)

Parents who leave their children, with or without good reason, causes the child psychological damage (Human Rights Watch, 2006). Living with repeated abandonment experiences creates toxic shame. The shame arises from the painful message implied in abandonment; *you are not*

*important, you are not of value.* This is the kind of brokenness from which people need to heal (Black, 2010).

## **Symptoms**

Symptoms of abandonment issues in a person may be physical or mental, and will extend into their adulthood, sometimes throughout a person's life (Black, 2002). Some of these symptoms include, but not limited to:

- Alienation and withdrawal from people and social events;
- Guilt, blaming themselves for situations, mixed with depression;
- Fear mixed with uncertainties, being too clingy with people or insecurities;
- Sleep and eating disorders; and
- Physical and emotional ailments, including anger and grief.

As problems double in adulthood for children with abandonment issues, they can develop borderline personality disorder (BPD). BPD is a common psychiatric disorder that is often linked to early childhood stressors. One particular feature of this disorder is the fear of abandonment (Schmahl et al., 2002). When children experience abandonment, their thinking becomes flawed, they have false beliefs, and they can begin to exhibit the impaired behaviors of those who have hurt them (Schmahl et al., 2002).

Despite children's difficult environments and challenges, some children have been able to demonstrate remarkable resilience toward coping with health challenges and survival instincts (Black, 2010). The debate on resilience in children has shifted from the emphasis on factors to an emphasis on processes and mechanisms and from identifying resilience to promoting resilience (Schofield & Beek, 2005).

Finally, the major challenge to social policy and child welfare agencies is to devise policies of protection. Sometimes adults that make up these agencies have never lived the life of a foster child. The policies that the lawmakers designed do not actually protect the child but hinder them socially. Black (2010) suggests that adult children who have gone through the foster care system and who have experienced resilience in their lives, are vital in designing and implementing laws, policies and procedures. Their firsthand experience and key input will assist other foster care children in accomplishing and achieving their goals.

### **Child and Adolescent Development as Related to Social Relationships**

Adolescence is a period of physical, emotional, and social growth in which a person matures from the dependence of childhood to the independence of adulthood. Psychologically, this is a difficult time for most teenagers. The transition faced by teenagers in the foster care system is further complicated by the many problems that often plague this population (Allen, 2005). Many studies have documented the importance of family connections and relationships to young people as they move through adulthood (Fostering Results, 2004). When a child is removed from his/her biological parents and family and placed in foster care, the government accepts the parental obligation to address the many needs of the youth. Ideally, some of those needs include having the opportunity to: develop life skills necessary to navigate the social and work world; be prepared to meet their financial needs; and learn how to take on adult responsibilities such as education, career, meal-planning, and housing (Courtney & Dworsky, 2005). These are important life lessons that youths must learn in order to become successful adults.

Preparing to become independent and self-sufficient is difficult enough for youths who remain at home, in the care of their biological parents. Moreover, adolescence can become an

overwhelming experience for those who *age out* of the foster care system without having the support of stable, adopted parents (Allen, 2005). Emancipated foster youths who age out of the system move from foster home to foster home until the age of 18 without ever being placed in a permanent home. Youths that are emancipated at the age of 18 from foster care are known to have considerably more mental health challenges than their peers. These youths face numerous challenges as they transition to adulthood, including physical or sexual victimization, incarceration, or homelessness (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001).

In order to achieve a somewhat stable transition to adulthood, these older children must be placed in a permanent home before the age of 17. A report to Congress on adoption documented that youths who are emancipated from foster care without a permanent family are at risk for many poor outcomes (Allen, 2005).

### **The Impact of Foster Care on the Educational Experiences on Fostered Youth**

Children in foster care comprise a population of students at great risk for school failure. In a study by Blome (1997) on educational experiences, foster youth reported more discipline problems in school and experienced more educational disruption due to changing schools than their peers. Changing schools is particularly disruptive to the education of foster youths because it reinforces a cycle of emotional trauma of abandonment and repeated separations from adults and friends (Wolanin, 2005). Many of these children experience intense trauma when moving from one foster home to another, and from new school to new school (Zetlin, Weinberg, & Shea, 2010). As a result of these traumas, foster youths often do not achieve the level of adult skill and maturity needed to live and act independently in the inherently adult world of higher education. In addition to lacking adult skills, foster youths often develop mental illness and emotional fragility that are significant barriers to higher education opportunities (Wolanin, 2005). Foster

youths are more likely than their peers to struggle academically, socially, and behaviorally in a school setting. When compared with the school population as a whole, they have higher rates of absenteeism and disciplinary referral (Zetlin et al., 2010). Investigators have documented that a high proportion of children in foster care are also in special education (Crozier & Barth, 2005).

In conclusion, according to Bowlby (as cited in Bretherton, 1992), Attachment Theory explains how students use their positive relationships with adults to organize their experiences. Central to this theory is that students with close student-teacher relationships view their teacher as a *secure base* from which to explore the classroom environment. In practice, students with this secure base feel safe when making mistakes and feel more comfortable when accepting the academic challenges necessary for learning (Kaufman, 2012).

### **Brain Development**

The affectionate and effective exchanges between infant and caregiver provide a foundation for neurological development. They lead to the creation of neural networks, particularly in the right hemisphere that will influence the infant's personality and relationships with others throughout life (Schmahl et al., 2003). According to an infant mental health journal; neural activity in the right hemisphere of the brain creates and maintains the continuity of inner affective experiences amidst of external changes in a person (Perry, Pollard, Blaicley, Baker, & Vigilante, 1995).

Furthermore, the right hemisphere is dominant in the reception, interpretation, and communication of emotions. The optimal functioning's in these areas would be an essential component for empathic interpersonal experiences (Schmahl et al., 2003). From infancy to age 5, if the relationship is disrupted, the infant's nervous system must expend large amounts of energy to maintain their equilibrium independently. When this energy expenditure fails, the

right side of the brain is unable to maintain coherent neural connections and goes into a state of shock that leads to dissociation, and stalls normal development. Now when both internal and external regulatory systems fail, there is a sense of helplessness, with the inability to self-maintain, and hopelessness. Some adults misinterpret the actions, words and expressions of children through their distorted beliefs. In many situations, these misinterpretations can be destructive. The most damaging occurs when the impact of traumatic events on young children and infants is minimized. It is a tragedy that at the time when humans are most vulnerable to the effects of trauma during infancy and childhood, the adults generally presume they are the most resilient (Perry et al., 1995). For each individual maternal stress is characterized by up- or down regulation of specific genes in the placenta. The baby is inheriting all the character traits of its parents. Of critical importance, these genes include those involved with DNA methylation and histone modification, and the developmental origins of adult health and disease (Gheorghe, Goyal, Mittal, & Longo, 2010).

### **Mental Health Issues Related to School Achievement**

The low rate of high school completion among foster youths is a reflection of the reality that foster youths generally do not do well in school (Courtney, Roderick, Smithgall, Gladden, & Nagaoka, 2004). Compared to their peers, foster youths have higher rates of tardiness, absence, and truancy. They are placed on probation and suspended or expelled from school more frequently (Pecora et al., 2003). They fail courses or repeat grades more often. They perform below grade level in reading and mathematics and have lower grade point averages and lower standardized test scores. Foster youth often fall behind early in their school years and struggle to catch up (Yu, Day, & Williams, 2002). Many foster youths are diagnosed with serious mental or emotional conditions that significantly compromise their ability to be successful in school. For



example, youths with emotional disturbances have the highest rate of dropping out of high school, and are the least likely to graduate high school with a regular diploma. Also, only about one in five foster children enroll in any kind of post-secondary education (Wolanin, 2005). Some researchers suggest that foster youths are over-identified as needing special education as a quick-fix remedy to deal with the problems they have adjusting to new schools (Wagner, 2005). Eighty percent of foster children have overwhelming mental health issues, compared with 18-22 percent of the general population (NCSL, 2015). As the result of these increased mental health issues, fostered youth are prescribed psychotropic medications at a much higher rate than non-foster youth (NCSL, 2015). This type of diagnosis is costing the state millions of dollars each year. The American Academy of Pediatrics and the Healthy Foster Care American Initiative identifies mental and behavioral health as the greatest unmet health need for children and teens in foster care (NCSL, 2015). Considering the high level of complex trauma faced by foster children, the foster care alumni, who are now adults, experience post-traumatic stress disorders at a rate that's five times higher than the general population (NCSL, 2015).

### **Resiliency in Foster Youth**

Within this literature review, resiliency can be defined as a resilient coping mechanism with extreme stress and trauma with a multifaceted phenomenon characterized as a complex repertoire of behavioral tendencies (Agaibi & Wilson, 2005). This also can be viewed as “the activity of rebounding or springing back or with elasticity; the power of resuming the original shape or position after compression or bonding” (p. 196). To sum it up, it is the ability to return to one's original position (Agaibi & Wilson, 2005).

Not everyone can cope with these potentially disturbing life events in the same way some people can experience acute distress, and are unable to recover. Others seem to recover quickly,

but then experience unexpected health problems or showing signs of difficulties enjoying life the way life used to (Bonanno, 2004). The biggest life risk stressors for children include; psychological trauma and abuse, mentally ill parents, physical disability life-threatening birth defects, and personal injuries, asylum seeking and refugee status, war, disasters, and life-threatening illness. What does resiliency look like? Resiliency reflects strength, flexibility, a capacity for mastery, and the ability of normal functioning after excessive stress that challenges the very soul of an individual's coping (Agaibi & Wilson, 2005).

In the classic study of Hawaiian children, the researchers predicted adjustment problems at later stages of development in a child's life. With stressors such as chronic poverty, low maternal education, and severe prenatal stress. One-third of the group sample tested was ranked resilient because they did not develop problems, and were psychologically healthy at the ages of 10, 15, and 30 years of age (Werner & Smith, 1982, 1992). Research evidence suggests that resilience is not gender specific and does not increase or decrease with age. It is however, related to psychological development and changes in emotional development (Agaibi & Wilson, 2005).

To enhance resilience in our children, we need to use families and communities as agents for change. This type of collective strength can be nurtured by helping people in our churches and communities regain a sense of connectedness with one another. This can be done with those who came before them, with their rituals, and stories that will impart spiritual meaning, with tangible resources within their community (Landau, 2007). We can build bridges between families, communities, and schools, to help individuals transcend their losses and become stronger people.

## **Outcomes: Research Findings of Foster Youth After They Reach Adulthood**

Many young adults leaving foster care do not reach a level of economic independence (Burley & Halpern, 2001). A 1991 study conducted by Westat, Inc. found that 4 years after leaving care, 51% of foster youths were unemployed and 40% were receiving some form of public assistance. Educators, school personnel, social workers, probation officers, caregivers, advocates, and juvenile court officers must all work together to serve the educational needs of children in foster care (Vesecky, Woodward, & Levine, 2005). For all youths, hopes for a brighter future depend heavily on educational achievement. Note that for foster youths coming from fragmented family backgrounds, educational attainment and job skill preparation are especially critical to achieving self-sufficiency as adults (Seyfried, Pecra, Downs, Levine, & Emerson, 2000).

This finding carries over into higher education as well. Comprehensive, cohesive supports for foster youth on higher education campuses make all the difference, allowing them to succeed in and graduate from college. Research has found that when former foster youths participate in campus support programs and or receive financial aid, they are more likely to stay in school and obtain their degrees (California College Pathways, 2009). This finding relates directly to the importance of student-teacher relationships for foster youths.

### **Educational Experiences with Student-Teacher Relationships**

Every time a child transfers to a new school, his/her academic progress is halted. Children and youths in foster care may have harder time learning because of their experiences. They may have been in educational settings in which they were not well supported because the teacher viewed them as transient students about to be moved again (National Foster Care Month, n.d.). To help these foster students, educators should find out who their educational decision-

makers are and reach out to these individuals to ensure that both parties are working together (National Foster Care Month, n.d.). According to research, a good way to reach foster students is in after-school settings. These settings are interpersonal in nature, and the qualities of the relationships that are forged can directly influence youths' decisions to attend the programs and the interpersonal development they experience therein (Rhodes, 2004). Schools should capitalize on this potential for caring adult-staff relationships (Fashola, 1998). A literature review by Fashola (1998) suggests that thoughtfully developed after-school programs can lead to improvements in academic performance, social skills, and internalizing and externalizing behavior. Although students may have one or two important teachers over the course of their education, close and confiding student-teacher relationships tend to be more the exception than the rule.

A few studies of relationships in youth development organizations have been undertaken, one of which analyzed youths' relationships with adult staff in several Boys and Girls clubs. The club staff offered a distinct form of support that fell between the care and love given by extended family and the more formal attention received from schoolteachers (Rhodes, 2004).

Relationships with club staff members tended to involve mentoring around a combination of skills and life lessons. Rhodes (2004) explains:

The life lessons the staff provided included conflict-resolution, the avoidance of drugs and pregnancy, the development of more positive body image, and the need to maintain lofty career goals and aspirations for the future. Moreover, staff support was strongly related to positive youth outcomes. (p. 148)

### **A Positive Student-Teacher Relationship in the Classroom**

Students feel a personal connection to teachers that employ frequent communication, guidance, and praise more often than criticism (Kaufman, 2012). Kaufman (2012) asserts that a positive student-teacher relationship in the classroom consists of six elements: (a) teachers show

their pleasure and enjoyment of students; (b) teachers interact in a responsive and respectful manner; (c) teachers offer students help (e.g., answering questions in a timely manner, offering support that matches the children's needs) in achieving academic and social objectives; (d) teachers help students reflect on their thinking and learning skills; (e) teachers know and demonstrate knowledge about individual students' backgrounds, interests, emotional strengths and academic levels; and (f) teachers seldom show irritability or aggravation toward students.

One piece of research that supports this statement is a 2000 book by Miles Corwin. Titled *And Still We Rise* it is an incredible true story that details the lives of 12 students who managed to defy the odds despite their traumatic childhood experiences. These young people were able to graduate high school and attend college, though several of them were foster children who were moved from home to home. The book describes three main role models: Scott Braxton, the principal, and two teachers. In the narrative, the two English teachers, Mrs. Tia Moultrie, known as *Mama Moultrie*, and Ms. Toni Little do not see eye to eye on their role in the lives of their students:

Moultrie angrily defends her style of teacher and contends that her goals are greater than merely lecturing and giving exams. "I'm interested in dealing with the whole child, not just counting how many books they read and how many pages of notes they take" (Corwin, 2000, p. 203) she says one afternoon after class.

I want the kids to know the *Scarlet Letter* backward and forward. But I also want to teach them morals and to respect and take pride in themselves and their people. I want them to understand the social, political, and historical issues that impact their lives. (p. 203)

Corwin (2000) suggests that by learning from teachers who teach with their hearts and not just their heads, children receive the full benefits of learning. Foster children benefit from

such teachers as they often lack such care in their homes. For most foster children, school becomes their outlet and their family.

Mrs. Moultrie's class consists of 11<sup>th</sup> graders. Four that live with their grandparents; others live with impoverished single parents; a few are foster children. Many of them come to her with innumerable personal and family problems. Mrs. Moultrie feels she does not have the luxury to simply teach literature and remain aloof from their lives (Corwin, 2000)

### **Athletics: Fostering Positive Youth Development**

Participants in most extracurricular activities achieve better educational outcomes than non-participants (Eccles, Barber, Hunt, & Stone, 2003). Athletic activities can influence positive development in social networks created through participation. Structures outside of school and extracurricular activities provide adolescents with access to caring, non-familial adults. Coaches, club advisors, and other involved adults often invest a great deal of time and attention into these young people, acting as teachers, mentors, friends, gate-keepers, and problem solvers (Cooper, Denner, & Lopez, 1999). Studies of athletics programs show that feeling valued, listened to, and supported by the coach was more important to athletes' well being than team relatedness. In fostering youth development, these findings imply that team sport coaches should concentrate on creating a good coach-athlete relationship with each player. This means providing athletes with social support such as accepting, caring for, and valuing players as people, not just as performing athletes (Reinboth & Duda, 2005).

The role of sports organizations is to design programs that develop better people, rather than simply skilled individuals (Fraser-Thomas, Cote, & Deakin, 2005). The three powerful roles of developmental assets include protection, enhancement, and resiliency. When children develop these assets, they will in turn demonstrate the five Cs of positive youth development:

competence, character connection, confidence, caring, and compassion (Lerner, Fisher, & Weinberg, 2000). As physically, socially, psychologically, emotionally, and intellectually healthy youths develop into adults, they will choose to contribute or *give back* to civil society. In doing so they will promote the positive development of the next generation of youths (Fraser-Thomas et al., 2005).

For some, however, there can also be a negative side to sports. Sport participation can lead to negative psychological and physical consequences. This occurs when such individuals experience pressure from significant others, such as coaches or family members, in the social environment (Reinboth & Duda, 2005).

### **The Effects of Athletics**

While most often youth experience positive outcomes through sports, research suggests youth sport involvement has also been linked to negative outcomes such as sport-related injuries and eating disorders (Fraser-Thomas et al., 2005). The perceptions of competence are held to be more fragile because competence is constructed on the basis of what others have done or are doing and there is greater preoccupation with the adequacy of one's ability (Duda & Hall, 2001). Youths who feel excessive pressure to win can perceive themselves as having poor abilities, feel unattached to their teams, and feel vulnerable in the presence of teammates (Fraser-Thomas et al., 2005). With respect to team unity, the heightened inter-individual comparison and rivalry among athletes undermine the sense that one is closely connected with others. The climate of the team should foster feelings of *belongingness* and promote the satisfaction of the need for relatedness (Reinboth & Duda, 2005).

Intense training causes many sport injuries, and other injuries may be caused by risk-taking depending upon the nature of the sport (Steiner, McQuivery, Pavelski, Pitts, & Kraemer,

2000). Eating disorders are currently a major health problem in a sports setting for American youths (Fraser-Thomas et al., 2005). The literature suggests that young athletes, particularly girls, are becoming concerned about their body image at increasingly early ages (Davidson, Earnest, & Birch, 2002).

Coaches spend many hours interacting with athletes, and are assumed to play critical roles in shaping the quality of the athletes' sports experience (Reinboth & Duda, 2006). According to a school-based study by Eccles et al. (2003), athletes who participated in team sports throughout high school are privileged with adult investment in their well-being. Non-participants in sports had virtually no school-based adult support for personal problems. This support is critical for foster youths in forming attachments for socialization (Marklein, 2012). Such adult investment at a critical developmental time for future jobs and educational decision-making gives youths advantages in educational and job attainment (Eccles et al., 2003). For some foster youths, a college education offers new opportunities and motivation. Colleges in the state of California, which is home to approximately a quarter of all foster youth in the United States, have implemented programs offering services and support to students. One foster youth stated about UCLA Bruin's Guardian Scholars Program, "You have to remain strong...to have a tough skin. A UCLA program has provided me with a community that I can always rely on" (Marklein, 2012, p. 3). Programs such as these provide basic care and resiliency support to college students who have recently transitioned out of the foster care system.

### **Community Agencies**

Churches and community associations, particularly ethnic mutual assistance associations, are providing more and more after-school programs in responsiveness to community needs (Halpern, 1999). Community agencies like the Anne E. Casey Foundation, Casey Family



Services, Chris Kids, and Creative Community Services have provided significant leadership in the area of youths transitioning out of foster care. These agencies show the importance of comprehensive preparation for independent living, opportunities for economic success, and encouragement to aim high (The Community Foundation for Greater Atlanta, n.d.). In the early 1990s, the DeWitt-Wallace Foundation funded projects throughout the country. Character-building organizations such as the YMCA Boys and Girls Clubs of America, Boy and Girl Scouts, and the National 4-H Program have promoted concepts of youth empowerment through the National Collaboration for Youth. The Child Welfare League of America (CWLA) joined the national collaboration in 1992, becoming a DeWitt-Wallace grantee and introducing the concept of positive youth development to the child welfare community (Crowe, 2007).

After-school programs for low-income children are another resource that gained momentum throughout the 1990s (Halpern, 1999). These programs, offered by national youth-serving organizations, share a number of common features. In particular, most hold a commitment to promoting prosocial values and building life skills (Quinn, 1999). In a school-based study done by Eccles et al. (2003) school-based, extracurricular activities increase school participation and achievement because they facilitate: (a) the acquisition of interpersonal skills and positive social norms, (b) membership in prosocial peer groups, and (c) stronger emotional and social connections to one's school. Activities provide a forum in which to express and refine one's identity.

### **The Structure of Community Agencies**

Most youth service programs incorporate the same life lessons: careers and life-planning, health and sexuality, leadership and community action, sports and adventure, self-reliance and life skills, and culture and heritage (Quinn, 1999). Classic sociological theory recognizes that

joining a group leads to processes of secondary socialization, which includes assimilation of the group's norms and internalization of an identity associated with group membership (Larson, 2000). For example, the Boys and Girls Clubs of America is a community-based nonprofit organization that seeks to improve the psychosocial development of youths while inspiring them to become productive and responsible citizens (Butcher, Ferrari, & Newsome, 2003).

Participation in an extracurricular group is related to improved school attendance and performance, more involvement with adults, better peer relations, enhanced prosocial behaviors, as well as lower incidences of problem behaviors (Butcher et al., 2003). Butcher et al. (2003) conclude that interacting with one another points to the importance of club participation in nullifying risks and problem behaviors associated with increasing age, particularly in relation to academic outcomes.

Regardless of content and the approach, community programs have to respond to the needs and interests of young adolescents. Quinn (1999) recommends that all community agencies do the following:

- *Tailor their content and processes to the needs and interest of young adolescents.*

Good programs will listen carefully to the voices of young people at the beginning of the planning stage. This will provide active, meaningful roles for youth throughout implementation.

- *Recognize, value, and respond, especially to youths with diverse backgrounds and experiences in this contemporary society.* Good programs are sensitive to the differences that are among adolescents. These differences include race, ethnicity, family income, gender, and sexual orientation.

- *Work as a team, as well as individually to reach the underserved adolescents.* It is necessary to increase the access of young people living in low-income areas to the supportive community programs. It is also important to keep youths needs at the center of their outreach efforts, rather than organizational concerns.
- *Compete for young people's time and attention.* It is vital to find ways to make their programs more attractive than passive or antisocial pursuits.
- *Strengthen the quality and diversity of their staff or adult leadership.* Organizations must recognize that the quality of adult leadership is the first step. Programs should recruit carefully and always invest in staff development, including the volunteers.
- *Reach out to families, schools, and other community partners in youth development.* It is healthy for good programs to maintain good relationships with parents and other community programs on the behalf of young people.
- *Enhance the role of young people as community resources.* As a learning tool, programs should help young people to play meaningful leadership roles within their organization. This would help teenagers to have the opportunities for their talents to benefit the larger community and serve a vital role.
- *Have adults serve as vigorous advocates for and with youth.* Good programs should always advocate on behalf of youths as part of the program to ensure they are acting in the best interest of youths and attending to their needs adequately.

Crowe (2007) states:

The degree of youth involvement in the planning, delivery, and evaluation of all community services, including child welfare services is destined to increase. Now an increasing number of government and private agencies experience the benefits of having meaningful and genuine partnerships with the young people. (p. 148)

## **Religious Organization as Community Service**

Regardless of denomination, religious youth church groups generally seek to foster moral and spiritual development (Quinn, 1999). Churches tend to include in their ministry programs that focus on the family. Ministries around the United States support outreach to adopt children from foster care and provide support to adolescents. The Christian organization Focus on the Family is also currently working to raise awareness of the roughly 130,000 children in the United States foster care system that need permanent homes among the churches (Dial, 2010). They state, “We’re the church, we’re the body of Christ, and God has given us the blessing of family. It’s not about what we can get, it’s about what we can bring” (para. 42).

Though very little research has been conducted on the topic of religion in child welfare, it is known that foster parents are more likely to take foster children to religious services than birth parents (Schreiber, 2014). Research suggests that churches and religious mentorship play a substantial role in inner-city neighborhoods (Quinn, 1999). Some studies have focused on the specific effects of religion for high-risk adolescents. In a study conducted in 2010, Schreiber found that religion acts as a mediator that buffers the negative effects of poverty, and is a considered source of resiliency by teens in poverty or those exposed to poor neighborhoods and violence.

## **Spirituality as a Protective Factor**

In the lives of some children the experience of growing up can be harsh and painful. Feelings of abandonment and not being wanted, sometimes plagues the life of a foster child. Some are blessed to fall into the hands of loving caregivers, while others are sifted through society from one nightmare to the other. Spiritual socialization can be central to a child’s healthy development (Haight, 1998). Sometimes spirituality can be seen as a protective factor,

or buffer in the lives of foster children. Spiritual support derived from a connection to a higher power, provides guidance, strength, and comfort from their faith (Daining & DePanfilis, 2007).

In times of hardship, spirituality provides stability and meaning, as well as a healthy way of coping with the trials of everyday life (Haight, 1998). While religion is not embraced by all, it does assist some young adults in avoiding early parenthood, criminal activity, homelessness, and drug abuse (Daining & DePanfilis 2007). Studies show, that among adults, spiritual commitment tends to increase as a person ages. However, when spiritual well-being is fostered in an adolescent's life, their spiritual development is characterized into three dimensions: spiritual transformation, spiritual identity, and spiritual maturity (Emmanuel & Delaney, 2013).

For example, adolescents who have accepted the Lord Jesus as their personal savior often describe their transformation as a new life that leads to their spiritual commitment. As soon as they make a spiritual commitment to their religious faith, their world view begins to form through a religious lens that develops their identity. As these young adults incorporate their worldviews into their lifestyle, they began to demonstrate increased love and compassion towards others. This enables spiritual maturity (Emmanuel & Delaney, 2013). Participation in religious programs also helps foster their socialization and community skills. Memorizing Easter and Christmas speeches, reciting them in front of an audience, will help their orator skills that may be needed later in life. In an interesting research that studied Australian young people, in the age range of 12-25 years, purposely selected Christian youth who attended an Assemblies of God church. These researchers sought out a Pentecostal church for access to a group of people for whom spiritual well-being was of major significance (Smith, Webber, & DeFrain, 2013). This group of researchers implied that denomination makes a difference when it comes to

engaging adolescents in religious activities such as prayer, reading religious texts, and family-style worship.

In summary, the protective factor of spirituality stems from being a member of a connected community of spirit-filled people. A family worship style gives young people a sense of hope, encouragement, and anticipation toward a brighter future.

### **The Impact of Mentorship**

Mentoring, in its many different forms, has been perceived as one of today's chosen interventions to prevent social non-functioning among youths (Munson & McMillen, 2006). A mentor is one who encourages, teaches, and gives time and attention to young people (Gilligan, 1999). Several models of mentoring exist, including one-on-one mentoring, peer mentoring, group mentoring, and teams of mentors. Research has concluded that youths feel their lives have improved since working with a mentor (Osterling & Hines, 2006). There is a general consensus that foster youths need permanent, supportive, emotional connections with adults to navigate the challenging transition to adulthood (Spencer et al., 2010). However, involvement of an adult mentor in a young person's life for just one year was found to decrease first-time drug use by 46%, and cut school absenteeism by 52% (Quinn, 1999). For at-risk youths, mentoring can have positive effects, including increases in positive self-concept, increases in educational attainment, and improvements in parent-child and peer relationships (Osterling & Hines, 2006).

### **Finding Potential Mentors**

The right potential mentor for a child may be found in the child's own social network of origin, such as: the neighborhood in which they currently or previously resided, current or past schools, sports teams, youth organizations, volunteer social services, training centers or work-places that the youth has been involved with, a relative or neighbor, or a current or former

teacher (Gilligan, 1999). However, according to Dr. Jean Rhodes (2005), there may also be a downside to mentoring. She writes, “On one hand, the past experience of foster youth may present barriers to their establishing close, supportive relationships with mentors” (p. 1). She concludes that some fostered youths have often been exposed to inconsistent and inadequate parenting, and they may have problems forming secure attachments. Gilligan (1999) came to this same conclusion; children in the foster care system constantly face losses and adversities when it comes to mentorship. A mentoring relationship that is abruptly cut short, or in which the mentor proves unreliable, may be devastating to the foster child, especially when the young person is still reeling from past adult betrayals of trust. On the other hand, the emotional and behavioral problems of young people in foster care may be a severe test of grace and patience for the mentor (Gilligan, 1999). Difficulties trusting and forming close bonds may prevent foster care youths from realizing the positive effects of mentoring (Rhodes, 2005).

Another argument posed by Michael Garringer (2011) posits that mentoring programs could be a slippery slope. He says:

These programs could do more harm than good, by trying to offer too much. These mentoring relationships will suffer when embedded with a larger array of services and program features. How does mentoring relationships keep from getting lost in the shuffle? Especially when programs start to drift away from their core reason for being. (p. 12)

A positive way to finding potential mentors is through the child’s talent and leisure-time activities. It is a resilience-enhancing potential of a single interest or activity can transform a child’s whole situation. Gilligan (1999) gives strong examples of children excelling in their talents and interest, which helped turn their lives around. These talents include music, dancing, painting, and acting, care of animals, sports, and ice-skating.

Mentoring has the potential to connect youths in foster care with a diversity of caring adults who can provide an important bridge to higher education and employment. Mentoring can also serve as a resource for transition to independent living in adulthood (Rhodes, 2005).

### **Emancipation**

Foster youths need permanent, supportive, emotional connections with adults to navigate the challenging transition to adulthood (Collins, Spencer, & Ward, 2010). In a study by Osterling and Hines (2006), advocates described themselves as serving in quasi-parental roles. One advocate commented, “You can’t start the relationship at age 18 and expect anything to happen, you must start earlier, at least 16 years old and plan to stay with them through the emancipation process” (p. 249).

Another study suggests that multiple moves in and out of the foster care system yield an increased likelihood of an unsuccessful outcome during the exit from care. However, a foster youth’s final home while in foster care appears to be strongly associated with how he/she exits care (Courtney & Barth, 1996).

Exiting from foster care without support presents multiple challenges for youths and is strongly associated with feelings related to the lack of a safety net (Mulkerns & Owen, 2008). In addition, many reports of youth describe foster youth who emancipated from foster care with minimal education. These youths struggle to find employment and are most likely to make minimum wage. Total assets at the time of discharge are roughly \$250, which usually is spent quickly. Some of their bigger issues include finding a place to live and medical and dental insurance (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). Emancipating foster youths often do not have traditional families or parental figures to turn to for material or emotional support. Meeting basic needs, such as housing, can be challenging, and having a history of foster



care as a child is a significant risk in predisposing young adults to homelessness (Yen, Hammond, & Kushel, 2009). In 1999, congress passes the Foster Care Independence Act (FCIA), requiring states to extend social services to former foster youth until the age of 21 (Fernandes, 2008). This extension is important due the fact that many of our young people are neither socially equipped nor ready to move on at the age of 18.

Near the point of transition from care at adulthood, the needs and capacities of adolescents and young adults will be different from those of younger children (Collins et al., 2010). Youths from ages 10 to 16 who have a relationship with a mentor (lasting at least a year) experience the greatest benefits due to significant improvements in feelings of self-worth, perceived social acceptance, and scholastic achievement. The bond that forms between the mentor and the young person is at the forefront of the mentoring process, but relationships that are less close tend to have little effect (Spencer et al. 2010). Success is possible when young people are prepared for life after foster care. In preparing, the mentor needs to help the child rehearse, observe, and discuss problem-solving skills and strategies in a more direct way: for instance, taking young people through a customized course on coping with life in care, or a course on dealing with finances and activities (Gilligan, 1999). A report to Washington on the Extending Foster Care policy noted that nationally, there are approximately 400,000 children in foster care, with nearly half aged at 14 years or older (NCSL, 2015). Nearly 26,000 youth age out of foster care at 18 each year (NCSL, 2015). The Extending Foster Care policy extends foster care beyond age 18, and helps to engage youth in the decision-making process for their future by encouraging independence with intentional development of decision-making skills (NCLS, 2015).

## **Conclusion and Summary**

In any research pros and cons must be examined and reported. When looking at student-teacher relationships, athletics, and sports, community service, and mentorship, one of importance stands out: mentorship. Long-standing mentor relationships, not those that cease at the close of the program, appear to have significant positive effects on youth. The need for a caring man or woman who will sacrifice their time for each foster child through to adulthood is imperative. Students may have one or two important teachers over the course of their schooling. However, close and confiding student-teacher relationships tend to be more the exception than the rule (Fashola, 1998). Teachers who truly care about the welfare of their students as a whole will allow children to receive the full benefit of learning. For most foster children, school becomes their outlet and their family (Corwin, 2000). In fostering youth development, these findings imply that team sport coaches should concentrate on creating a good coach-athlete relationship with each player. This means providing athletes with social support such as accepting, caring for, and valuing players as people, not solely as performing athletes (Reinboth & Duda, 2005). The role of sport organizations is to design programs that develop better people, rather than simply skilled individuals (Fraser-Thomas, Cote, & Deakin, 2005).

The community agencies show the importance of comprehensive preparation for independent living, opportunities for economic success, and encouragement to aim high (The Community Foundation for Greater Atlanta, n.d.). Also in these studies, religion acts as a mediator that buffers the negative effects of poverty, or is a source of resiliency for teens in poverty or those who are exposed to poor neighborhoods and violence (Shreiber, 2010). Long-standing mentor relationships (not those that cease at the close of the program) have significant positive effects on youth. Along with mentoring programs, churches, schools, business,

recreation departments, and other services providers, appear to foster better outcomes for the vulnerable population of fostered youth (Rhodes, 2005).

## Chapter 3: Research Design and Methodology

### Introduction

Since the purpose of this study is to gather information regarding human lived experiences across time, the researcher decided to use a phenomenological inquiry method. This research study will involve personal long interviews to obtain information regarding the lived experiences from adult foster children age 18 and over who have experienced foster care for 5 years or more. This qualitative study will explore the perceptions of 20 adult foster children regarding their experiences of foster care, their social relationships during that time, and their present social relationships.

The reason the researcher choose a phenomenological approach is that, by looking at multiple individuals' perspectives on the same situation (namely foster care), the researcher may make some accurate generalizations about the issue from perspective of insiders who experienced the phenomenon (Leedy & Ormrod, 2005). A phenomenological approach is most appropriate for this study, as it allows the researcher the opportunity to understand the essence of the participants' perspective about the phenomenon under examination (Creswell, 2009).

This study's findings will secure information from those who have been foster children for several years, the effect of being uprooted from the family and moved around within the foster care system, and their development of social relationships. Findings may present implications for social work practice, and the awareness of *generational curses*, or perpetuated detrimental cycles of attitudes or environment factors. Prior research detailed in Chapter 2 suggests that social networking and positive educational experiences, such as belonging to special groups such as a church, organized sports, community groups, and service-learning activities, may facilitate the development of positive social relationships. By gaining a richer and

more complete picture of their experiences, lawmakers and social services agencies can create new laws and practices to better serve this population of youth.

Data was collected from personal, individual, long, in-depth interviews by the researcher using open-ended questions. Six interview questions were developed from the findings in the review of literature and piloted tested. The intent of these questions is to capture the adult foster children's experiences and provide a reflective narrative for each participant.

### **Research Approach**

The findings of this study were analyzed through the theoretical lens of Attachment Theory. Bowlby and Ainsworth's separate but complementary contributions to Attachment Theory were explored in relation to the findings. Studies have shown that the relationship between an infant and caregiver provides the foundation for a children's neurological development and their ability to form social bonds as adults (Hardy, 2007). The quality of early attachment relationships is correlated with future personality and brain development (Bretherton, 1992). This study provided insights into how youths have been affected personally by foster care, such as abandonment and the lack of a safety net (Mulkerns & Owen, 2008). The openness and willingness of the participants to describe their experiences is a key aspect of this phenomenological qualitative approach.

### **Researcher's Qualifications**

The researcher was qualified based on her 46 years of experience working with children and displaced men and women. Her academic accomplishments include a bachelor of arts in cinema television from the University of Southern California and an associates' degree in child development with a certificate for preschool director and teacher. In addition, the researcher has received a Master's Degree in Educational Leadership from Pepperdine University and

continued in the doctorate program for organizational leadership. As the daughter of a Bishop, the researcher has been working in the ministry for 46 years. She has been the principal of a Christian school for 30 years, director of the daycare center for 15 years, and church administrator and counselor for the past 10 years. She has sat on the Board of Directors for a homeless shelter for women with children for the past 17 years. The rich history of this researcher and her love for God's people make her an ideal candidate for conducting this study.

### **Selection of Participants**

The initial site for this study was Testimonial Community Love Center, a 40-bed homeless shelter for women with children. This shelter, located in South Los Angeles, is a branch of the ministry belonging to Testimonial Cathedral Church of God in Christ. This mission of Testimonial Community Love Center Homeless project is:

Testimonial's main goal is to help women regain their self-worth and equip them to re-enter society as productive citizens. This center generally keeps a waiting list of clients. The demographics of the shelter's population are 70% African American, 20% Hispanic, and 10% Caucasian. In this year alone, Testimonial has had contact with 350 families, helping to get them off the street by providing housing. According to Creswell (2009), qualitative research purposefully selects participants or sites that will best help the researcher understand the problem. The researcher purposefully selected this site (Testimonial Community Love Center), as approximately 70% of the women have a history of being in foster care. From this Center the researcher secured only five respondents and three referrals to other foster adults.

Creswell (2009) suggests that an adequate sample size for a phenomenological study is 20 individuals who have had primary experience of the phenomenon. For this study, the researcher selected 20 adult foster children to participate in the personal interviews with the

researcher. Due to the nature of this study, the Institutional Review Board took a little longer to approve the research. First submitted February 28<sup>th</sup>, and it was finally approved May 20, 2014. During this time, the researcher lost over half the participants at the initial research site that were willing to give interviews.

This population became lost to the researcher, as there is no record of these persons once they leave Testimonial Community Love Center. Obstacles to re-connecting included that potential participant's phone numbers were disconnected, the transient nature of their dwellings, or that they had changed their mind about participating in the interview.

Five adult women who lived in the Testimonial Community Love Center agreed to participate by personal invitation. All of the participants' identities will be protected, as well as all information taken from the interviews to be included in this study.

The Researcher was connected to the California Youth Correction, which was located downtown Los Angeles on Hope Street. About 20 foster adults meet once a month to help petition for a better life for foster children. The issues presented were: Housing and Homelessness Committee update, DCFS update, New Supporter training, College Youth Summit, and A Day at the Capitol for foster adults. The Researcher was invited to speak about wanting participants to interview for this dissertation. From this presentation, the Researcher was able to interview four adults. At the end of the meeting, the foster adults quoted the California Youth Connection Creed:

As members of one family, we are committed to represent foster youth, past, present and future. In our efforts to succeed, we dedicate our hearts and time to work consistently for the betterment of ourselves and other foster youth. Because we stand by each other and treat one another the way we would like to be treated. We are all in this together. One branch is easy to break, but when we stand together, we are strong by having open minds *in* - and attitudes *out*! (California Youth Connection, 2015)

The other adult foster children were recruited through personal friends and business associates. The Researcher was able to gather a large pool of names of 15 adult foster children, through this snowball effect. This semi-scientific term (snowball effect) describes of an entity or situation where something once small and relatively insignificant groups exponentially at a swift pace (“Snowball Effect,” n.d.). Qualitative researches tend to collect data in the field where participants experience the issue or problem under study. Creswell (2009) describes conducting on-site research as occurring “in the natural setting” (p. 177). Therefore, the researcher had management sign a permission form to conduct these interviews on site (see Appendix A). Out of 35 people with whom, the Researcher made initial contact, 20 people actually decided to participate in the interview.

Some of the participants, once they agreed to do the interview, did not show up for the first initial meeting. Fifty percent of these interviews were re-scheduled two or more times before the actual interview took place. Participant reasoning included the phrases *I forgot, I had to do something else, or I changed my mind.*

Most of the interviews took place in the church office. The others, the Researcher had to travel to make the connections. Table 1 displays the location of these other locations of interviews.



Table 1

*Number of Participants Interviewed Outside Researcher's Office*

	City					
	Irvine	Santa Monica	Inglewood	San Diego	Riverside	Los Angeles
Men	1	0	1	1	0	0
Women	1	1	0	0	1	2
Total	2	1	1	1	1	2

*Note.*  $N = 8$ .

**Data Collection and Instrumentation**

The long interview is the primary instrument of data collection for this study (Creswell, 2009). The researcher developed six interview questions based upon the review of literature that designed to provide sufficient data to answer the research question. The six questions were pilot tested to determine the ability of the interview questions to answer the research question sufficiently, appropriate wording to glean the desired types of data from the participant, and the length of time an interview may need. Prior to the pilot interview, the participant signed a letter of consent (see Appendix B). Each interview took approximately 40 minutes. When participants wanted to open up and be transparent, those took approximately 1 hour. In order to attract more participants, the researcher spent a total of \$300 in gift cards, and bought lunches or cooked dinner for some of the participants. These were some of the perks given to create excitement and build trust with the participants. The data was gathered from the participants' answers to the interview questions (see Appendix C). The interviews were recorded for clarity and accuracy. The researcher also took hand-written notes in case of equipment failure. A final thank-you statement to acknowledge the time the interviewees dedicated during the interview was given, along with various gift cards to different franchises (Creswell, 2009).

Upon completion of pilot interview, the researcher believes that the questions are complete, contain adequate wording, and lead to a thorough 40-60 minute interview investigating

the topic at hand. The six interview questions were subsequently submitted to a Panel of Experts for their review and input (see Appendix D for list of names of Panel of Experts). Afterwards, the revised questions were pilot tested with another adult foster child for understanding and completeness. Revisions were made to the interview questions to be more open-ended and less invasive. Words were deleted such as *abandonment* and *issues*. Given these small changes to the interview questions, they still produced adequate answers to the research question.

As previously mentioned, all the participants' identities were protected, as well as all information taken from the interviews to be included in this study. The researcher conducted a face-to-face interview with each of the 20 participants using the interview protocol in Appendix B. Before asking the six interview questions, the researcher asked about the demographics of each participant, including their current age, sex (male or female), marital status, number of children, employment status (working or displaced), past employment, length, the number of residences since the age of 21, and their highest level of education. Acquiring this information will provide background on the foster adults for this study, and an explanation of each participant's the psychological history and well-being. This was strictly a voluntary exercise for the women in the shelter and will not interfere with their stay in the shelter should they decline participation. Questions were presented in a confidential and non-threatening manner (Leedy & Ormrod, 2005). The researcher asked for a referral of a friend and calls were placed from the shelter to the interviewee. The other participants were advised that their participation is voluntary and that the interviews will be conducted at a place of their choice and comfort, such as their home or the researcher's church office. Travel was necessary for the researcher, such as conducting the interview in a participant's home, the case manager of the Testimonial Community Love Center accompanied the researcher for the sake of safety and as a witness.

The protocol for the structure of the interview was as follows: (a) a handshake of introduction, i.e., “Hello, my name is Angela Hackworth-Wilson, and I am a candidate for doctoral studies at Pepperdine University and I would like to thank you for agreeing to meet with me for this interview. The title of this project is *Long Term Effects of Foster Care on Social Relationships*,” and (b) “This interview will last approximately 40 to 60 minutes.” Most of the interviews were conducted in the church business office of the church administrator at Testimonial Cathedral C.O.G.I.C. The church administrator’s office is situated privately in the very rear section of the church building, away from all employee and parishioner traffic. There are security officers on the ground 24 hours a day. The case manager of Testimonial Community Love Center, Mrs. Wynemia Spangler stepped in from time to time with the purpose to serve as a witness, as well as to observe the safety of the researcher. The data was gathered from the participants’ answers to the interview questions (see Appendices B & C). The interviews were recorded for clarity and accuracy. The researcher took hand-written notes in case of equipment failure and/or hearing impairments from natural elements within the room wherein the interviews were conducted. For example, during the interview with participant J, the participant’s cell phone began to ring. The researcher stopped the recorder for the participant to answer the phone. When the interview resumed, the tape recorder would not come on; it kept reading memory full. At that point, the researcher was not technically savvy enough to restart the device. Instead, the researcher was able to turn on the computer in order to finish recording participant J’s interview.

### **Validity and Reliability**

To assist in the validity and reliability of measuring this phenomenon, the researcher has formed a panel of experts. The criteria established for the panel is education of a Master’s degree or higher, worked in the field of education and with children, and highly knowledgeable in the

care of foster children as well as knowledge in attachment theory. Recommendations from one child psychologist led to other colleagues in order to form this panel of experts.

Recording and transcribing the interviews will support the validity for data from this study. Thus, the researcher used the human mind as a tool of research. According to Leedy and Ormrod (2005), “The human mind is undoubtedly the most important tool on the researcher’s work bench. Its functioning dwarfs all other gadgetry. Nothing equals to its powers of comprehension, integrative reasoning, and insight” (p. 31). The questions asked during the interview supplied the truth (validity) about the participants’ inner-selves as the researcher gains their trust and helps them to feel comfortable during this process. For further validity, the trained doctoral student coders have provided an unbiased review of the data. Leedy and Ormrod also emphasize the importance of consistency when evaluating a study for reliability, such as questions asked during the interviews, which are used as a probe and asked in a different sentence with the same meaning, in order to check reliability within the narrative of each participant.

### **Population and Human Subject Consideration**

Five adult women who lived in Testimonial Community Love Center (shelter) were a part of the population. The other 15 adult foster children were recruited from friends and associates of the women who resided in the shelter. The researcher has discussed the study with each volunteer, invited him/her to participate, and inform him/her of what their participation would entail. The researcher obtained a permission form to conduct the study from the business office of the Testimonial Community Love Center (refer to Appendix A). All the participants were required to sign the informed consent form before participating in the interview (see Appendix E). Both forms were approved by Pepperdine University’s Institutional Research

Review board (see Appendix F), and fully disclosed the nature of this study. No physical risk involved was in the interview that would result in physical discomfort, pain, or injury. The interview process will comply with the strictest level of confidentiality, therefore posing minimal social or psychological risk. During the coding process, the names of the participants was removed and assigned a code number. The coders and anyone who have worked with this data does not know the names of the participants. There is no legal risk associated with this study or any of its methods. There will be no economic risks, medical procedures, drugs, or compensation for volunteering. Participants were told that they may stop the interview at anytime and will not be obliged to continue if they do not wish to do so. Participants were treated with respect and care. In case of adverse or unexpected events, the interview can be stopped and the researcher will act wisely, competently, and professionally. The researcher acted with the utmost care and concern for the participants.

The researcher verbally requested permission to digitally record the interview before each interview began. The participant may also nonverbally signal for the recording to be turned off or paused at his/her request. During the interview, the researcher took notes in the event that the recording equipment failed. Digitally recorded interviews were transcribed within two weeks of recording.

### **Pilot Test**

The interview questions in Appendix C were tested to ensure their effectiveness and clarity to elicit responses that answers the overall research question. The goal was not to be too invasive with the questions, but to invoke their history as a foster child that speaks to their present situation and possible future. Another reason for pilot testing is to determine the actual time needed for each of the interviews. The nature of this subject invoked a lot of emotions that

caused the interviewee to wander with the conversation. As the interviewer, I had to constantly keep the participant focused on the questions at hand. The interview took under an hour, consisting of six interview questions, observations of body language movement, along with the background history of each participant. The only challenge will be making sure the participants stay on track with the questions. Extra questions that the panel of experts decided to add were:

- What is your longest, maintained relationship?
- When do you feel that a relationship is coming to an end? Do you then begin to put walls up?

These questions have been added to the interview process, primarily for better answers, and to probe the participant to blatantly disclose as much information about themselves as possible.

## **Chapter 4: Data Analysis and Findings**

### **Overview**

This chapter presents an analysis of the collected interview data and the findings of the study. The researcher personally collected 20 audio recorded long interviews, ranging in length from 35 to 60 minutes. During these interviews the researcher asked the respondents the following questions:

1. (Background) At what age did you enter the foster care system, and at what age did you exit? (probe) Tell me about your relationship with your primary caregiver.
2. Tell me about your employment and social relationships on the job.
3. After you were placed in foster care, how do you form or maintain friend or family relationships? When you feel that a relationship is coming to an end, do you begin to put up walls?
4. Tell me about the people who helped you to succeed or triumph? Did these people come from mentorship, athletics, community service, or church?
5. Looking back at your life, do you see a pattern of belief systems (ideas), attitudes, or environmental factors that influences your life decisions?
6. Tell me about your educational experiences that impacted on your forming and maintaining relationships. What was positive? What was negative? Did anyone play an important role?

### **Data Analysis**

The researcher followed a qualitative data analysis process for the data gathered on the phenomenological lived experiences of adult foster children (Creswell, 2009). The researcher employed an independent professional transcriber who transcribed the 20 interviews from the

notes and audio recordings. Each participant was assigned a code in order to protect his/her confidentiality

### **Coding**

The transcripts of the 20 interviews were copied and presented to four doctoral students from Pepperdine University. These coders were deemed qualified to perform the coding of the transcription because of their extensive research backgrounds as doctoral students. The four experienced, trained, and unbiased coders were assigned five interviews to review the week before the group coding session. During that time, the coders read all the five interviews and began the coding process by highlighting key phrases or statements in the participants' answers. At the group meeting, the coders and researcher shared their work and noted the repeated terms. After this initial discussion, the coders exchanged transcripts to ensure that the data were represented accurately and to eliminate researcher bias. After much discussion, the group placed these terms into categories. From the terms emerged topics explored in the literature review. Along with the researcher and dissertation chair, the four trained coders identified and named the common themes within the data. The coding and analysis process helped the researcher determine the overarching themes within the narratives.

### **Demographic Description of the Participants**

Out of the selected 20 participants, five came from Testimonial Community Love Center, homeless women's shelter and original source of the target group. The remaining 15 participants were secured through the snowball method, namely securing references from others by word of mouth. Sixteen participants were Black, one was White, and three were mixed race between Black and Korean. The study included 12 female participants and eight male participants. Of the 20 participants, four identified themselves as gay or lesbian. Out of 20 participants, seven



became parents as youths. The number of reported offspring ranged from a single child to seven. The parent of seven children indicated that the children were from different partners. Regarding participants' relationship status, 13 were single (never been married), four were divorced, and two were presently married. Participants' ages varied from 18 to 55 (see Table 2).

Table 2

*Participants' Ages*

Decade	n	Ages of participants in decade
Late Teens	3	18, 18, 19
20s	5	21, 21, 22, 27, 28
30s	5	30, 31, 31, 31, 34
40s	3	45, 48, 48
50s	4	52, 52, 54, 55

The educational background of the participants varied. Eighteen participants had graduated from high school, while two had completed a GED. Two participants completed some form of graduate education. Six described themselves as having taken some college courses and four obtained certification in a trade (see Table 3).

Table 3

*Participants' Highest Education Level*

Education Level	<i>n</i>
High School Diploma	7
GED	2
Some College	6
Bachelor's Degree	1
Master's Degree	1
Certificate	1

While 14 of 20 participants currently held a job, only four had sustained employment for 4 years for more at the time of the interview. Only four participants had 4 years or more of employment, with the shortest term of employment recorded at 3 weeks (see Tables 4 and 5).

Table 4

*Employment Status of Participants at the Time of the Interview*

Employment Status	<i>n</i>
Currently Employed	14
Currently Displaced	6

  

Past Lasting Employment	Number of Months	Number of Weeks	Number of Years
	3 months x 2	3 weeks x 1	1 year x2
	3 months		2 years x 4
	1		3 years x 2
	1		4 years x1
	1		7 years x 1
	1		9 years x 1
	1		25 years x1

Table 5

*Past Lasting Employment*

Time frame	<i>n</i>	Employment length of participants in time window
Less than 6 months	3	3 months, 3 months, 3 weeks
1 year	2	
2 years	4	
3 years	2	
4 years	1	
5-10 years	2	7 years, 9 years
10-20 years	0	
20+ years	1	25 years

Table 6 presents the number of residences in which participants lived after they reached adulthood. However, some participants also reported experiences numerous moves as a foster child. Four participants were homeless at the time of the interviews.

Table 6

*Participants' Number of Residences Since the Age of 21*

Number of Residences	<i>N</i>
1	0
2	1
3	5
4	4
5	2
6	0
7	1
8	1
9	0
10	2
Homeless	4

The topic of prison incarceration surfaced in multiple interviews, though prison was not a topic addressed explicitly in the interview questions. Only three participants revealed that they had spent time in prison (see Table 7).

Table 7

*Number of Prison Incarcerations by Male and Female Participants*

Gender	In Jail	Repeat Offenders
Male	3	2
Female	0	0

Ten participants reported having a history of drug or alcohol addiction. Five were male and five were female. Of the 10, one male reported a current struggle with drug use at the time of this interview. All 10 reported using drugs and alcohol to cope with their difficult life situations as the root for use. They cited using substances as a way to escape their reality. One participant admitted to current use at the time of the interview.

Table 8

*Participants' History of Alcohol and Drug Addiction*

Variable	<i>n</i>
Past Addiction	9
Current Addiction	1

**Findings**

The coders gleaned eight themes from the transcriptions. Each theme will be addressed as it relates to the primary research question: What do adults who have been in foster care prior to age 5 and have experienced more than 5 years in foster care placements from ages 0-18 perceive as the long-term effects of foster care on their adult social relationships? According to the coders and researcher, the interview data presented the following themes:

- Abandonment (Separation Anxiety)
- Spirituality as a Protective Factor
- Mental Health Issues
- Positive Mentorship
- Victim Mentality
- Generational Cycles
- Sexual Orientation
- Homelessness

**Abandonment (separation anxiety).** Ninety-five percent of participants described abandonment experiences and repeated feelings of being a *loner* and always feeling left out (see Table 9). The struggle with feelings of abandonment has never been eliminated or overcome in their adult lives. Participants revealed: “Didn’t feel like I fitted in and as I got older, I still felt alone...always felt abandoned, always went out of my way to get people to like me” (Participant

A) and “I have a problem with trusting people now” (Participant B). In a situation where the mother kept the participant’s older brother but gave away her other 14 children, Participant B repeatedly asked himself/herself “Why did she keep you and not me?”

Table 9

*Frequency of “Abandonment” Sub-Themes*

Abandonment Sub-themes	% of Participants
Trust issues	100%
Put up walls	95%
Hard to make friends	50%
Anger issues	40%
People are always leaving me	5%

All the participants repeated similar words and phrases concerning abandonment. For example, Participant E stated, “A person has to earn my trust, I just can’t open up to everyone,” whereas participant G expressed, “I always, always just had to have a guy in my life, when I couldn’t find a man to be with, I became depressed and lonely.”

Participant H confided, “I always felt like ‘no one really cares for me.’ I was homeless, and did not have any friends or a social network...I always had people in my life, but no one was permanent.” Participant M commented regarding her family, “We still have issues with relationships. My thing is that, for some reason I always end up in a relationship that I have to be the parent.”

Participant O revealed, “I’m generally a loner...When I was younger I just wanted to belong, and I latched on to any group or situation. So if they were doing drugs or alcohol, that’s what I did to fit in.” Participant S said:

“My mother abandoned us and that is why we were all placed in foster care. She had us all by the age of 17, I guess she was too young. She would call and promise to pick us up to spend time with us. We would get dressed and sit there and wait, and wait, and my mother would lie and never show up.”

Parents who leave their children, with or without good reason, cause the child psychological damage (Abandoned Child Syndrome, 2015). Living with repeated abandonment experiences creates toxic shame that arises from the painful message implied in abandonment: namely, that “you are not important, you are not of value” (Black, 2010, para. 1).

**Spirituality as a Protective Factor**

Spiritual socialization can be central to a child’s healthy development (Haight, 1998). Spiritual support derived from a connection to a higher power provides guidance, strength, and comfort (Daining & Depanfilis, 2007). Out of the 20 participants, 15 reported using church or religion as a protective factor (see Table 10).

Table 10

*Frequency of “Spirituality as a Protective Factor” Sub-Themes*

Spirituality sub-themes	% of Participants
Mentorship came from within a church	55%
My foster care-giver took me to church	30%
Prayer and asking god to help me	50%
Church helped me out a lot	30%

Participants stated, “I had more friends in the church, and my biggest help came from within the church” (Participant B) and “My adoptive grandmother would always take me to church. She had the power of God working all over her...I can see that if I had not had this family in my life, I don’t know where I would be” (Participant C). Participant D asserted in response to being questioned about what contributed to their successes or triumphs, “Prayer and God, I would always pray and ask God to send me help, and help me to get it right.”

Participant E voiced a similar experience, stating, “Church helped me out a lot, and then I played sports all through elementary, junior high, and high school...One day I gave it to the Lord

and I'm going to let your will be done in my life." Participant H asserted, "I believe in God and I believe that God can change my nature and give me a heart to love."

Participant K said, "My lifestyle was different from my blood brothers and sisters because I was in the church and they were not." Participant O stated:

I grew up in church, a Baptist church, and my father was a pastor of a church, you know I was always there even through the bad things that happened in my life, and it helped me get things together.

One participant shared an amazing testimony of how God turned his life around.

Participant P said, "I have always gone to church, because my dad was a preacher, and I was always at church function. While in prison, I became the church clerk of the prison."

Participant Q stated, "My caregiver was amazing, kept me in church, and put me on the praise dance team all through my teenage years. This kept me on the right path. She taught me how to love God." Participant T reported:

I asked God to come into my life and save me when I was 8, 13, and again at 16. I did not know that all I had to do was ask for forgiveness and keep trucking. I thought that when I did something wrong I had to start all over again.

In times of hardship, spirituality provides stability and meaning into many children's lives, as well as a healthy way of coping with the trials of everyday life (Haight, 1998). Proverbs 22:6 states, "Train up a child in the way that he should go, and when he is old, he will not depart from it" (Proverbs 22:6, King James Version).

### **Mental Health Issues**

Participants reported experiencing various mental health issues (see Table 11). During the interview Participant A stated:

Yes, I was raped and molested at 5 years old, until I was 16 years old. I hated school, the other kids teased me because my hair was nappy and I dressed poorly. I dropped out of school because the bus driver tried to molest me, the principle of the continuation school

tried to molest me, and my foster mother’s friend tried to molest me too. So I ran away constantly.

Table 11

*Frequency of “Mental Health Issues” Sub-Themes*

Mental Health Issues Sub-Themes	% of Participants
Low self-esteem	100%
Emotional abuse as a child	50%
Sexual abuse as a child	40%
Medication to control personality	30%

Participant B said:

People would always say, “Oh, he’s feminine, he walks funny.” I have a cousin who would always touch me inappropriately when I was around 6 years old till I was 10 years old. People would call me “Faggot” and ridicule me...I would always act out in school; they said I was bad, put me in [individualized education program] classes. Then put me on medication, Ridenly [sic], Prozac, Zambia [sic]...if anything the drugs made me worse. Drowsy, sluggish and anti-social.

Participant J revealed:

One of my sisters’ boyfriend [sic] messed with me when I was just a little girl, and I told my grandmother, but she did not believe me...after that, when I was 7 years old I had a girlfriend, when I turned 16, I had a 30 year-old girlfriend...it took me a lot time to realize that I was sick because I was just a baby.”

Participant E recalled, “The first foster home was traumatizing, the foster’s mother’s son had friends who were ex-cons and they sexually abused me and my brother, so the relationship was not a positive home.” Participant R explained:

It’s kind of hard for me to establish friendships because of my low-self esteem issues, and I am insecure and I think it stems a lot from my foster mother...she always made a difference between me and her other children.

Participant G stated, “Actually, I did one or two times use substances to dull the pain that I was experiencing in life just for the moment.” Participant H stated:

My foster mom had a mental illness and she would have seizures and she was bipolar and had mood swings. I was exposed to a lot of abuse in the home, both physical and



psychological. I was exposed to sexual abuse. It really affected me and not in a good way.

### **Positive Mentorship**

In its many forms, mentoring has been described as one of today's chosen interventions to prevent social non-functioning among youths (Munson & McMillen, 2006). A mentor is one who encourages, teaches, and gives time and attention to young people (Gilligan, 1999).

Participants shared about the positive impact of mentors on their lives (see Table 12). During the interview, Participant C stated, "My grandmother instilled in me that I can do whatever I want to do... My uncle said, 'You have a calling on your life, you have to do what the Lord says do.'" Participant K said, "My adoptive mother and father mentored me and helped me out tremendously, wherein I would not be the type of person I am today."

Table 12

#### *Frequency of "Positive Mentorship" Sub-Themes*

Positive Mentorship Sub-Themes	% of Participants
Encouragement or advice from an adult	55%
Church and community service	55%
My triumphs came from mentoring	45%
Teachers, coaches, or social workers	35%

Participant M explained that she received mentorship, "from my social worker, she was a really good influence. She came to my graduation in May of this year. I had a good report with her, she was also my middle school principal." In response to being asked about their experience with mentorship, Participant N stated:

Mostly mentoring and the mentorship came from my roommate in the group home. She is very intellectual and everything she says is positive. She taught me how to save money, and school me about men.

Participant J cited the influence of a high school teacher and his/her pastor, stating:

My personal mentor... who was a teacher at (my local high school) taught me how to set goals and make plans, and how to follow through with them. Also my Pastor at (my church) has never let me down, anything I needed or an event at school, he always bought a ticket and always there.

Participant O said, “Mentoring came from my adoptive dad and a team of coaches. I played every sport out there. So I got a lot of discipline from sporting events, the sporting league, and this helped me to form relationships.”

Participant Q also cited a teacher, stating: “My English teacher in 12<sup>th</sup> grade was my favorite teacher because she wanted the best for us... I liked her because she felt genuine.”

Participant R said:

My mentorship came from church, I went to a lot of functions that kept me active in church. But I would hang around a lot of older women, I guess I was always looking for that real motherly love in my life.

### **Victim Mentality**

As problems compound in adulthood for children with abandonment issues, they can begin to develop borderline personality disorder (BPD). BPD is a common psychiatric disorder that is often linked to early childhood stressors. One particular feature of this disorder is the fear of abandonment (Schmahl et al., 2002). When children experience abandonment, their thinking becomes flawed, they develop false beliefs, and they tend to propagate the impaired behaviors of those who hurt them (Abandoned Child Syndrome, 2015). The fear of being hurt by others can cause one to inflict pain first in order to protect oneself.

In their interviews, participants discussed the theme of having a victim mentality (see Table 13). Participant A revealed:

The other children in my foster home taunted me and made me feel badly, and as I got older I still felt alone. All my toys and clothes were hand-me-down, and the other children got better toys and new clothes... I considered (my foster mother) to be my mom but she never acted like I was her daughter.

Participant B stated, “I would always keep to myself, because I would always get picked on.”

Participant C recalled, “So a lot of things in my early life, I messed up a lot trying to be as good as everybody else...I needed to be reaffirmed all the time.”

Table 13

*Frequency of “Victim Mentality” Sub-Themes*

Victim Mentality Sub-themes	% of Participants
I put up walls so I don’t hurt	95%
I do not have any friends	35%
I sabotage relationships	30%
I have people but no one is permanent	5%

Participant D stated, “I’ve had problems telling people that I’m in foster care, and especially when I am dating. It was so bad because I would get scared because people won’t accept me as a good person.” Participant E recalled:

I pretty much was always an angry person. When I was younger, I always had temper tantrums, and would break things with my sister and brother, and wanted to fight everybody...In my adult years, this led to drugs and alcohol, then eventually prison.

Participant J explained:

When you let someone know your weakness then they begin to use it against you, and they use it at the end of a friendship...you then realize that there is no holds barred, and no rules, they will hit below the belt and you will do the same thing.

Participant R said, “I did not want anyone to know that I was adopted, I felt that it was private.”

Participant S said:

So, abandonment is a crucial point. Like my daughter, I would love to be with my daughter and I don’t want to be separated from my wife, now I can’t see my daughter. I have to text her to communicate.

This participant reported experiencing separation anxiety, anger, withdrawals, social isolation, and an adjustment disorder.

## Generational Cycles

During the research phase, it was found that the topic of generational cycles of behavior has not yet been explored extensively. In the data gathered for this study, 100% of the 20 participants reported being aware that behavior cycles passed from generation to generation exist, and all expressed a desire to break the generational ties that lead to the subthemes encapsulated below (see Table 14).

Table 14

### *Frequency of “Generational Cycles” Sub-Themes*

Generational Cycles Sub-themes	% of Participants
Trying to break the cycle	100%
Relationship issues	50%
Anger issues and addiction	50%
Mom and dad were drug addicts and alcoholics	50%
A pattern of children out of wedlock	35%
Jail time	5%
Never knew my family	5%

During the interview, when asked about familial patterns of ideas, attitudes, or environmental factors Participant A noted:

Yes. I was raped and molested at 5 through 16 years old. My mom and dad were both drug addicts and alcoholics. I was the youngest of four girls and all of them turned out to be drug addicts. My children as well are drug addicts, my son is in rehab and my daughter is always in an abusive relationship setting, like I was, being beat up by a man.

In response to the same questions Participant C stated:

I do. I can see that if I had not had this adopted family in my life, where I would have been. I could see myself going into the pattern of my birth mother and father, an alcoholic, womanizer and a drug addict...I realized that some things I did not kill in my spirit all the way, and if you don't kill it, it will pop back up through the generations.

Participant E stated, “I never met my dad, only my mom’s family, and what was inherited was our anger issues and our addictive behaviors.” Participant F said, “I seen the pattern through both of my parents, and I have experienced these relationship issues.”

Participant G explained, “When I was younger I said that I would never drink or smoke like my parents. But when I got older, everything was bad happening and I tried it anyway. I don’t want this cycle to continue!” Participant H said, “Oh yes, me and my family have biological things in common. I notice a lack of self-control among my family members and a habit of co-dependency on substance abuse.”

Participant J said, “I see generational curses. The generations are getting worse and worse!” Participant L stated, “Yes, I started to break that barrier, but something in my life that I’m not doing, and I’m trying to figure out why I can’t break these curses off of my life and my daughter’s.” Participant N said, “I would say I was like my mom for sure, when I was younger. I always had to have a man, and now I have two children out of wedlock.”

Participant Q explained, “Yes I would say, coming from my mother being an alcoholic and an addict. I don’t blame it on her, because I made these decisions, no now I’m in recovery.” Participant P stated, “Yes, genetically, I’m screwed up! Made some mistakes in life that is similar, that’s why I went to jail. But because of my adopted dad, I got a real chance in life.”

These are just a few of the relevant responses from the research conducted. This topic of generational cycles, unexplored in regard to foster youth, is a huge part of a person’s character that educators need to consider at when trying to assess a person’s needs.

### **Sexual Orientation**

This study’s sample population included four former foster youths that are struggling with their sexual orientation. In all four cases, these adults were sexually abused as young children. Participant B stated:

A lot of my peers now would tease me and say, “Oh he’s feminine”...“He walks funny”...Growing up, I had a foster sister who was gay, and then I have a cousin who would always touch me inappropriately. From when I was 6 years old, until 10 years of age, that’s when I finally told someone.

Participant H said:

I was exposed to a lot of abuse in the home, both physical and psychological. I was exposed to sexual abuse. Because of the violation on my person, I find myself fighting off the mindset to want my own kind. I believe in God, and I believe that God can change my nature and give me a heart to love.

Participant J confided:

Something happened to me when I was a little girl before the age of 7 years old. It took me a long time to realize that I was sick, I was just a baby. One of my sister's boyfriend messed with me when I was a little girl, and I told my grandmother, but she did not believe me...My sister messed with me too, but she became a prostitute, and I'm gay.

Participant M stated, "My last caregiver was in a group home. I went through 14 placements before the age of 18. I have gone through so much, I became a lesbian, and I don't want to say all that happened."

The information divulged during the interviews distinctly echoes the findings of Courtney et al., (2001). Youths that are emancipated at the age of 18 from foster care are known to have considerably more mental health challenges than their peers. These youths face numerous challenges as they transition to adulthood, including physical or sexual victimization, incarceration, or homelessness (Courtney et al., 2001).

### **Homelessness**

Six participants shared that they were homeless at the time of the interview. Two more participants shared various stories related to the theme of homelessness (see Table 15).

Participant A, whose current age is 54, has experienced homelessness three times. He/she stated, "I exited at 18, no check, I was just put in the streets; I had no place to go."

Table 15

*Frequency of Theme “Homelessness”*

Homelessness Sub-theme	% of Participants
History of Homelessness	40%
Currently Homeless	30%

Participant E, who experienced homelessness three times, explained:

I was living on friends’ couches and sleeping in cars. I cried because I was stuck in Arizona, and probation did not want me to come out here because I couldn’t stay clean 3 days to pass the drug test to transfer back to Los Angeles.

Participant G, who is only 18, currently lives at the YWCA. It is their or his/her first time experiencing homelessness.

Participant H stated, “After I finished grad school, I was homeless. I didn’t have any friends or social network. I gravitate to this one woman, who let me sleep with her, so I began to live with her out of convenience.” Participant L shared that he/she is currently living in a homeless shelter at the time of these interviews and has been homeless multiple times prior.

Participant M gave the following insight into his/her experience:

I allowed myself to take care of everybody else and not myself. It was not until I was homeless, living in my car, they would call me when they needed funds and I told them, “Duh, I’m living in my car, how do you expect me to come up with that!”

Participant P stated:

When I got out of prison, my adoptive dad picked me up at the jail gates. Took me to get my check cashed for \$200; then he took me to Target, got me some double [sic., duffel] bags, deodorant, toothbrush, underwear, socks, and then took me to the bus stop and said, “Goodbye son. Time to grow up.” I was homeless, but that was the best thing he could have ever done for me.

Participant S said, “I did not want to separate from my wife, and really didn’t want the divorce, so it’s like abandonment and that’s a crucial point in my life. Now I’m sleeping on my sister’s couch, with nowhere else to go.”

### **The Emotional Side of the Interviews: Qualitative Observations**

**Body language.** The interviews were conducted at the participants’ location of choice, and mainly conducted in a controlled setting (Publication Manual of the American Psychological Association 6<sup>th</sup> Ed, 2009). Half of the interviews were conducted at the office of Testimonial Cathedral Church of God in Christ, free from distraction and very privately. Some of the other participants did not have transportation, so the researcher traveled to accommodate them. In these cases, because many of the locations were in rather unsafe areas, the researcher was accompanied by a partner that sat at the back of the interview area at a nonthreatening distance to ensure the privacy of both the participant and the researcher, as well as provide a safety presence for the researcher. Some interviews were conducted in poverty-stricken areas. As the recording began, the researcher noted that many participants became rigid and put up an emotional wall as a result of anticipating the unknown. Some sat up straight, others were slumped in the chair. The researcher noticed that many wrung their hands or twirled their fingers. As they answered the questions, however, they began to relax more, and soon the wall came down as they began to open up more and more.

**Direct speaking and tone quality.** Many times the researcher had to ask the participants to speak a little louder, as many had never told their story. Every now and then they would pause and their voices would become shaky as they recounted their life stories. Only a few participants answered the questions flatly with no other explanations. Those participants had a tone of



defiance, not wanting the interview to go the direction of past wounds. The researcher respected their responses and asked no other probing questions.

**Eye contact.** Most of the participants would not make direct eye contact, especially when recounting painful events. Some kept their heads down, looking at their hands, whereas others would fix their attention or focus their gaze on some fixture in the room. When their eyes would swell with tears and they were temporarily unable to continue speaking, the researcher would stop the tape and help them overcome the moment. It was interesting to note that the participants would often watch the researcher for her reaction to the stories they were telling. The researcher quickly learned not to react overtly to anything revealed during the course of the interviews. The researcher had to be totally unbiased in her comments and reactions so the participants would not feel judged or pitied. Many of the participants were proud people and did not want sympathy.

**The tracking of conversation.** The researcher had to be very careful in guiding the conversation back to the interview questions. Some of the participants loved to talk and would delve too far back into their past to subjects not relevant to the study. If the researcher had not been careful, the 40-minute interviews could easily have lasted 2 hours. Sometimes getting off track was unavoidable, due to the fact that the more participants talked, the more they began to open up and feel comfortable. The researcher had to use her best judgment and be able to feel when the conversation began to stray too far afield.

### **The Leading of the Holy Spirit to Pray**

The pain of the past and for some in the present had the participants looking for answers regarding how to start on the road to heaven and while healing here on earth. The participants who asked for help and desired prayer were the ones for whom the researcher offered prayer following the interviews. Those participants were very receptive and open to change. Even

though these were adults, they still suffered from attachment disorder, mental health issues, abandonment, and the feeling that nobody cares. The researcher felt that this project provided was a great opportunity to connect with an underserved population, and serve them by bringing their stories to light.

### **Summary of Findings**

This study explored the following overarching research question; What do adults who have been in foster care placements prior to age 5 and have experienced more than 5 years in foster care placements from age 0-18 perceive as the long-term effects of foster care on their social relationships? From the recorded data, eight themes emerged. The negative effects were consolidated into three major themes: Abandonment, Mental Health Issues, and Homelessness. The other themes that emerged pertained to resilience and coping when dealing with the negative experiences of foster care. These included: Spirituality as a Protective Factor and Positive Mentorship. Table 16 presents the overarching themes drawn from the coding and the percentage of participants that were affected by the most prevalent sub-theme for each main theme.

Table 16

#### *Overarching Themes of Data*

Overarching Themes	% of Participants
Mental Health Issues: “Low Self-Esteem”	100%
Generational Cycles: “Trying to Break the Cycles”	100%
Abandonment: “Putting Up Walls”	95%
Spirituality as a Protective Factor: “Mentorship Came from within the Church”	55%
Positive Mentorship: “My Triumphs Came from Mentoring”	50%
Homeless at least once	40%
Victim Mentality: “I Do Not Have Any Friends”	35%
Same Sex Orientation	20%

## **Chapter 5: Summary, Conclusions, and Recommendations**

### **Problem and Purpose**

Spencer et al. (2010) indicate that young adults who have been in foster care experience higher rates of homelessness, incarceration, poor physical and mental health, limited educational attainment, higher unemployment, the use of public assistance, and higher rates of parenting and substance abuse than any other young adult population. They suggest that the lives of foster children who have grown into adults are affected by the separation from natural parents and life as foster children. The theory of Ainsworth and Bowlby (1991) would suggest that these adult children face attachment disorders due to abandonment, neglect, emotional, physical, or sexual abuse, and abrupt separation from their primary caregiver(s). There is strong evidence that the stability of attachment relationships is relatively constant throughout the lifespan (Ainsworth, 1989; Allen & Land, 1999; Armsden & Greenberg, 1987). Because of these experiences, Weber (2003) states that these adults would have difficulty forming lasting relationships. He notes that these young adults have complicated transitions in life and experience instability in all social aspects of life, including family, career, and friendships. Attachment Theory applies not only to child-parent relationships but also to romantic relationships or pair bonds. In order to provide appropriate interventions for the disconnections experienced by foster children, educators and social workers should possess increased awareness in the area of attachment theory is needed for educators and social service workers, as well as in-depth training in relationship mentoring between the caregiver and the child.

The purpose of this study was to investigate adult foster children, ages 18 years and over, who experienced long-term foster care before the age of 5. Applying phenomenological inquiry, this study examined the adult foster children's perceptions of their lived social experiences and

relationships at school and other educational settings and descriptions of their social experiences and relationships in their adult lives. In this study the researcher sought possible explanations regarding the long-term foster adult groups' past social experiences and their present perceptions of their social relationships.

### **Research Methodology**

This qualitative study explored the perceptions of 20 adult foster children regarding their experiences of foster care, their social relationships during that time, and their present social relationships. The reason for selecting a phenomenological approach is that, by looking at multiple individuals' perspectives on the same situation (namely foster care); the researcher could make some accurate generalizations about the issue from perspective of insiders who experienced the phenomenon (Leedy & Ormrod, 2005). The researcher collected personal, individual, long, in-depth interviews, using six open-ended questions. These interview questions were developed and pilot-tested based on the findings in the review of literature and pilot tested. The intent of these questions was to capture the adult foster children's experiences and provide the foundation for a reflective narrative for each participant.

Adult foster children are an invisible group to locate within the larger population. Records are not maintained after transition from the foster care program. This invisible population was a challenge to locate and to secure interviews. The initial five participants were secured from a local shelter for women. The other 15 were secured by word of mouth using the snowball sampling method ("Snowball Effect," n.d.). Five of these participants met with the researcher on the initial appointment. However, the researcher needed to make two to six phone calls to secure a connection and make an appointment with participants. Twenty participants that agreed to an interview did not appear for the initial date of the interview. Ten of these did meet

with the researcher after additional contact, encouragement, and some tangible reward. The remaining ten could not be interviewed for various reasons. Some of the participants had no transportation so the researcher had to travel to conduct the interview. Travel time varied from two to three hours for these interviews. Each interview lasted about 40-60 minutes, and the interviews were audibly recorded, allowing the researcher to take notes in case of equipment failure. All interviews were transcribed, producing approximately four pages of single-spaced data per interview.

### **Major Findings**

The findings of this study were analyzed through the theoretical lens of Attachment Theory. Bowlby and Ainsworth's separate but complementary contributions to Attachment Theory were explored in relations to the findings. Analysis of the data gathered led to these eight overarching themes:

1. Mental health issues (including low self-esteem) – 100% of participants shared the affects of low self-esteem;
2. Generational cycles (trying to break the cycles) – 100% of participants suffered the affects from generational curses;
3. Abandonment (putting up walls, trust issues) – 95% of participants reported currently having these problems;
4. Spirituality as a protective factor (mentorship came from within the church) – 55% of participants shared this experience;
5. Positive mentorship (my triumphs came from mentoring) – 45% of participants experienced mentoring in a positive way;

6. Homelessness (any occurrences of homelessness) – 40% of participants had been homeless at one point in their lives and six were homeless at the time of the interview;
7. Victim mentality (I don't have any friends) – 35% of the participants experienced these negative feelings with regards to social relationship; and
8. Sexual orientation (change their sexual preference) – 20% of participants experienced these feelings.

The concerns of the participants were placed in order from highest to lowest, suggesting that, if the most predominant concerns were addressed, the other concerns might not occur.

## **Conclusions**

The findings of this study led to eight conclusions. These conclusions will be further described and supported.

**Conclusion one.** *The first conclusion is that adult foster children express that abandonment is a deep core aspect of their psychological profile.* During the course of the interviews, 95% of foster adults in this study used the word *abandonment* in association with their childhood. Ninety-five percent of participants used the phrase, *put up walls*, 100% cited *trust issues*, and 50% said that it was *hard to make friends*. Developmental consequences of the separation these adults experienced from their birth parent before age 5 is explained by Ainsworth and Bowlby (1991). Applying Attachment Theory, Bretherton (1992) stated that an infant requires a committed care giving relationship with one or a few adult figures and that this strong, regular relationship between primary caregiver and child is vital to healthy development. When these foster children were legally moved from their original home to other foster homes, they perceived that they were not of value. Throughout the interviews, participants freely

expressed the shame that arose from this painful message implied to them in their separation from their birth parents. Participant B was one of 14 children; his mother gave away all but the eldest, child. As a result, Participant B asks himself repeatedly, “Why did she keep you and not me?” Participant P recounted, “I always had a chip on my shoulder for years. Only because I did not have a real family.” Participant D, who is 21 years old, stated, “I have had problems telling people that I am in foster care, and especially when I am dating...I have no family to offer him when I meet his family.”

Early in their interviews, 25% of the participants expressed a sense of initial abandonment. Participant S told the researcher, “My mother abandoned us...she would promise to pick us up to spend time with us. We would get dressed and sit there and wait, and wait and my mother would lie and never show up.” Participant F explained, “I had to be the adult for both of my parents because they both act like kids...nobody ever seen [sic] all the things I had to do...because of my age and how I look.” Participant C stated, “[My birth mother] would say, ‘In my heart I never wanted to abandon you, but in my actions I did,’” whereas Participant S spoke to the “real mother love that was not in my life.” Participant D, when asked to describe his/her primary caregiver replied, “I don’t have any...I don’t have anyone else, just me.”

This central experience of abandonment was also repeated throughout the interviews as each participant spoke of his/her transfer to other foster homes and discussed the quality of caregiver bonding found within the placements. Participant M reported being transferred to foster homes 14 times in 14 years before requesting a group care program. Participant C explained:

I was living in foster care since 2 days old...I was a heroin baby...but they found out [my caregiver] was not my legal guardian; they took me from her [after 3 or 4 months] and put me in the foster care system.

Participant T shared, “Every home wherein I was placed, I never unpacked my bags because I knew they would find an excuse to get rid of me,” explaining further:

My relationship was like dealing with an associate...very minimal bonding. In the beginning they bond with you because they want you to like them and feel comfortable, but after you are there, you tell the social worker and they go back to the disconnect.

Participant P, who experienced multiple placements between the ages of 3 and 9 stated, “I always [moved] from one home to the next home. They would say, ‘Let’s try this kid for a week or two.’ I said, ‘*Damn*, try a kid.’ It was very hurtful.”

Throughout the interviews, even adult foster children who formed a viable bond with one or a few caregivers expressed painful feelings of displacement or not belonging. For example, Participant R explained, “I knew I was loved, but I felt like I did not belong because I was always compared with the other two biological siblings [my primary caregiver] had.” Participant C, who had a good relationship with his primary caregiver explained:

My grandfather was the one who always made me feel like a foster child...he would introduce all the grandchildren, he would say, “That’s Billie Mae’s daughter and son, and that’s Wanda’s daughter and son,” but when he got to me he would say, “Oh, that’s the boy that my daughter raised”...it was a challenge for me that I always felt different...it hurts when you are doing anything for people to love you and it doesn’t work. I loved hard.

Participant A stated, “At 35 years old my foster mother told the Attorney who did her living trust that she did not have any children, and I was standing right there...[I] always felt abandoned.”

As Black (2010) stated, the experience of abandonment can also occur when the physical conditions necessary for thriving have been removed from a child’s life due to neglect or abuse. Unfortunately, this type of abandonment was also revealed in the interviews. Participant S said, “At an early age, I learned that people will use you if you let them.” Participant F stated, “Actually my birth father is a manipulator and charmer and they believed...he was a suited



parent for me. Basically, he was getting money for me like a foster parent.” Participant D reported, “When I was in foster care...the foster Mother found would collect money for me. Sometimes they would use the money for me and sometimes they wouldn’t.” Participant E stated, “I entered the system at 4 years old for a couple of years until I was 9 years...the first foster home was traumatizing and a lot of abuse, so the relationship was not a positive home.” Participant H revealed:

My foster mom had a mental illness and she would have seizures and was bipolar and would have mood swings. I was exposed to a lot of abuse in the home, both physical and psychological. I was exposed to sexual abuse. It really affected me in not a good way.

A child who experiences abandonment or neglect usually forms an unworthy model of self (Weber, 2003), which manifests in toxic shame that can extend into adulthood. Toxic shame leads to the kind of sorrow with which people will need help in order to heal (Black, 2010). This deep, central issue of abandonment proved to be a highly emotional issue for participants throughout the interview process. For example, during the interview, Participant S stated emphatically, “Abandonment is selfishness to the ultimate degree!” As Kesner and McKenry (1998) asserted, attachment styles are rooted in attachment history. The experience of both initial and repeated abandonment as a core experience of foster adults was prevalent in the interviews and appears to have major psychological ramifications extending into adulthood.

**Conclusion two.** *The second conclusion is that adult foster children experience the mental health issues of low self-esteem, lack of trust, and putting up walls in their social relationships with friends, employment, and romantic relationships.* Abandonment causes a disruption in the child’s bonding with the mother, and a subsequent disruption in healthy brain development (Bretherton, 1992). Bretherton (1992) also states that the quality of early attachment relationships is associated with the child’s future personality, and ability to form

attachments throughout life. Participant A voiced, “I felt very out of place. Displaced—didn’t feel like I fitted [sic] in...and as I got older I still felt alone.” People that suffer from abandonment issues experience challenges regarding connecting with others and creating complete pair bonds, friendships, and other social relationships (Ainsworth, 1989; Allen & Land, 1999; Armsden & Greenberg 1987). Perry et al. (1995) explained that if the primary relationship is disrupted from infancy to age 5, the infant’s nervous system must expend large amounts of energy to maintain his/her equilibrium independently. Thus, the criteria for the 20 interviewees explored in this study were persons who had been placed in foster care under 5 years of age.

***Friends.*** Eighteen of the 20 participants reported experiencing problems both making and maintaining friends in adulthood, and all 20, regardless of their current age or situation, reported suffering from low self-esteem. Participant C stated, “How do I form relationships...after foster care, it is harder. I always felt like no one cares for me.” The participants emphatically expressed that their childhood experiences created low self-esteem through feelings of being unwanted, uncared for, and unloved. Participant E said, “I am very cautious of relationships. Being abused at a young age and placed in foster care, it kind of leaves some trust issues there, so it is hard to trust.” Participant T explained:

When it comes down to keeping friends, I really don’t have any friends, just associates...I may have a couple friends who would be there when I need them, but dealing with people on a day-to-day basis, I don’t have that.

Participant G, who is 18 years old, simply stated, “I do not have any friends. I did not see any need to keep contact with them.”

Participant E clearly explained the caution he/she exercises when forming social bonds as an adult:

A person has to earn my trust; I just can't open up to everyone. I can meet people, but I will keep that wall up while I sit and observe the person first...there are always negative or events or heated moments in a friendship when you can tell that it is about to go.

Participant N noted, "I was very slow to form relationships with my peers while in the foster system. Participant I explained her process of making friends as an adult:

I started to learn people before I could even sit down and talk to them. I check out their body language and the way that they projected themselves...I am not friendly or outgoing in the beginning. I would have to be around you for a while and I listen a lot to you as to what you have to say, and how you interact with others. And then it depends on how you approach me. If you come to me and you are really inviting, then I tend to open up a little faster.

In addition to describing clear obstacles in creating new friendship bonds, the participants' responses to the phrase *putting up walls* within an existing or failing friendship were robust. Participant J remarked, "I will build up that wall in a second because I cannot let you destroy what I am trying to create around me," further noting, "I only let friends go so far because I keep the wall up at all times." Participant I explained, "I feel something start to change, or...I feel that there is something about me throwing them off that they don't like. Then I begin to distance myself...so I kind of disappear." Participant K said, "When a relationship is coming to an end...I just stop and cut it off immediately." Participant M stated, "I put up walls if I feel that I'm going to get hurt. I am not going to go through something," and Participant G said, "I put up walls, by pretty much just [cutting] contact with that person. If we get in an argument or something, I just stop talking to them." In slightly different terms, Participant N said, "I put up walls when I feel a relationship is coming to an end. I would block the people...and block their contact with me." Participant T said, "When a relationship is coming to an end, I can feel it, and I give them some rope and see what they are going to do with it. Then I just shut down and stop speaking to them." Participant D said, "Sometimes I do put up walls. If I am putting in all the

effort and I feel that they do not feel the same way... I end it. It's okay." During the interview process, Participant Q provided a rationale for her behavior:

Oh yes, I put up a wall. I put up walls when I hear a lot of negativity, when I feel belittled or downgraded because I do not like getting my feelings hurt or rejection. When I feel those types of symptoms, I say it is time to cut it off because I do not know how to deal with it. I feel like pulling back is my way to deal with it...when I feel like I can't trust you anymore then that relationship is over!

Interestingly, the majority of participants described themselves as easy to get along with, while simultaneously expressing the great challenge they have in forming and maintaining more intimate social relationships. Participant D's statement embodies this struggle: "Even now it is hard, kind of, for me to go out and make friends, even though it is not a hard connection for me because I am a very friendly person." The participants' internal struggle seems to stem from a dual need to gain approval and love from those around them while protecting themselves at the same time. Both needs originate from the abandonment experience.

Participants also universally noted that they had to battle for a place in life, for their lives to matter, and to be counted amongst their peers. Participant C said, "You know, growing up as a foster child, you are always trying to prove yourself...I wanted to feel loved...I needed to [be] reaffirmed all the time." Participant T reflected,

Well, I think I am a bit of a pleaser, and I am a pleaser by nature, and once I got out of foster care that is what I learned. I am a pleaser simply because I want people to like me.

Participant A noted, "I always felt abandoned, so I would always go out of my way to get people to like me."

**Employment.** In the workplace, though 19 participants described their work relationships as good, 35% said they did not have any friends. Participant Q's statement is representative of this experience: "I had no relationships on the job and I got along well with my co-workers."

Participant I said:

I am pretty much a loner. I can function socially, but if I can be in an office in the back somewhere, I would be good with that. I do not have a lot of friends on the job. I have an associate, and I know how to deal with them in that environment, and mingle after work.

Participant O said:

My job kept me by myself for most of the times...for the most part while I had to be around the other employees it was good. They went out and socialized with each other, but I did not go out. I stayed to myself.

Regarding their ability to *get along*, Participant D stated “I am not too hard to get along with,” Participant K asserted “I get along with everyone and I am a very funny guy,” Participant N stated “I usually get along with everyone. I really do not have any issues in that area,” Participant J said, “Everybody on the job seemed to like me, I don’t really have confrontations on my job and I looked forward to going to work every day.” Participant B noted that, “On the job, I usually stay to myself a lot...after work, I did socialize with one friend, and he was actually a Christian, so I did have one friend.” Participant R’s response was nuanced: “I get along pretty much with my co-workers until I feel like my ability to do my job is questioned or I am made to feel belittled, then I pull away and like to be by myself.”

Only two participants reported experiencing workplace conflict. One was Participant E who reported resolving the issues:

From about 21 to 26, 27, I had problems and I had hard times with my relationships at work. I had a couple of fights and arguments. A couple of jobs I left because of an individual who wanted to [resort to] violence, I would just quit the job. Now I have no problems and I get along well with whomever I’m working with.

Participant T described her workplace environment thusly; “I love my job and I excel very fast. However, usually I get a lot of hate and jealousy because I work with a lot of females, and also it has to do with my personality.”

**Romance.** Attachment theory also applies to romantic relationships or pair bonds. Four of the 20 participants identified themselves as divorced, five identified as married, and 12 identified

themselves as single. With divorced and single participants added together, 80% of participants were not engaged in a pair bond relationship at the time of the interview. Participant H ended his relationship with his fiancée when “we started not communicating well...stopped being emotionally and physically available to each other.” Abandonment is a painful ordeal in life, especially in a marital relationship, wherein one spouse has mentally and emotionally exited the relationship but refuses to communicate with his/her spouse. During the interview Participant H further reported, “I have had a lot of girlfriends. Sometimes I want to just jump to the end without maintaining the relationships. I like dealing with people who are younger than me.” Participant S shared that “I did not want my wife and I to separate but I was still in a learning mode. She had two parents that stuck it out. Why couldn’t stick it out with me?” Participant D, age 21, said, “Even now, it is hard for me to talk to guys, I get really shy. It is hard for me to date and get out more. I like to volunteer. I like to stay busy and that’s why I have two jobs now.”

Childhood abandonment between the ages of 0-5 seems to lead to instability of relationships throughout an adult foster child’s life. Low self-esteem, lack of trust, and putting up walls in their social relationships hinder a foster child’s ability to form healthy social relationships in adulthood. Perry et al. (1995) noted, “It is a tragedy that at the time when humans are most vulnerable to the effects of trauma during infancy and childhood, the adults generally presume, they are the most resilient” (p. 237). Not everyone copes with these potentially disturbing life events in the same way. When some experience acute relational distress, they are unable to recover (Bonanno, 2004), whereas others demonstrate great resiliency. Some participants indicated that they were in the process of learning how to form stronger social bonds. Regarding her struggle to form and maintain relationships, participant F

stated, “As I grew up, I did not want to lose people, I wanted to have somebody on my side...I did not want to live life alone. I did it before and I’ve seen the outcome of it.” Participant B said:

I have a problem with trusting people now, and when I get that way, I just do not come around, or I get to the point where I just don’t want to be bothered anymore...[but] I feel that I have gotten better with it.

Participant S explained, “I have learned to ask and find out ‘what did I do?’ if anything, because friends are important.” Participant H and Participant O voiced similar attitudes. Participant H stated, “So how do I maintain relationships, is that I try to stay close to those who I feel really care for me,” and participant O asserted, “I usually try my best to maintain the relationships that I have, it’s a small circle so the relationships I do have I like to keep.”

**Conclusion three.** *The third conclusion is that adult foster children act out generational cycles relating to abandonment.* One hundred percent of participants mentioned that they perceived a pattern of their past and present behavior that echoed in their birth parents’ behavior. Some termed these *generational curses*. Participant T explained:

I see the good and the bad from both parents. I have repeated a lot of those things that my mother did with different men, and when I think about my dad, I see myself repeating some of the bad things that my dad did. So, I recognized it and I have to catch myself, in order to stop myself. I have my downfalls.

Participant A stated, “My mom and dad were both drug addicts and alcoholics...All of [my sisters] turned out to be drug addicts. My children as well are drug addicts.” Mental issues can trigger a domino effect with regard to abandonment, mental issues, a victim mentality, substance abuse, and homelessness that contributes to and extends to repeated generation cycles.

Participant O shared that he had been an addict like his mother because “my mother was an alcoholic and addict.” Participant L shared that she had participated in counseling and mental health programs:

I started to break the barrier but it's something in my life that I am not doing and I am trying to figure out what I am doing why I can't break it in me and my daughter's life right now.

Participant G noted:

When I was younger, I said that I would never drink or smoke because my parents did it. But when I was older, everything bad was happening, so, you know what...I liked drinking, and I thought I might become an alcoholic like my parents.

Participant P confessed that:

Genetically, I am screwed, from where my birth parents came from, and if I had stayed back east where they were from, I would have been doing just what they did, but because I went to jail, and because of my upbringing that my adoptive dad gave me, the structure that he gave me helped me to break away from that cycle.

Participant E had been taken from his homeless mother's life and shared "I am living on friends' couches and sleeping in cars but I am not going to go back home...we inherited our anger issues and our addictive behavior from my mom's family." Participant O offered this insight:

My mother was an alcoholic and an addict, I don't blame it on her, it's my own decision on that, but I saw a lot of it and it kind of brought me into the circle of people or situation that could be potentially harmful.

Likewise, Participant M said, "I think I have fought very hard not to be that person involved in generational curses. We all still have issues with relationships. We all say we do not want to be with someone who is like my dad." Regarding his children's recovery, participant C stated:

It's all because I said, "the buck stops here," and I had to make a stand. I realized that some things I did not kill all the way, and if you don't kill it, it will pop back up through the generations...so I had to go back and kill some things in me in order for my kids to live the way they are today.

Generational cycles give insight into people's personal, biological, and behavioral family history. According to Gheorghe et al. (2011), even "maternal stress is characterized by up or down regulation of specific genes in the placenta" (p. 137) that then translates to the infant's



genetic make-up and personality disposition. Generational cycles of behavioral neglect, abuse, addiction, co-dependence, and victimization, among other things, were all present in the interviews conducted, and were often cited as spanning at least three generations.

**Conclusion four.** *The fourth conclusion is that spirituality helped to stabilize more than half of these adult foster children through challenging times and gave them a sense of peace and hope for their future.* Spiritual socialization can be central to a child's healthy development (Haight, 1998). Fifty-five percent of participants mentioned that in times of personal and family crisis, their spiritual practices helped them overcome the effects of the crisis. All participants but one who cited the importance of spirituality identified themselves as Christians. Participant K stated, "My lifestyle was different from my sisters and brothers because I was raised in the church and they were not. So they were all on drugs." Participant P said, "My dad tried and he did a good job, and he always had me in church." Both the social and spiritual elements found in a church community were found to play a role in building these former foster youths' resiliency. Research suggests that in times of hardship, spirituality provides stability and meaning as well as a healthy way of coping with the trials of everyday life (Haight, 1998). Participant E shared, "Church helped me out a lot...I had to think, but not just for the moment. I had to learn how to rely on God."

Participant I stated, "My relationship with my adopted mother was real good and she is still alive. She is understanding, supportive, nurturing, and loving. She was in the church." Participant O said, "I grew up in church, a Baptist, church, and my father was a Pastor of the church, you know I was always there, even through the bad things in life. It helps me to get things together." Participant R shared:

I would say that [mentorship] came from within the church. My foster mom was a very religious person and she brought me up in the church...I would hang around a lot of older people I guess because I was always looking for that real motherly love in my life.

Participant T revealed, "I loved going to church when I was growing up, and I did find comfort in it. I asked God to come into my life and save me." Participant B said of his/her church friends, "I had more friends in the church rather than anywhere else." Participant Q stated that support "came from my caregiver because I was always in church with her as a child and a teenager. I had my godmother who was always there for me." Two young female participants shared pertinent stories. Participant D explained:

I am really close to my church family friends...I call them my God-family...Like one foster mom, I told her I was on my period and I told her that I needed some pads, and she wouldn't even go to the store for me, and told me to use toilet tissue. So that's when I called my church family and asked one of the family members that I was close to, and asked her to go to the store and help me to get some pads. I let my social worker know about it but it looked like nothing was changing. It was just little things like that.

Participant J shared that, for her:

came from church...my pastor...has never let me down, and anything that I needed as far as an event in school, he always made sure that I had a ticket...He always bought tickets to events that I was involved in. Anything that I wanted to do, he would direct his program around it. Like right now, he is supporting me in trying to open up a performing arts studio and a summer camp for kids on next year.

Some of the participants spoke about having a real relationship with God. Participant C had a rough start in life because his mother was an addict and he was born a heroin baby. She abandoned him in a drawer in a motel, and a member of the motel staff located him while cleaning the room. After going to several foster homes, he was finally adopted at the age of 5:

My adoptive mama and adoptive grandmother would always take me to church. I can see that if I had not had this family in my life, I don't know where I would have ended. If I had not had someone to instill in me that I needed to be saved, delivered from myself, I could see myself going into the pattern of my birth mother and father, an alcoholic, womanizer, and a drug addict.

He continued:

My grandmother wore a white uniform, white stockings, white shoes, no matter what day of the week...everyone thought she was a nun...my grandmother had the power of God all over her. She instilled in me that 'you can be whatever you want to be' and 'I love you.' She said that she had 83 grandkids, but she don't think she could love any of them as much as she loved me She made me feel special.

This participant became a pastor with a thriving congregation. His story is a testimony and an encouragement to all that in spite of the obstacles one encounters in life, one can overcome.

Participant B stated to the researcher:

My mentorship came from within the church. You helped me, Mrs. Wilson, because no matter what, Sister Angie is always tough on me, the second person would be Patrice Hackworth. She was always on me regarding my walk with God and the Elder of the church.

There is an old saying that it takes a village to raise a child. It is a known statistic that foster parents are more likely to take foster children to religious services than birth parents (Schreiber, 2010). Participant H said, "When growing up in these different homes, I was subjected to different religions, i.e. Mormons, Assemblies of God, etc. I believe in God and I believe that God can change my nature and give me a heart to love." In a study conducted in 2010, Schreiber found that religion acts as a mediator that buffers the negative effects of poverty, and is considered to be source of resiliency for teens in poverty or those exposed to violence and the effects of living in poor neighborhoods. Exposure to different religions, which can occur in multiple foster care placements, can be confusing to a child. Participant F shared that as a foster child he was exposed to Islam, Scientology, Mormonism, Judaism, the Baptist faith, and Catholicism. Participant S stated:

I have experienced several denominations and have come to find out that all the religions are basically the same and realized that they are all just another ship all going to the same port. For example, you need to be good, and be respectful, and they all help you deal with people in life.

During the interview, the researcher observed that this individual appeared confused, conflicted, and poorly grounded.

Fifty-five percent reported loving to go to church and seeking to build a relationship with God. Participant D said of exiting foster care this year, “I was 21 this year. It was a little scary but I believe in God and I think he has been helping me throughout life.” Spirituality as a protective factor works to shield the child from the negative effects of the world. Family-style worship can offer a foster youth a sense of hope, encouragement, and anticipation for a brighter future.

**Conclusion five.** *The fifth conclusion is that many adult foster children perceived that they had received positive mentoring.* This finding confirms prior research findings that point to the impact of mentorship on a young person’s development. There is a general consensus that foster youths need continuous, supportive emotional connections with adults to navigate the challenging transition to adulthood (Spencer et al., 2010). When asked who had a positive influence on their life, participants in this study spoke of older biological siblings, peers, special teachers, sports coaches, mentors, social workers, counselors, their adoptive family, and their church family. Though their mentors came in many forms, each was defined as someone who was willing to go the extra mile to show he/she cared. Participant J stated, “I’m sad it came from outside sources, but the best love comes from unknown places.”

Some of the participants’ mentoring came from peers. Participant H said, “My elder brother was like a mother and a father to me.” Participant G stated, “My sister is 21 and we have a close relationship;” when asked who helped her succeed or triumph, she answered, “My sister.” Participant E said, “I had no one to affirm me, so I learned from the streets. I had good friends in high school and they were all college graduates with good jobs and businesses.” Participant N

shared, “The mentorship came from my roommate. She is very intellectual and everything she says is positive. She taught me how to save money, schooled me about men, she helped me with my schoolwork by proofreading assignments.” Participant T said, “I have a brother that is older than me. I would see him off and on, and he was the only one where I heard, ‘I love you.’” Participant Q explained, “There were a lot of smart kids that went to my charter school, so I guess I was influenced by my peers to do good.”

Participants frequently referenced teachers who served as mentors, speaking highly of rare, but exceptional care given to them by these teachers. For example, Participant G shared:

There was one teacher in high school that went out of her way to help me in my 12<sup>th</sup> grade year because my foster mom did not. She bought my cap and gown. She helped me with my grades, and told the other teachers about my situation.

Participant I described an early childhood experience with a kindergarten teacher: “I remember my first day of school. My kindergarten teacher was real motherly and I loved her. I just went with her and there was no fear. She was like grandma and I remember her hugging us a lot.”

Participant D said, “I had those teachers who would stay with me after school to help me understand better...I always had people who were positive and telling me to just back and do it again.” Participant J shared:

I have a personal mentor (my teacher)...I met her in detention, and ever since then, she always made sure that she stayed in my corner and taught me how to set goals and make plans and how to follow through with them. She really was that backbone when I needed it.

Participant N reported:

A [Black] history class really changed my life...a teacher. He pushed me, he pushed me, he pushed me to achieve and learn how important life is, and how to not have a bank account with no money. When he finished his class, I was ready to graduate. I needed a 3.7 GPA and I achieved it from being in Mr. Brown’s class.

One participant cited not enjoying the teacher's subject while still experiencing positive mentorship. Participant Q explained:

I guess my English teacher in 12<sup>th</sup> grade was my favorite teacher because she wanted the best for us. I like her and she felt genuine. Although I did not like English, but I liked the class because of the teacher.

The one-on-one time spent with these caring adults was a common theme in the interviews.

Participant B stated:

I did not like school...I would get kicked out of various schools because of my attitude. Then my mom put me in a Christian school, and then I loved it, and I believe it was the type of learning that I received. I had gotten that one-on-one attention, and at public school I was just a number.

Participants also reported that they found mentors found in extracurricular activities.

Participant E stated, "All my coaches were always there...sports helped me succeed or triumph."

Participant O shared:

A team of coaches...I played basketball, football, ice hockey, soccer, baseball, almost anything else involved on a stick. So I got a lot of discipline from sporting events, sporting leagues, which helped me to form social relationships with other people that I might not otherwise form.

Extracurricular activities were not just limited to sports, however. Some participants cited the creative arts and their teachers in that field as a positive influence. Participant B explained, "I was always in drama because I was bad. They would always put me in drama. My educational experience came from while in drama class." Participant J said, "I can say that acting is one experience that channeled my emotions when I needed to and because of certain aspects in the creative arts. In theater, it makes you learn how to act as a survivor." Participant Q shared, "I danced as a child and a teenager, which kept me on the right path."

Appointed mentors, social workers, and counselors also had a place in the participant's lives as mentors, if they demonstrated continuous care toward the foster youths. For example,

Participant G shared, “My mentor has been very helpful to me. I met her at a mentorship program that just started 4 years ago, and they appointed me to her, and she decided to stick with me longer than 1 year.” Participant A stated, “At the rehab, my counselor would not let me get away with anything. I was in rehab for 10 months. My triumphs came from a mentor at the program.” Participant M reported:

My social worker was a really good influence. She came to my graduation in May of this year. I had a good report with her. She is a wonderful human being. She reminds me of myself. She was my middle school principal.

About half of the participants also cited their church family as the most positive influence in their lives. Because of its complexity and prevalence, this unique aspect of mentorship is explored further in conclusion four.

Mentoring in its many different forms is perceived as one of today’s chosen interventions to prevent social non-functioning among youths (Munson & McMillen, 2006). Research has shown that foster youths feel their lives have improved since working with a mentor (Osterling & Hines, 2006). Being a mentor is an unselfish act that requires a substantial amount of person’s free and/or personal time if he/she is willing to make a sacrifice for someone else. When responsible adult mentors make an investment in someone else’s life, they are setting themselves up for a blessing. Seeing a life transform and blossom, knowing that the adult mentor had an integral part in making it happen, is a rewarding feeling for all parties involved. When working with foster youths, mentors must be prepared to stay in their lives for the long run, as a mentoring relationship that is cut short abruptly, or in which the mentor proves to be unreliable, may be devastating to the foster child, especially when the young person is still reeling from past adult betrayals of trust (Gilligan, 1999). That is why some foster children have difficulties trusting and forming close bonds with others, which in turn prevents them from realizing the

positive effects of mentoring (Rhodes, 2005). Participant D cited the importance of having a continuous mentorship relationship:

I did not talk as much with my social workers because they would switch out on my so much. But when I got older...I got a new social worker, I had one who stayed with me until I was 16 years old. She has always been there. She has taken me to court, and if I needed transportation for school or something.

Children want, need, and thrive on stability in their lives. For example, there are several young people in the researcher's congregation who quickly latch onto people whom they admire. They approach those people and ask "would you be my play mother?" or "Can I call you auntie?" These young people are always looking for love, encouragement and validation. When exploring their backgrounds, it becomes evident that they are either being raised by a grandparent, or are not really close to their birth parents or guardians. More mentors are needed to take these young people under their wings and teach them how to soar in life.

**Conclusion six.** *The sixth conclusion is that homelessness was a prevalent aspect of adult foster children's lives at one time or another.* Eight of the 20 participants described a period in their lives during which they were homeless. The most prevalent period was during their transition from foster care to being independent adults. Yen, Hammond, and Kushel (2009) found that young adults who had a history of foster care carried a significant risk of being predisposed to homelessness. Participant E stated that following his transition, "I was living on a friend's couch, and sleeping in cars, because I had no home." Participant A, now 54 years old, explained, "I exited foster care at 18 years of age with no check, I was just thrown in the streets with no place to go." Foster youths need to learn life lessons in order to survive on their own. Being able to live independently and to succeed in a work environment is important when exiting from foster care and is unachievable without support. The transition presents multiple challenges



for foster youths, and is associated with feelings related to the lack of a safety net (Mulkerns & Owen, 2008).

Participant M stated, “My last caregiver was a group home. I exited at 18 years old. I had gone through 14 placements before the age of 18. I ended up sleeping in my car.”

Participant H talked about the completion of his master’s degree; “after I finished grad school, I was homeless. I did not have any friends or social network.” One of the young women interviewed for this research is currently living at the YWCA, while another is staying at a church-sponsored women’s shelter.

Homelessness is a serious problem affecting young people in general and foster youths specifically. When a foster youth ends up homeless, he/she becomes vulnerable to crime, drugs, and prostitution. With no learned life skills in place, and sometimes no knowledge of street life, they do not always survive. Young adults in foster care must be prepared for transitioning to independence, and that preparation must include a means for sustaining their livelihood.

**Conclusion seven.** *The seventh conclusion is that adult foster children experienced victimization as a symptom of abandonment.* They described ways in which they sabotage social relationships, jobs, and other connections. Due to the fact that they have suffered traumatic events as children, few foster adults have learned how to forgive. Further, they often think someone is out to hurt them. This creates a victim mentality, and regardless of the current issue, they view themselves as the victim. Victimization is a symptom of abandonment that may be physical or mental, and can extend into one’s adulthood and last throughout the person’s life (Mahari, 2006). One identifiable symptom of victimization is alienation and withdrawal from people and social events. Participant J stated,

When you let someone know your weakness then they begin to use it against you, and they use it at the end of a friendship. You then realize that there is [sic] no holds barred

and no rules. They will hit below the belt and you will do the same thing. I will build up that wall in a second because I cannot let you destroy what I am trying to create around me. I only let friends go so far because I keep my walls up at all times.

As problems compound in adulthood for children with abandonment issues, they can begin to develop Borderline Personality Disorder (Schmahl et al., 2002). Participant R stated, “She wanted the tutor to be my foster brother and sister whom she always compared me with, which belittled me, so I did not want it. Everybody would talk about me because I was a little slower.” Participant G stated, “She never really cared about anything else I did, and all of a sudden when I wanted to make my decision about school, she tried to tell me that I had to abide by her rules, but no way!”

In the absence of substantial empirical research on this condition, participants in this study revealed the undeniable impact of the effects of a victim’s mentality in a person’s life. These anecdotal data profoundly underscore the importance of the need for further research on the cause and effect relationship between abandonment and a victim mentality. Participant M stated,

So, recently I lost a couple of friends, and then I lost another, but it did not bother me because they know that I am taking care of me and she can’t handle it, and I won’t let them take more of me than I am willing to give.

**Conclusion eight.** *Compared to the population at large, more adult foster children experience sexual changes because of molestation.* Four of the respondents shared these personally devastating experiences during the interviews. Each appeared to occur during the time of foster care placement and not when they were living with their biological family. Some years ago the researcher conducted research for a play and interviewed 12 homosexuals as to why they changed their sexual orientation. Each participant reported being raped or molested as a child, which caused some of them to question their sexual identity. This is not the issue in

every case. In some cases, children that were molested at a young age tend to grow up promiscuous. Courtney et al. (2001) stated that “these foster youth face numerous challenges as they transition to adulthood, including physical or sexual victimization, incarceration, or homelessness” (p. 18).

Participant stated during the interview:

So something bad happened to me when I was a little girl before I was seven. So when I turned 7, I had me a girlfriend, and when I was 16, I was messing with a 30 year old. It took me a long time to realize that I was sick. I was just a baby. You see one of my sister’s boyfriend messed with me when I was a little girl, and I told my grandmother, but she did not believe me.

As noted previously, Participant H revealed:

I was exposed to a lot of sexual abuse in the home. It really affected me and not in a good way. It is extremely hard to have a genuine friendship with someone, because of the violation on my person, I find myself fighting off the mindset to want my own kind.

Compounding the internal struggles with their sexual identity is the foster home’s response to it. Participant J shared, “It was because of my sexuality that we didn’t stay in places long, it was an issue in any home I went in...I have always had relationships that were different.”

Murphy (1996) noted:

The only thing most experts agree on is that homosexuality is not a result of any kinky gene or hormone predispositions, at least none that can be detected by present techniques. The diverse psychological components of masculinity and femininity – gender role identity – are learned. (p. 137)

When sexual predators have access to foster youths at the onset of puberty, it can compound this already confusing time for these children.

## **Recommendations**

The findings and conclusions led the researcher to prepare the following recommendations.

**Recommendation one.** *The researcher recommends that child therapy be initiated as soon as the child's mental health regarding abandonment issues can be assessed.* Children who experience loss or deprivation of relationship with a primary caregiver tend to develop attachment disorders (Bretherton, 1992). It has been found that even play therapy, a type of counseling that allows children to explore their conflicts and anxieties through the medium of play, can mitigate the development of these disorders (Bratton, Ray, Rhine & Jones, 2005). However, early intervention is the key to a child's understanding and positive adaptation to alleviate long-lasting effect of mental health issues such as abandonment (U.S. Department of Health and Human Services, 2000). It is important that foster children have regular visits with a therapist, coordinated with counselors and teachers who form and maintain a plan of action and hold both educational and life goals in place for each child. This should occur so that the foster child's sense of abandonment is alleviated and he or she does not succumb to symptoms found in the interviews that include behavioral problems, mental health issues, a victim mentality, and homelessness.

The Child and Family Services Improvement Act of 2015 under federal legislation states that the promotion of collaborative efforts between child welfare agencies, Medicaid, pediatricians and other experts to monitor and track medical and mental health is vital (NCSL, 2015). The legislation includes medical and mental health evaluations both upon entry into foster care and periodically while the child is in foster care. The researcher noted that the State of California already has plans of action set in place for all children, but that the 18 year olds interviewed in this study still voiced that they had not received these services. The breakdown in the execution or accountability in getting these children therapeutic help as early as possible must be found and corrected.

**Recommendation two.** *The researcher recommends better stored information and birth records are needed for foster children to be kept by the courts and social workers, especially for the receiving foster parents, other health care professionals, and the schools.* Although better record keeping of information has recently been put in place, better enforcement of communication is required. This is needed to provide better continuity between the child's foster parents, health care professionals, and schools. In addition, vital information that affects the foster child's related health history and common diseases should be kept. This information is critical to the child's foster parents, the child and the adoptive parents.

**Recommendation three.** *The researcher recommends that the welfare agencies reduce the number of placements for foster children as this is affecting their overall mental health.* As the Bretherton (1992) study found, a young child connecting with one or a few primary caregivers is vital to healthy brain development. Interview participants who experienced multiple placements during their time in foster care expressed during the interviews the extreme mental distress they felt as children, as well as negative ramifications extending into adulthood, especially regarding forming and maintaining social relationships. The researcher has observed a need for more opportunities for relatives to step in sooner when the child is taken away from their parents. Placement with family members and relatives seems to mitigate the sense of instability and being unwanted that the interview participants' felt when they were placed with strangers. The 2015 California's Child Welfare Continuum of Care Report specifically found that among students in grades 9-12 in kinship and guardianship care were the most likely of foster care high school students to graduate from high school (71%) while children living in group homes were among the least likely to graduate (35%; California Department of Social Services, 2015).

These family members, as well as others who are applying to be foster parents, must have mandatory parenting classes; overview of foster care system, foster youth rights, dealing with behavioral and discipline issues, and awareness in identification of sexual exploitation abuse. Quality foster care can mitigate the separation of children from biological parents who cannot appropriately care for their children.

**Recommendation four.** *The researcher recommends that a spiritual foundation for a foster child be offered to the foster child so that these children perceive that they are not alone in life.* Though very little research has been conducted on the topic of religion in child welfare, it is known that foster parents are more likely to take foster children to religious services than birth parents (Schreiber, 2010). It is also known that spiritual socialization acts as a strong protective factor for mental health (Haight, 1998). Participants' expression of faith and spirituality echoed the findings of Daining and DePanfilis (2007), who found that connection to a higher power provided guidance, strength, and comfort. Participants expressed that spirituality and a relationship with God were major factors in helping them mitigate the pitfalls and challenges they faced as foster children. In addition to this, the interview participants expressed their church family's willingness to cross social boundaries in order to assist them. This act of going above and beyond to assist was found to be prevalent in their accounts regarding church communities. They cited that their inclusion into a church family created a resilient social network, strengthened their life skills, and provided a continuous community of support. Interestingly, participants especially described their churches as rich resource sites for uninterrupted mentorship throughout their lives. Churches can act as a stable presence in the child's life and involve them in positive mental health activities such as singing in the choir, reciting speeches, and family-style worship. Participants interviewed in this study who spoke

about protective factors of spirituality experienced were predominantly Christian and echoed the findings of Smith et al. (2013).

The researcher noted during the interviews that multiple placements in foster homes exposes the child to various origins of worship that may prove confusing for the child. Thus, the researcher recommends that the child be placed in homes with similar or like religious beliefs.

**Recommendation five.** *The researcher recommends that the courts assign an active mentor to a child at an early age, and one that would commit to remain available as a “passive mentor” with him/her through the transition into adulthood.* Foster youths require permanent, supportive, emotional connections with adults to navigate the transition to adulthood (Spencer et al., 2010). The time of adolescence and adulthood is highly difficult for foster youth to navigate, and indeed, many participants cited outcomes such as unemployment, unplanned pregnancy, and homelessness during this time period. Stability of relationships is vital to mental health, especially for children who have experienced abandonment, and it is known that attachment styles are rooted in their attachment history (Kesner & McKenry, 1998). Thus the researcher proposes that a mentor devote an *active period* of mentoring for a set amount of time to the child, and then continue on to become a more *passive mentor* after the set amount of time has terminated. The passive period would entail reaching out through email or phone to check in with the young adult, and advise them verbally as they enter adulthood. In this way, a safety net-like presence is maintained in the foster adult’s life, which will contribute to long-term resiliency. Though a continuous, active mentor relationship would be ideal, active mentors able to commit throughout a child’s entire life and into adulthood are rare. In light of this, this *active/passive* mentoring approach would provide the continuity vital to the welfare of the foster child and help promote a successful outcome for the foster adult.

Interview participants expressed difficulty in seeking and keeping mentors on their own due to their early or repeated abandonment experiences. Thus, the researcher observed the importance of appointed mentors. The *active/passive* mentor model will mimic natural mentor-mentee social relationships formed between mentor and mentees with healthy attachment styles. An example of a natural mentorship pattern might be the active mentorship of a valued coach for a year or more during school. After the student graduates, the mentor remains a presence and resource, but takes on a more passive, background role. This new role may include checking in over email or phone, occasional lunch dates, writing of reference letters, or advising or supporting the student at critical junctures in adulthood. Though the relationship changes, the mentor still maintains a caring presence. The literature review conducted by the researcher, along with the 20 interviews, concluded that positive consistent mentoring, whether it's educational, spiritual, or through athletics, has an everlasting affect on the child as they grow into adulthood (Eccles et al., 2003).

Legislation should provide additional financial incentives for these court appointed mentors, who would stay with their mentees, and not depart early from the foster child's life. A helping hand that would provide positive mentorship is an organization called CASA. CASA consists of court appointed mentors that would be assigned to the child until he or she becomes an adult and stays with the child until transition to independent living. As a court appointed special advocate Noushin Parham, in her second case as a CASA, was assigned to Sarah, a ten year-old girl who had just lost her mother. With Noushin's help, Sarah was able to say goodbye to her mother and eventually look ahead to life without her (CASA of Los Angeles, 2015).

**Recommendation six.** *The researcher recommends that each youth have an action plan of transition to include one year after emancipation in order to mitigate the plight of*



*homelessness with foster youth.* More opportunities for transition programs will be available to current foster youth than were available to this study's participants because of the Extending Foster Care Policy Toolkit (NCSL, 2015). In this study, even the younger participants expressed not having life skills necessary for a successful transition into adulthood. Therefore, as part of such transition programs the researcher recommends that a practical life skills classes should be included in the curriculum. These life skills classes would include instruction on finances, including how to budget, build credit, and maintain a bank account, work ethics and communication skills for a job, and how to live independently. In addition to the life skills course, there must be enforced legislation and agencies must be held responsible for disseminating the information to foster parents regarding current policies. Legislation has added the Extending Foster Care beyond 18 program which is designed to engage youth in decision-making processes of adulthood and encourage independence with the development of these critical skills (NCSL, 2015). To date, 22 states have enacted extended foster care policies, with more considering it each year (NCSL, 2015). Research shows that a foster youth's success in transitioning out of the foster care system is dependent upon the quality of their final foster home (Courtney & Barth, 1996). The younger participants interviewed were unaware of many resources available to them as transitioning youth, and as a result, experienced homelessness and trauma unnecessarily. Because of this, transition programs established should include an educated advocate that continues with the foster youth for a year following emancipation at age 21. This will ensure that the agreed upon action plan will be executed and that the foster youth is transitioned as smoothly as possible.

**Recommendation seven.** *The researcher recommends that a foster youth's mental sense of victimization needs further research and more studies introduced into the field with*

*abandonment*. Victim mentality, a symptom of abandonment that may be physical or mental, can extend into one's adulthood and last throughout the person's life (Mahari, 2006). Though the interview participants described this type of behavior in their lives as pervasive and affecting all social relationships far into adulthood, there exists little research on the subject of victim mentality with regards to foster care. Low self-esteem affected every single participant interviewed, and appeared linked with the participant's experience of victimization. Because of a prevalence of this subject in the interviews, and the lack of current research in the field of psychology, the researcher recommends that more research be conducted on the subject to further our understanding of victim mentality.

**Recommendation eight.** *The researcher recommends that foster children have mandatory physical examinations every six months and that children with suspected sexual abuse be on a quarterly schedule.* The prevalence of sexual, physical, and emotional abuse experienced in foster care by the participants interviewed demands more accountability from social workers for foster children in regard to welfare checks. The more frequent checks, whether the child is placed with kin or not, will give the Courts and social workers better insight into the child's physical condition. Social workers should be able to recognize signs of actual physical, sexual, and emotional abuse, as all interview participants expressed fear as children in sharing with an adult that they were abused.

**Recommendation nine.** *The social worker needs extra curriculum in grief and loss, youth permanency, and sexual orientation, gender identity and expression.* This coordination will also assist in cutting down inaccurate diagnosis and putting foster children on unnecessary medication for behavioral problems better treated in other ways (Voices for Children, n.d.). Recent research has identified major concerns of the administration of psychotropic medications

for younger children and youth in foster care, especially the use of multiple medications in children between the ages of three and six years of age (NCSL, 2015). The Fostering Connections to Success and Increasing Adoption Act of 2008 now requires each state to consult with pediatricians and other experts to develop a plan for overseeing and coordination of medical and mental health services including psychotropic medications for youth in foster care (NCSL, 2015).

**Recommendation ten.** *The researcher recommends that additional funding be provided to foster care services to promote the foster youth educational activities, by providing transportation to and from school and school based activities that also include tutoring and other educational related supports.* During the interviews, the participants expressed their disappointment when unable to engage in social activities due to a foster parent's inability or declination to drive them to and from activities or spend money to enroll them in after school athletics or arts provided by the school. It is known that youth in most extracurricular activities achieve better educational outcomes than non-participants (Eccles et al., 2003). Additionally, these activities provide adolescents with access to caring, non-familial adults (Cooper et al., 1999). Interview participants expressed the vital importance of extracurricular athletics and arts role in establishing social connections with mentors, providing an opportunity to be included in a peer group, and instilling discipline which served them in adulthood. To ensure that future foster youth are able to engage in healthful, community activities, the researcher recommends that transportation to and from activities be provided by the school or state.

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APPENDIX A

Permission with Release and Exchange of Confidential Information

APPENDIX - B

# Testimonial Community Love Center & Training Center Programs

5721 South Western Avenue • Los Angeles, California 90062  
Phone (323) 291-6753 • FAX (323) 292-1512

Dlehap J.B. Hackworth  
Executive Director  
  
Cynthia Carter  
Project Director  
  
George Gaslin  
Chairman

Board of Directors

Ol Sanchez  
World Savings  
  
Barbara Green  
American Recovery Center  
  
Jesse Davis  
L.A. County Sheriff's Dept.  
  
Percy Matthews  
Political Registrar  
  
Fred Ellis  
La Rulan Proprietor  
  
Robert L. Harris  
Computer Sciences Corporation  
  
Michael Carter  
Century 21 Realtor  
  
Hacmi Johnson  
Testimonial Church  
  
Donald Thomson  
"Don't Give Up" Inc.  
  
Cornelius Peltus, Sr.  
Payless Market, Proprietor  
  
Elliyyn Anderson  
Family Planning  
  
Tezora Cravely  
Substance Abuse Counselor  
  
Jim Poulos  
Pam's Restaurant, Proprietor

Testimonial Community Love Center  
5721 South Western Avenue  
Los Angeles, California 90062  
Phone (323) 291-6753  
Fax (323) 292-1512

Re: Permission with Release and Exchange of Confidential Information.

Testimonial Community Love Center and its officers give authorization to this researcher: Angela Hackworth - Wilson

To conduct interviews with our clients for the sole purpose of the study Long Term Effects of Foster Care On Social Relationships.

This is in conjunction with **Pepperdine University**. The confidentiality of the client's records is protected by law and the agency is not authorized to give information about the clients without written consent from each individual client. It is furthered agreed to hold harmless and save Testimonial Community Love Center from any liability resulting from such exchange of information.

	<u>1-6-14</u>
Researcher's Signature	Date
	<u>1-6-14</u>
Program Director Signature	Date

## APPENDIX B

### Informed Consent for Participation in Research Activities

Participant: \_\_\_\_\_

Principal Investigator: Angela Hackworth-Wilson

Title of Project: Long Term Effects of Foster Care on Social Relationships

1. I, \_\_\_\_\_, agree to participate in the research study being conducted by Angela Hackworth-Wilson, a doctoral student under the direction of Dr. Diana B. Hiatt-Michael, Professor and Emeritus, Graduate School of Education and Psychology, Pepperdine University. This research is being conducted in partial fulfillment of the requirements for a doctoral dissertation. I understand my participation in this study is strictly voluntary.

2. Purpose of the study: The purpose of this dissertation is to investigate the nature of your educational experiences, community experiences, lived mentoring experiences, and their relationship with your transition to adulthood. This study will examine the relationship between social experience and the quality of life for adults who experienced long-term foster care.

3. Procedures: My participation will involve the following: a 45-60 minute interview at a location of my choice under the primary investigator to discuss my personal experiences growing up in foster care. I understand that the interview session will be audio-recorded and that I will have the opportunity to review my own transcript should I choose to do so. Furthermore, I understand the files will be stored as password protected files, and the transcribed interview files will be stored in a locked file cabinet and destroyed 5 years from the completion of this study.

4. I understand that this consent is valid for 12 months. My personal involvement will be only the interview and review of the interview transcript. The study shall be conducted in the participant's choice of location.

5. Potential Benefits: I understand that the possible benefits to society from this research are contribution to the field of social work and the welfare of foster children towards education and psychology.

6. Potential risks and discomforts: The potential risks for participating in this study are considered minimal and will be no greater than those ordinarily encountered in daily life. Participants may experience being uncomfortable when they participate in their interview. I understand that if I feel uncomfortable at any time during the interview, I may elect to decline to answer any questions(s) and/or end the interview session at my discretion at any time without penalty.

7. I understand that my estimated expected recovery time after the conversation will be immediate.

8. I understand that I may choose not to participate in this research, and my participation is voluntary.



9. I understand that the investigator will take all reasonable measure to protect the confidentiality of my records, and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others. I understand there is a possibility that my identifying information may be inspected by other federal or state government agencies during the ordinary course of carrying out their functions.

10. Towards this end, in lieu of utilizing my name, the primary investigator will apply a code to associate with any data collected from my participation. This will help to ensure confidentiality. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. The data gathered will be stored in a locked file cabinet to which only the primary investigator (Angela Hackworth-Wilson) will have access. After 5 years, all data files will be destroyed.

11. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Dr. Diana Hiatt-Michael if I have other questions or concerns about this research, and the Professional School Institutional Review Board, Pepperdine University, via mail at Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045.

12. I understand that in the event of physical injury resulting from the research procedures in which I am to participate, no form of compensation is available. Medical treatment may be provided at my own expense or at the expense of my health care insurer who may or may not provide coverage. If I have questions, I should contact my insurer.

13. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent from which I have read and understand. I hereby consent to participate in the research described above.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am co-signing this form and accepting this personal consent.

Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX C

### Foster Adult Interview

Code Name \_\_\_\_\_

Principal Investigator: Angela Hackworth-Wilson

Title of Project: Long Term Effects of Foster Care on Social Relationships

#### **Demographics**

Current Age: \_\_\_\_\_

Sex (M) or (F): \_\_\_\_\_

Marital Status - (Divorced), (Never Been Married), (Separated): \_\_\_\_\_

Number of Children: \_\_\_\_\_

Employment Status (working) or (displaced worker): \_\_\_\_\_

Past Employment (how long): \_\_\_\_\_

Number of residences since the age of 21: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

#### **Ethnicity**

(Background) At what age did you enter the foster care system, and at what age did you exit

(probe) Tell me about your relationship with your primary caregiver?

Tell me about your employment and social relationships on the job?

After you were placed in foster care, how do you form or maintain friend or family relationships

(probe) When do you feel that a relationship is coming to an end, do you begin to put walls up?

Tell me about persons who helped you to succeed or triumph? Did it come from mentorship, athletics, community service, or church?

Looking back at your life, do you see a pattern of belief systems (ideas), attitudes, or environmental factors that influenced your life decisions?

Tell me about your education experiences that impacted on your forming and maintaining relationships? What was positive? What was negative? Did anyone play an important role?

## APPENDIX D

### Panel of Experts

Dr. Jennifer Murphy – Charter School Counselor  
E-mail: jenmurphy7@gmail.com

Zamecia McCorvey  
E-mail: zamecia.mccorvey@lausd.net

Dr. Diana Hiatt – Professor at Pepperdine University

Victoria Ruffin  
E-mail: victoriaruffin@aol.com

Dr. Jay Jackson – Child Psychologist  
E-mail: drjayj@gmail.com

Dr. LaRoyce Murphy – L.A.U.S.D. Supervisor  
E-mail: limurphy@usc.edu

APPENDIX E

Confidentiality Form

On behalf of Testimonial Community Love Center and the Testimonial Church of God In Christ, this form will serve as an agreement between the witness and the Researcher Angela Hackworth-Wilson, doctoral candidate at Pepperdine University that all information heard during the interview will remain confidential and not shared beyond this interview.

I, \_\_\_\_\_ promise not to disclose any information concerning the client and the subject of this research study.

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Researcher

## APPENDIX F

### Pepperdine University IRB Approval Letter

# PEPPERDINE UNIVERSITY

## Graduate & Professional Schools Institutional Review Board

June 2, 2014

Angela Hackworth-Wilson  
[REDACTED]

Protocol #: E0214D07

Project Title: Long-Term Effects of Foster Care on Social Relationships

Dear Ms. Hackworth-Wilson:

Thank you for submitting your application, *Long-Term Effects of Foster Care on Social Relationships*, for exempt review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Hiatt-Michael have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - <http://www.nihtraining.com/ohs/site/guidelines/45cfr46.html>) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

(b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

**Category (2) of 45 CFR 46.101**, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu). On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

6100 Center Drive, Los Angeles, California 90045 ■ 310-568-5600

Sincerely,

A handwritten signature in black ink that reads "Thema Bryant-Davis". The signature is written in a cursive style with a large initial 'T' and 'B'.

Thema Bryant-Davis, Ph.D.  
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives  
Mr. Brett Leach, Compliance Attorney  
Dr. Diana Hiatt-Michael, Faculty Advisor