Experiences of Former Foster Youth During the COVID-19 global pandemic

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Author Note

I have no conflict of interest to disclose.

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Acknowledgments

Foremost, I would like to express my deepest gratitude to my advisor Dr. Nikki Johnson for the continuous support of my PsyD study and research, for her patience, organizational skills, motivation, and immense knowledge that helped me reach the finish line. Thank you for all the years of encouragement, empathy, and genuine excitement about my passions, I cannot imagine having a better mentor. The completion of this study could not have been possible without the expertise of my dissertation committee, Dr. Cherri Seese and Dr. Heather Taylor. Thank you, Dr. Seese, for showing me a doctorate was possible, years of guidance, and truly believing in me. It was in your classroom in undergrad that I fell in love with psychology and learning. Thank you, Dr. Taylor, for endless support and encouragement through this daunting process, and always checking in to provide support and promote self-care. My sincere thanks also goes to my director of training, Dr. Katherine Winans. Thank you for all your support and guidance through these years, and for your endless advocacy for your students and community. Thank you to my fellow cohort for the potlucks, endless support, and community. The growing pains were worth it with all of you. Finally, I would like to thank my family and friends. To my mom, Marilyn Kohut, for being my biggest cheerleader throughout my life. To my stepdad, Chris Kohut and my sister, Kimmie Lay, for always reminding me to laugh at the irony of life. Thank you to Carol and Steve Gamble for being my westside parents, I cannot imagine life without you. To my brothers, nieces, and nephews for reminding me to live in the moment and take a break from work. Last but not least, I would like to thank my best friends, Autumn Robison,

Makism Dzmitryiev, and Jasmine Morales, for your love, support, and honesty that helped me grow as a person.

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Abstract

The current research sought to investigate the gap in research related to the unique experience of aging out of foster care and navigating the COVID-19 global pandemic. The study aimed to understand the experience of former foster youth (FFY), adults who aged out of foster care. Specifically, to understand the group experience of aging out and navigating the COVID-19 global pandemic. This study used Moustakas data analysis, a phenomenological qualitative research approach. This approach is concerned with examining the experiences of each participant and establishing themes for the group. Five core themes were derived from the participants' experiences: Resiliency, Mental Health, Social Support, Identity, and Hardships During the Pandemic. The implications of the experiences of former foster youth can help communities, government, and nonprofit agencies, and clinicians understand the systemic barriers influence poor outcomes to provide resources and understanding of this forgotten population.

Keywords: Former foster youth, aging out, lived experience, foster youth, COVID-19, transcendental phenomenological

Chapter 1

In 2021, there were 391,098 foster children in the United States (AFCARS, 2022). The average age for entering foster care is 6.7 years old, and the average age for exiting foster care is 8.2 years old (AFCARS, 2022). Child neglect has been associated with children entering foster care and 63% of foster children have experienced neglect from their primary caregiver (AFCARS, 2022). In comparison, only 1% of children enter foster care because of parental relinquishment (AFCARS, 2022). The additional 36% entering foster care include 36% from parental drug abuse with an additional 6% from parental alcohol abuse, 14% from a caretaker's inability to care for the child, 12% from physical abuse, 10% from parental homelessness, 9% from child behavioral problems, 6% from parental incarceration, 5% from abandonment, 4% from sexual abuse, 2% from child drug abuse, 2% from child disability, and 1% from parental death (AFCARS, 2022).

Foster Care

The number of children entering foster care has steadily decreased yearly from 268,860 children in 2015 to 206,812 children in 2021 (AFCARS, 2022). The number of foster children exiting foster care also decreased from 242,051 in 2015 to 214,971 in 2021. Although the number of children in foster care increased from 421,418 in 2015 to 423,997 in 2019, a downward trend emerged in 2019, with 426,325 children in foster care (AFCARS, 2022). Moreover, in 2020, there were 407,318 children in foster care, and 291,098 children in 2021 (AFCARS, 2022). Although fewer children in foster care began in 2019, there was a more notable decrease in 2020 and 2021. Trends of Black or African American children entering foster care have decreased from 2009 to 2019,

although Hispanic and White children have entered foster care at higher rates (AFCARS, 2022). Room et al. (2021) speculated the trend may be associated with ripple effects from the COVID-19 global pandemic, such as available foster homes, fewer reports made from schools, and fewer investigations.

The mean time a child spends in foster care is roughly 22 months; and yet, the median is 17.5 months (AFCARS, 2022). The discrepancy between the mean and median illustrates that some children are outliers, spending much longer in foster care than others. The duration of time spent in foster care varies, with 7% of children spending less than 1 month in care (AFCARS, 2022). Whereas 28% spend 1–11 months, 31% spend 12–23 months, 17% spend 24–35 months, 12% spend 3–4 years, and 4% spend 5 or more years in care (AFCARS, 2022). On average, children spending less than 1 year in foster care will experience two foster home placements (Jones et al., 2016). The number of placements for foster children is not widely reported, with varying reports suggesting an average of two placements per year (Jones et al., 2016). Therefore, as the duration of foster care increases, it is likely the number of also placements will increase (AFCARS, 2022; Jones et al., 2016). Record keeping can be difficult for foster children across state lines and between public and private agencies. Therefore, statistics on the average number of placements a child will experience varies immensely. Chambers et al. (2017) investigated the number of placements for 43 FFY. They found 30% had experienced 2–9 placements, 25% had 10–16 placements, 25% had experienced 17–26 placements, and 18% had 27–56 placements. Additionally, 10 years was the average length of time in foster care, with the shortest placement on average of 45 days and the most extended 2 years on average (Chambers et al., 2017).

When a child enters foster care, the primary goal is to rehabilitate the family and reunite the child and family. Kinship foster care is a term used to explain foster care provided by the foster child's relatives. Kinship foster care accounted for 35% of foster placements in 2021 (AFCARS, 2022). Other placement settings included 4% of preadoptive homes, 44% of foster homes with nonrelatives, 4% are group homes, 5% are institutions, 2% are supervised independent living, 4% of trial home visits, and 1% run away from foster care (AFCARS, 2022). Often, families and home environments are investigated by child protective services (CPS), and children are placed in foster care dependent on the outcomes of the CPS report (Hindt et al., 2018).

As part of the CPS investigation, placement for children is determined, with the priority being kinship care (Hindt et al., 2018). Although not common, some situations require the immediate removal of children to ensure safety. In these cases, there is less time and fewer options for placements. The state relies on foster families for this situation, and social workers often stay in hotels with the children until placements can be arranged. The newer models of emergency group homes house children immediately removed from their families until a more stable or permanent placement is arranged. Hindt et al. (2018) surveyed 282 foster youth and found 37% had experienced an emergency shelter placement. These models of placements have been claimed to be promising because preliminary research has shown a decrease in overall placements if an emergency or transitional housing is used.

Although emergency shelters meet a need, they remain underfunded and underresearched, and their impact on foster children is poorly understood (Chambers et al., 2017; Hindt et al., 2018). On the other hand, research has shown group home or

emergency placements as the least family-like and most determinantal for the child (NCSL). Furthermore, the longer duration spent at emergency housing increased negative outcomes, which were more predictive for Hispanic and Black children (Hindt et al., 2018).

The median age of exiting is 7 years old, and the mean is 8.2 years old, indicating older children skew the mean (AFCARS, 2022). When children exit care, 47% are reunited with parents or primary caretakers, and 6% live with other relatives (AFCARS, 2022). Twenty-five percent of foster children exit foster care due to finalized adoption (AFCARS, 2022). Additionally, 1% are transferred to a different agency, 9% are emancipated (i.e., they age out of care), and 12% enter guardianship (AFCARS, 2022). Guardianship or conservatorship is a legal arrangement where a guardian is legally responsible for the child and there is a legal obligation to keep in contact with birth families (Rolock et al., 2017). There are two types of guardianship, subsidized guardianship is another term used for kinship care, where the family cannot care for a child, and a relative is temporarily the foster parent (Rolock et al., 2017). The term guardianship in the context of foster care defines a custody agreement between the state, birth family, and legal guardian for a child exiting care. Guardianship is commonly arranged when a parent has a terminal illness or godparents step in due to parental death (Rolock et al., 2017). Moreover, standby guardianship is a more permanent arrangement with a custody plan with the birth family.

Mental Health

Traumatic separation is a term used to explain a child's inherent trauma caused by removal from their family (Mitchell, 2018). When children are removed from their

homes for safety concerns, they often do not have time to pack their belongings. If belongings are packed, a typical bag includes what fits in their school backpack or a few clothing contents in a garbage bag. The whole process is frightening for a child as they are tasked with navigating a new environment and new people without anything familiar. Foster children grieve nondeath losses such as traumatic separation, which is often not recognized and, therefore, not treated (Mitchell, 2018). Children form biological bonds to parents and caregivers, called attachments. Depending on the consistency of caregivers to attune to the child’s needs, children develop secure or insecure attachments (Miranda et al., 2019). Attachments may change for children when they are moved from one placement to another, any attachments they form are broken when placed in a new home. This loss experience for children can retraumatize or resurface their original family removal experience. Furthermore, traumatized children often externalize behavior, and often foster parents are not equipped to manage behavior that increases the number of placements, which increases the accumulated trauma and attachment ruptures (Clark et al., 2020; Miranda et al., 2019).

Removing a child or teen from their family is traumatic, even when the home environment includes maltreatment (Cohen & Mammarino, 2019). Although home life may be violent and harmful for a child, the familiarity of the environment may be more comforting than moving to a new environment with new people, at least in the short term. Children often long to be reunited with their families, even when there is abuse in the home (Cohen & Mammarino, 2019). Reuniting children with their families successfully depends on the rehabilitation status of the family. Within 18 months, 14% of foster children reunited with their birth family will reenter foster care (Goering &

Shaw, 2017). They are increasing the frequency of attachment ruptures and accumulation of traumatic experiences.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) increase the likelihood of poor mental and physical health outcomes throughout development (Cronholm et al., 2015). ACEs include physical abuse or fear of being physically hurt, parental incarceration, parental drug use, and parents separating or divorcing (Cronholm et al., 2015). In 2021, 84% of children in foster care were removed from their families for abuse, including abandonment, neglect, physical abuse, and sexual abuse (AFCARS, 2022). Therefore, adverse experiences such as abuse and neglect are drastically common in the foster children population because of the nature of the removal process (Bruskas, 2008; Greeson et al., 2011).

Turney and Wildeman (2016) collected data from the 2011–2012 National Survey on Children's Health and found children in foster care have poorer physical and mental health compared to children who have not been in foster care. Furthermore, compared to children across similar family types and socioeconomic status, foster children's mental and physical health has remained significantly disadvantaged regardless of family structure or income (Turney & Wildeman, 2016). More specifically, children in foster care are more likely to experience parental separation, parental abuse, exposure to violence, parental incarceration, parental mental illness, and parental drug abuse, even more so than children below the poverty line (Turney & Wildeman, 2017). Moreover, Rebbe et al. (2016) found youth aging out of foster care scored significantly higher on the expanded ACEs than younger foster children. Children with a history of

ACEs and severe trauma symptoms have greater placement instability, increasing traumatic experiences and trauma symptoms (Clark et al., 2020).

Furthermore, the nature of removal from the birth home and type of placement is predictive of children's mental health outcomes in foster care (Engler et al., 2020). In general, foster care predicts more positive outcomes for children and teens because the environment is familiar (Clark et al., 2020; Engler et al., 2020). However, placement outcomes depend on the child's needs (Clark et al., 2020). For example, a child with severe trauma symptoms may have better outcomes living with trauma-informed and skilled foster parents than a family member who is not equipped to help a child through trauma (Clark et al., 2020). Although kindship care typically provides better outcomes for a foster child, depending on the need of the child and the reason for removal, different types of foster care may provide better outcomes.

Foster youth have increased adverse experiences that increase revictimization and future exposure to adverse experiences, which compounds the impact of trauma (Rebbe et al., 2016). The original or conventional ACEs study used data predominately collected from middle to upper-class White children (Chronholm et al., 2015). ACEs paint an incomplete picture of adverse childhood experiences neglecting socioeconomics and racial factors. However, Cronholm et al. (2015) aimed to measure social, economic, and racial disparities and the original ACEs measurements of adverse experiences within the home. The Philadelphia ACEs Task Force developed an expanded ACEs to include social, economic, and discrimination in adverse experiences (Chronholm et al., 2015). For example, the expanded ACEs include experiences of discrimination, witnessing community violence, and fear of walking safely in the neighborhood safety (Chronholm

et al., 2015). Because developing expanded ACEs was not an easy task, the ACEs Task Force adopted the following measurements: California Health Interview Survey, Adult Survey, Adverse Childhood Experiences International Questionnaire (ACEs-IQ), Nation Survey on Children's Exposure to Violence, CDC's Family Health History and Health Appraisal Questionnaire, and Perceptions of Racism in Children and Youth (Chronholm et al., 2015). The hypothesis suggested potential unmeasured ACEs might significantly impact specific demographic minorities (Chronholm et al., 2015).

The study included 1,784 participants from the general population in the greater Philadelphia area. Participants were over 18 and participated in an initial phone interview. The analyses used weighted data and pair-wise deletion for less than 3.5% of missing data (Chronholm et al., 2015). The results found 17.2% of participants experienced no ACEs, 19.6% experienced one or more conventional ACEs, and 49.3% experienced one or more ACEs and an expanded ACEs (Chronholm et al., 2015). In addition, 13.9% of participants experienced one or more expanded A presence of conventional ACEs. Therefore, 13.9% of participants would not have scored any ACEs on the conventional ACEs measurement (Chronholm et al., 2015), demonstrating how the expanded version captured a wider, increasingly comprehensive picture of the experience of trauma.

Duke (2019) hypothesized bullying, harassment, and safety perceptions are significantly associated with poor health outcomes, like conventional ACEs. Participants included 126,868 students from Minnesota's public school system in the eighth, ninth, and 11th grades. Minnesota Student Survey includes the conventional ACEs, expanded ACEs, Positive Health Questionnaire (PHQ-2), and demographic information (Duke,

2019). Researchers used a multivariate logistic regression to ensure that each adversity occurrence was significantly associated with positive PHQ-2 (Duke, 2019). Logistic regression models were analyzed for mental health outcomes (positive PHQ-2) to account for covariates that may skew results (Duke, 2019). Findings suggested increased frequency of feeling unsafe and experiences of bullying and harassment were associated with positive PHQ-2 screenings (Duke, 2019).

Although close in number, the expanded ACEs accounted for 3.4% of the students surveyed, which is roughly 4,313 students (Duke, 2019). Furthermore, 61.5% of students reported no ACEs experience and 58.1% reported no experience with expanded ACEs. The expanded ACEs is beneficial for addressing a more comprehensive array of adverse childhood experiences that children and youth face. For children in foster care, expanded ACEs are inclusive of their lived experiences because of the inclusion of community violence and discrimination that the original ACEs does not include.

Rebbe et al. (2018) conducted a longitudinal study using the Expanded ACEs Questionnaire that included specific adverse experiences for foster care youth, including five or more placements or an experience of a failed adoption (Rebbe et al., 2018). Participants included 767 foster youth between 17–17.5 years old. Participants were initially administered the Expanded ACEs Questionnaire and the Young Adult Outcome Questionnaire at ages 19, 21, 23, and 24, and between 25 and 26 (Rebbe et al., 2018). The Young Adult Outcome Questionnaire measured socioeconomic, psychological, and criminal behavior outcomes (Rebbe et al., 2018). A three-class model based on expanded ACEs exposure found low adversity in 58.49% of participants, environmental

adversity in 12.19%, and complex adversity in 29.32% (Rebbe et al., 2018). Youth that had faced environmental adversity, such as witnessing others being killed or experiencing a natural disaster, had higher rates of posttraumatic stress disorder, gang membership, drug and alcohol abuse and selling, and convictions for crimes (Rebbe et al., 2018). In the complex adversity group, 96% experienced neglect from a caregiver and were likelier to have experienced homelessness, five or more depressive symptoms, and criminal behaviors (Rebbe et al., 2018). Low and complex adversity groups were exposed to a similar adverse experience, but the complex group had roughly 3 times the exposure (Rebbe et al., 2018).

Correlated with the higher rates of traumatic experiences, children in foster care have more significant mental and physical health needs than children (Greeson et al., 2011). Furthermore, 80% of children entering foster care have acute mental health needs, with the most common diagnoses of oppositional defiant disorder and conduct disorder, major depressive disorder, posttraumatic stress disorder, and reactive attachment disorder (Engler et al., 2020; Levinson, 2018). As foster youth transition out of care, 60% of former foster youth (FFY) discontinue mental health services within the first month of aging out (McMillen & Raghavan, 2008). Discontinuation of mental health services is more likely to occur when considering two variables: ethnic minority status and geographical location (Sakai et al., 2014). These factors, in conjuncture, perpetuate the issues and foster youth are at extreme risk for adverse long-term outcomes (Deutsch et al., 2015).

Psychotropic Medication

Foster children are disproportionately prescribed psychotropic medication, and this trend continues to increase as more and more children in foster care receive prescriptions (Leon, 2018). The U.S. Department of Health and Human Services analyzed data from 625 foster children from five states with the highest recorded psychotropic drug use for children and found roughly one third of foster children had a prescribed psychotropic medication (Levinson, 2018). Tracking psychotropic medication use for children in foster care is extremely difficult due to inadequate state-to-state monitoring systems (Leon, 2018). Furthermore, inappropriate use of medications, lack of treatment plans and medication management, and negligence of deprescribing all play a part in the growing trend of prescribing psychotropic medication for children (Leon, 2018).

Due to the comparably high level of prescription medications, a growing issue of concern is the lack of continuity in care due to frequent changes in housing and case management. Because foster youth and FFY are not classified as vulnerable populations within the pharmaceutical system, overseeing foster youth's psychotropic prescriptions is ethically messy (Abel et al., 2019). Lambert et al. (2020) interviewed 72 foster youth on psychotropic drugs in 11 focus groups and investigated barriers to appropriate care. Although the focus groups were not asked about pharmacies, the central theme of the interviews was pharmacists intervening in the prescribing process, catching prescription errors and ethical issues, and advocating for foster youth (Lambert et al., 2020). Moreover, findings from Lambert et al.'s interview suggested a significant barrier for foster youth is access to medications. Furthermore, barriers for youth accessing

psychotropic medications included a lack of resources during transitions of care, lack of communication between doctors, social workers, and foster parents, and transportation to obtain medication from the pharmacy (Lambert et al., 2020).

The United Nations 1971 Convention incorporated restrictions on psychotropic drugs in children, such as medically and scientifically necessary medications (Burton, 2010). Furthermore, the terminology medically necessary does equate to psychotropic medication for problematic behavior, according to the 1971 Convention (Burton, 2010). Furthermore, in 1995, the United States implemented cautions and warnings on psychotropic medication to protect the welfare of citizens. Burton (2010) eloquently addressed the scope of the problem when she said:

> The resulting absence of child-specific warnings or cautions as required by the 1971 Convention leaves physicians the risky business of dispensing highly toxic, brain-targeting chemicals to still-developing children, with little more than small scale, anecdotal evidence from short-term experiments for the safety and efficacy of such chemicals. (p. 459)

Therefore, off-label psychotropic medication for foster children breaks the law regarding international human rights (Burton, 2010; Cummings, 2011).

A study analyzing doctor appointments for foster children and youth found 70% of visits were medication changes in the same class of psychotropic medication, 60% of visits included four or more drugs, and 0.33% of visits included no drugs (O’Brien et al., 2020). Physicians face many challenges in treating foster children and youth. Furthermore, there is a lack of resources to deprescribe, sometimes leaving doctors with the ethical dilemma of selecting the best option of poor treatment choices. High

prescribing rates contribute to fragmented care based on demographics and diagnosis. For example, off-label use, treatment plans without evidence-based treatment, and medications before proper psychological evaluation and diagnosis all impact the overprescribing of psychotropic drugs to children in foster care (Leon, 2018). Furthermore, state-to-state laws differ and do not always require practitioners to follow protocols for foster children and other vulnerable children, including those in abusive homes and those with disabilities (Drake, 2019). Twenty percent of children prescribed psychotropic drugs did not receive treatment planning, 23% did not have their medications monitored, and 8% had neither (Levinson, 2018). When various states have required protocols in place, they are often not followed in prescribing foster children with psychotropic drugs (Levinson, 2018).

Although concerns regarding prescribing psychotropic medication to foster children have been on the radar for the last decade, the scope of the problem remains unclear due to poor record keeping. Nevertheless, these estimates cannot be generalized to the foster care population because the study included only five states with the highest level of psychotropic prescriptions for foster children. Although prescribing foster children and youth psychotropic medications is an ethical nightmare, advocacy for foster children remains a high priority within the child welfare system.

Barnett et al. (2020) conducted 24 interviews with physicians on the prescriptions of psychotropic drugs to children. They found there was overprescribing for children at large and few efforts to deprescribe medications. A common theme in overprescribing was internal and external pressures, such as pressure from pharmaceutical corporations and foster parental pressure (Barnett et al., 2020).

Deprescribing—taking someone off a medication—is alarmingly rare for psychotropic medication for children than adults (Barnett et al., 2020). Over half of FFY surveyed disclosed discontinuing psychotropic medications after aging out (McMillen & Raghavan, 2008). Twenty-seven percent of foster youth use psychotropic drugs at age 17, whereas only 15% of FFY use psychotropic drugs by age 19 (Park et al., 2019). The most significant predictor of psychotropic medication use for FFY was behavioral problems associated with mental health (Park et al., 2019). However, behavioral problems for FFY may decrease from personal development of autonomy influenced by the transitioning experience (Park et al., 2019).

The high rate at which psychotropic drugs are prescribed to foster youth creates additional sleep problems for youth when they discontinue medications after aging out. Common side effects of antipsychotics and antianxiety medications are drowsiness (Oswald et al., 2010). When youth age out of foster care and discontinue medications, some struggle to fall asleep (Oswald et al., 2010). Lee and Fusco (2021) interviewed 143 young adults to understand patterns between childhood maltreatment, placement in foster care, lifetime trauma, anxiety, and relations to sleep and insomnia. Results suggested multiple types of child maltreatment and anxiety were significantly correlated (Lee & Fusco, 2021). Sleep problems and traumatic stress correlated to higher foster youth rates than the general population (Lee & Fusco, 2021).

Identity

Identity development is vital for an individual's well-being as it lays a foundation for how one views themselves. Identity development is a challenging and painful undertaking of adolescence; yet, it remains critical for overall development.

Peers and caregivers influence adolescent identity development (Poelker et al., 2016). Culture influences identity development on both a micro and macro level, with individual implications regarding how adolescents construct themselves (Guitart & Ratner, 2011). Identity construction or identity development is an exploration process of personality and values and the formation of self-concept (i.e., how one views themselves; Guitart & Ratner, 2011). Furthermore, self-esteem and self-view are essential for a positive ethnic-racial identity (Guitart & Ratner, 2011). A longitudinal study found parental ethnic socialization significantly influences adolescent ethnic identity exploration (Else-Quest & Morse, 2015).

Children learn who they are through socialization provided by their caregivers (Huguley et al., 2019). Children in foster care have a distinctive socialization and identity development experience because they often experience multiple or inconsistent caregivers (Greeson et al., 2011). Kools (1997) found adolescents in long-term foster care have an unfavorable impact identity development. By assessing foster children's perceptions of foster care and identity development, Kools discovered self-protection and devaluation from others negatively impacted an individual's identity development. Experiences and feelings of not belonging can negatively impact self-esteem and identity development (Pinderhughes et al., 2019). These feelings of displacement may be exacerbated when a child looks different than their family members (Pinderhughes et al., 2019). An adolescent's identity develops through belonging within family systems (Kim et al., 2010). Negative impacts on self-esteem and identity development can lead to mental health and behavioral issues, such as externalizing behavior and internalizing adverse effects (Pinderhughes et al., 2019).

Emerging Adulthood and Identity

Kurt Lewin was the first psychologist to recognize the importance of social identity (Schermerhorn, 1948). Lewin is well known for his theory that behavior is a functional product of environment and personality (Schermerhorn, 1948). Furthermore, Lewin accentuated the importance of group identity on mental health and wellness (Schermerhorn, 1948). Erikson (1980) developed a model of identity and psychosocial development and recognized identity occurs over the lifespan, with a specific identity crisis occurring in adolescents. During each stage, important events influence the outcome of each crisis. For example, the first stage in Erikson's theory of development is trust versus mistrust, beginning at birth and continuing to 18 months old. An important event in this stage of development is feeding because it provides trust to an infant that their needs will be met. Therefore, the outcome of trust over mistrust is hope. The second stage is autonomy versus shame and doubt, occurring from 2–3 years old. The third stage is initiative versus guilt, from 3–5 years old, and the fourth stage is industry versus inferiority, ages 6–11. The adolescent stage between 12 and 18 years old includes identity versus role confusion. In this stage, social relationships are critical in how adolescents view themselves. The following three stages are intimacy versus isolation (occurring from 19–40 years old), generativity versus stagnation (40–65 years old), and ego integrity versus despair (65 through the rest of life).

Marcia's model of identity exploration developed from Erikson's identity and psychosocial developmental model (Marcia et al., 1993). Different from Erikson's identity development model, Marcia's model does not result in identity resolution or confusion (Luyckx et al., 2005; Tatum, 2017). Marcia's model of identity exploration

includes four stages—foreclosure, identity diffusion, moratorium, and identity achievement (Tatum, 2017). Marcia's model measures to which degree an individual has explored and committed to their identity. Foreclosure is the commitment to an identity without exploration of alternate identities (Tatum, 2017). An example of foreclosure is when a teen has the same interests, political stance, and career as their parent. Once they explore alternative identities, an individual cannot return to foreclosure (Tatum, 2017). Identity diffusion is when an adolescent avoids exploring their identity and, therefore, has not committed to it (Tatum, 2017). A moratorium is a painful stage riddled with anxiety where an individual explores alternative identities and questions who they are (Tatum, 2017). The moratorium stage is often considered the exploration stage as it leads to identity achievement. Identity achievement is the commitment to identity after diffusion and exploration (Tatum, 2017). Marcia's identity theory does not just expand on Erikson's theory, it also focuses explicitly on adolescent identity development, while Erikson's focus is on stages of development throughout the lifespan (Tatum, 2017).

Emerging adulthood is a developmental period between adolescence and adulthood (Yang et al., 2017). During emerging adulthood, there is brain development of the prefrontal cortex, generally achieved by around 26 years old (Pharo et al., 2011). The prefrontal cortex is the brain's frontal lobe responsible for emotional regulation, impulse control, decision-making, planning, and personality expression (Pharo et al., 2011). The prefrontal cortex is important because it separates humans from other animals, gives them the ability to plan for the future, and controls impulses. During emerging adulthood, individuals are more impulsive and take more significant risks than adults (Pharo et al., 2011). Emerging adults experience more identity stress than adolescents

(Palmeroni et al., 2020). Identity formation in emerging adulthood occurs during increased uncertainty, confusion, and distress (Palmeroni et al., 2020).

Ethnic Identity

Early childhood experiences of perceived discrimination increased the likelihood of internalizing and externalizing behavioral issues throughout development (Marcelo & Yates, 2018). However, above-average ethnic identity aids as a protective factor against perceived discrimination (Marcelo & Yates, 2018). Therefore, parental racial socialization moderates the discriminatory stress and experiences of the discriminatory event (Leslie et al., 2013). Additionally, racial socialization protects against high-stress levels from discrimination (Leslie et al., 2013). Therefore, developing a positive ethnic identity can help FFY overcome adversity. In contrast, the negative development of ethnic identity can damage an individual's self-esteem and lead to several poor mental health outcomes.

Racial Disparities

Black or African American children are overrepresented in foster care, making up 20% of foster children, although they only represented by 14% of the general population (AFCARS, 2022; Dettlaff & Boyd, 2020). In 2000, Black or African American children accounted for 38% of foster children, influencing legislative reformations to address systemic racism within the child welfare system (Dettlaff & Boyd, 2020). Black children and youth are disadvantaged at every stage of the child welfare system. They are more likely to be reported to child protective services CPS, investigated by CPS, and taken into foster care (Dettlaff & Boyd, 2020). Once in foster care, Black children are less likely to be reunited with their families, have longer

durations in care, and are less likely to be adopted than White children (Dettlaff & Boyd, 2020). In 2007, the U.S. Government Accountability Office researched why Black children were overrepresented (Dettlaff & Boyd, 2020). Results indicated lower socioeconomic status among Black families mainly contributed to overrepresentation. However, the second contribution was child welfare biases, and the third was the lack of kinship care, defined as staying with a relative instead of being placed in a foster family (Dettlaff & Boyd, 2020). During the COVID-19 global pandemic, the murder of George Floyd echoed throughout the country. For African American FFY and youth in foster care, this experience was personal as they have experienced living through the systemic oppression within the foster care system that overrepresents Black youth.

Aging Out of Foster Care

Records have shown 214,971 children exited foster care in 2021 (AFCARS, 2022). Of the youth exiting foster care, 19,347 foster youth were emancipated (AFCARS, 2022). The child welfare system defines emancipation as not qualifying for foster care services due to age (AFCARS, 2022). In the legal system, emancipation requires proof that one can care for oneself. The age requirement for aging out differs from state to state, ranging from 18–26 years old, depending on the extended foster care program (Park et al., 2020). However, to maintain foster care services over 18, a teen must qualify for services, typically including enrollment in education or employment (Park et al., 2020).

Social Support

Social support is a critical protective factor for teens aging out of foster care (Lee et al., 2018). Blakeslee and Best (2019) interviewed 22 adolescents in foster care to

understand personal experiences and potential barriers to support networks. Barriers to support included interpersonal difficulties, dysfunctional family relationships, lack of informal relationships, and inadequate support from caseworkers (Blakeslee & Best, 2019). Over 50% of the sampled youth reported struggles opening up and trusting others, leading them to become overly self-reliant (Blakeslee & Best, 2019).

Formal and informal support protect FFY against adverse experiences (Melkman, 2017). Formal support is considered support through the government and agencies, whereas informal support is provided by friends, family, or community members. ACEs are determined to provide social support in FFY. More specifically, ACEs limits the ability to acknowledge support networks available (Melkman, 2017). Many youths exit foster care with fractured relationships, resulting in increased self-reliance (Jones, 2014). Self-reliance is reinforced through extended foster care policies, such as only being able to qualify for services if working or enrolled in school full time. In other words, FFY only qualify for services if they are already self-reliant. Moreover, the policies FFY rely on harvest self-reliance through self-sufficiency, often damaging their potential for social support networks (Curry & Abrams, 2015). Self-reliance can stem from the belief that adulthood means self-reliance and not asking others for help (Berzin et al., 2014).

Having a mentor is a predictor of social support when transitioning out of foster care. Greeson (2020) interviewed emerging adults aging out of foster care during the COVID-19 global pandemic and found 14% did not have a mentor or relatively no social support, 20% had a mentor through an organization, and 28% had mentors developed naturally through relationships. Practical support, such as mentors who

provide guidance, is the most crucial support for FFY's well-being, even more than emotional support (Melkman, 2017). Social support mediates the risk of homelessness and food insecurities for FFY (Curry & Abrams, 2015; Melkman, 2017).

Identity in Relation to Foster Care

Although FFY share some challenges of emerging adulthood with nonfoster youth, a key distinction is how support is viewed (Berzin et al., 2014). FFY view being in foster care as reliant on the child welfare system and associate it with childhood, whereas emancipation from foster care means being an adult and self-reliant (Berzin et al., 2014). This dichotomous thinking makes FFY feel like they are between childhood and emerging adulthood due to involvement in foster care (Berzin et al., 2014).

Food and Housing

Most FFY need additional support to avoid food insecurity (Kinarsky, 2017). In California, roughly 55% of FFY are food insecure, and 72% are without savings to pay subsequent months' bills (Courtney et al., 2018). Financial assistance prevents FFY from food insecurities (Huang et al., 2021). Nearly 20% of foster youth aging out of foster care at 18 years old become homeless instantly (NCSL). Additionally, 29% of FFY experience homelessness by age 21 (Kelly, 2020).

The odds of African Americans FFY experiencing homelessness is roughly twice as likely within the first year of aging out (Shah et al., 2016). At age 21, 42% of FFY have had at least one experience with homelessness. Of the FFY in California that experienced homelessness, 20% had five or more experiences with homelessness (Courtney et al., 2018). National data reports showed in 2018, 79% of homeless FFY were no longer in extended foster care or receiving resources (NCSL). Youth placed in

group homes and youth in the juvenile justice system are significantly more likely to experience homelessness (Kelly, 2020; Shah et al., 2016). Protective factors against homelessness include social support, financial support, and a high grade point average (Shah et al., 2016). Still, when a teen obtains affordable housing, it is not necessarily safe or stable (NCSL). Extended foster care through age 19 is a protective factor for homelessness (Huang et al., 2021). However, housing resources training and risk prevention training are risk factors for FFY homelessness (Huang et al., 2021).

Employment and Financial Stability

By age 24, roughly half of FFY will have stable employment (Courtney et al., 2018). However, FFY has lower lifelong earnings than adults not in foster care, and findings remain consistent across the lifespan (Courtney et al., 2018). In 1980, 32% of individuals 22 or younger were financially independent (PEW, 2019). In 2019, only 24% of individuals 22 years or younger were financially independent, despite 64% of Americans saying they should be independent (PEW, 2019). Additionally, 59% of parents said they have financially helped their kids from ages 18–29 in the past year (PEW, 2019). Parents often help their children with recurrent housing expenses and education costs (PEW, 2019). Over the last 4 decades, the median salary for adults 18–29 grew from $26,758 in 1980 to $30,000 in 2019; yet, the cost of living has drastically increased (PEW, 2019). Although most young adults receive financial support from parents until age 29, at best, FFY can receive state assistance until age 26.

Education

FFY graduate high school at significantly lower rates than the general population (Courtney et al., 2018). FFY graduate college with low concentration and less than 3%

attain a college degree in their lifetime (Courtney et al., 2018). Yet, 70% of FFY desire to attend college within their lifetime (Courtney et al., 2018). Kids Alliance Survey found 75% of foster children were below grade level in school (Rodgers & Tenner, 2016). By Grade 11, 5% were proficient in math and only 20% in English (Rodgers & Tenner, 2016). They were not only less likely to attend or graduate college but were often far less prepared. With each new foster care placement, youth lose roughly 4–6 months of education and fail to catch up (Kovarikova, 2017). Early school engagement positively correlates with academic achievement, and self-esteem increases school engagement (Mihalec-Adkins & Cooley, 2019). Social support is a protective factor, and mentorship increases grades and decreases dropout rates (Huang et al., 2018). FFY struggle to stay enrolled in college when balancing finances, mental health, and self-sufficiency (Huang et al., 2018).

Criminal Justice System

Youth who have aged out are more likely to be involved with the criminal justice system. One out of four youth in foster care, 17 and older, have experience with the criminal justice system. One out of three FFY ends up in the criminal justice system by age 21. White foster youth comprise 5% of the juvenile justice system compared to 11% of Black foster youth (Goodkind et al., 2020). Black youth are disproportionately overrepresented in foster care, which remains the case in juvenile and criminal justice systems. Risk factors for FFY involvement in the criminal justice system include placement instability, group home placements, history of running away, exposure to ACEs, and mental health and substance abuse treatment (Crawford et al., 2018; Goodkind et al., 2020). Furthermore, FFY are more likely to receive a felony during

sentencing when enrolled in substance abuse and mental health treatment (Crawford et al., 2018). Most emerging adults decrease risk-taking and offending; however, FFY has increased vulnerabilities to chronic offending (Yang et al., 2017).

Legislation

The Affordable Care Act of 2014 granted FFY insurance until age 26; however, many barriers to mental health care remain (Sakai et al., 2014). One significant barrier remains regarding the emphasis on self-reliance, which results in a lack of perceived need for mental health treatment (Sakai et al., 2014). Furthermore, self-stigma regarding mental illness in foster youth is often exacerbated by public stereotypes, which is an additional deterrent to seeking mental health care (Villagrana et al., 2017). Other barriers include a lack of knowledge regarding insurance eligibility, housing instability, logistics of scheduling and transportation, poor experiences with counseling and mental health services, long waitlists, lack of providers, and affordability (Sakai et al., 2014).

COVID-19 Global Pandemic

COVID-19 is a deadly respiratory virus that has killed more than 4 million people worldwide (Ruff & Linville, 2021). As an RNA virus, the COVID-19 virus differs from any other virus humans have experienced, transmitting much faster (Velavan & Meyer, 2020). On January 30, 2020, the World Health Organization (WHO) declared a global health emergency after continuing rising cases of COVID-19, a novel virus in China (Velavan & Meyer, 2020). On March 11, 2020, the WHO declared COVID-19 a pandemic (Ruff & Linville, 2021). The United States was exceptionally impacted, with over 34 million cases and 609,000 deaths (Velavan & Meyer, 2020). On March 13, the United States declared COVID-19 a national emergency, making

emergency funding accessible (Velavan & Meyer, 2020). In the meantime, states took COVID-19 precautions into their own hands, mandating lockdowns and stay-at-home orders to reduce the rapid spread of COVID-19 (Velavan & Meyer, 2020). The impact of COVID-19, including the lockdowns in the United States, was widespread, threatening job, housing, and food security for millions of Americans (Ruff & Linville, 2021; Velavan & Meyer, 2020). The uncertainty of basic needs, such as food and shelter, in combination with social isolation, led to several poor physiological outcomes for the general population (Serafini et al., 2020).

The psychological effects of the COVID-19 global pandemic were like those seen from a natural disaster (Gunessee & Subramanian, 2020). The COVID-19 global pandemic was a prolonged natural disaster, unlike anything humans have experienced in recent history. Similar to the effects of natural disasters, limited and sometimes inaccessible health care for nonemergency needs increased anxiety levels around the uncertainty of access to care if needed. Since the onset of the COVID-19 global pandemic, there has been a national increase in anxiety, depression, and suicide (Gunessee & Subramanian, 2020; Serafini et al., 2020). The psychological impact of the COVID-19 quarantines on the general population includes significant increases in anxiety, distress, anger, isolation, and boredom (Gunessee & Subramania, 2020). Pervasive anxiety is directly related to insomnia, fatigue, and rescued performance (Gunessee & Subramania, 2020). For FFY with experiences of uncertainty throughout their lives, the COVID-19 global pandemic and social isolation resurfaced pervasive familiar feelings of anxiety (Amechi, 2020). Although the physical and psychological effects of the COVID-19 global pandemic impacted the general population, individuals

with previous mental illnesses had poorer responses to quarantine, including FFY (Amechi, 2020; Browing et al., 2021).

Universities and college campuses responded to quarantine and shelter-in-place orders by closing dormitories (Browning et al., 2021). Students traveled home to quarantine with their parents, and FFY fell through the cracks during this crisis, with many reporting living in their cars and experiencing homelessness (Amechi, 2020). FFY living in their cars depended on grocery stores and shelter programs to meet their basic needs, increasing their exposure to COVID-19 (Amechi, 2020). As a result of pervasive anxiety about meeting basic needs, FFY experienced disengagement in online education (Amechi, 2020; Browning et al., 2021). For FFY living in apartments, legislation protected them from eviction during the lockdown (Amechi, 2020). FFY enrolled in college had increased vulnerability to homelessness during the lockdown because college campuses closed, and many FFY became instantly homeless (Amechi, 2020; Browning et al., 2021).

COVID-19-related layoffs disproportionately impacted working-class communities, including FFY (Blustein et al., 2020). Seven hundred thousand jobs were lost in the 1st month of the COVID-19 global pandemic (Fitzpatrick et al., 2020). Before the COVID-19 global pandemic, FFY earned roughly half the salary compared to non-FFY (Rosenberg & Kim, 2018). With only 50%–75% of FFY employed, more than half of FFY work in the service sector (Rosenberg & Kim, 2018). Furthermore, FFY employed in the food and restaurant industry were considered essential workers, further increasing their exposure to the COVID-19 virus (Lund et al., 2021). For FFY who could maintain employment, hours were decreased, making it challenging to file for

unemployment benefits (Blustein et al., 2020). One study found 37% of FFY participants experienced challenges related to schooling or job training (Ruff & Linville, 2020).

Ruff and Linville (2020) published preliminary findings analyzing FFY experiences during the COVID-19 global pandemic and found 21% of FFY were extremely concerned about their psychological health. One participant spoke of being unable to work at the hospital due to a lack of personal protective equipment to protect them from autoimmune concerns (Ruff & Linville, 2020). Furthermore, they reported a loss of financial stability and higher accounts of interactions with others due to unstable housing and lack of familial support, resulting in the reliance on staying with friends for short durations. A different participant spoke of the challenges of becoming instantly homeless when foster care housing programs were shut down and the intersectionality of struggles between being unable to shower at the gym, go to friends' homes or use public restrooms. They spoke of sleeping at a bus stop because they had no car or anywhere to go with housing programs shutting down. Another theme that surfaced from Ruff and Linville was FFY's desire to help other youth in foster care or youth who have aged out during the COVID-19 global pandemic. On the other hand, 32% of participants reported they had not been impacted or positively impacted by COVID-19 and stay-at-home orders (Ruff & Linville, 2020). One participant described their experience in foster care as preparing them to handle the uncertainty of the COVID-19 global pandemic.

Larson et al. (2020) investigated emerging adults' experiences during the COVID-19 global pandemic concerning food insecurity, unsafe neighborhoods, and discrimination. Participants included 218 emerging adults from Minnesota during a stay-

at-home order in April–May 2020 (Larson et al., 2020). Using rapid response surveys through emails and text messages, participants were administered the U.S. Household Food Security Survey Module and asked open-ended questions to measure food insufficiency, eating behaviors, and discrimination (Larson et al., 2020). The results indicated approximately 28% of participants experienced food insecurity in the last year, and 12% experienced food insufficiency in the past month (Larson et al., 2020). Moreover, in December 2019, before the COVID-19 global pandemic, 5.5% of the United States population was food insecure (Larson et al., 2020). Food-insecure participants were significantly more likely to experience discrimination and feel unsafe in their neighborhood (Larson et al., 2020). Additionally, 41% of participants reported feeling hungry and eating less due to food insecurity and lack of money (Larson et al., 2020). Food-insecure adults were significantly less likely to purchase or eat fresh fruit and vegetables (Larson et al., 2020).

In highlighting the intersectionality of vulnerabilities for FFY that contribute to food insecurity, it is clear race, ethnicity, and socioeconomic status contribute to food insecurity (Fitzpatrick et al., 2020). For example, over 60% of Black individuals and 75% of Native American individuals reported food insecurity compared to 50% of White individuals (Fitzpatrick et al., 2020). Programs that provide food to low-income communities have experienced a 50%–75% increase in customers (Fitzpatrick et al., 2020). Individuals with a history of depression and anxiety had greater rates of food insecurity during the COVID-19 global pandemic (Fitzpatrick et al., 2020). FFY had greater rates of mental illness, fear of uncertainty from past experiences, and less wealth

acquired compared to the general population (Fitzpatrick et al., 2020; Larson et al., 2020).

COVID-19 and Legislation

During the COVID-19 global pandemic, some states passed emergency legislation to ensure foster youth have access to continued resources. On a federal level, H.R. 7947, the Supporting Foster Youth and Families through the Pandemic Act, was presented to Congress on August 7, 2020, but had yet to receive a vote in 2021 (GovTrack.us., 2021). This bill included increased funding for FFY through federal programs, temporarily preventing youth from aging out during the COVID-19 global pandemic, expanding emergency funding for court improvement and family stability programs, and increasing medical assistance in the child welfare system (GovTrack.us., 2021).

Bills that do not receive a vote are cleared at the end of Congress rotation every 2 years. Furthermore, H.R. 7947 was removed from Congress on January 3, 2021 (GovTrack.us., 2021). Although it is different in every state, the 28 states offering extended foster care require the young adult to enroll in school or a job training program. Some states passed emergency legislation to extend foster care until the age of 19, although other states extended it until the age 21 (Park et al., 2020). However, for FFY that aged out before the COVID-19 global pandemic, even fewer resources were accessible (Park et al., 2020). Although FFY may have qualified for social services assistance during the COVID-19 global pandemic, research is needed to understand the experiences of FFY to guide both short-term and long-term resources for FFY. Although government assistance was available during the COVID-19 global pandemic, the

continuation of support for FFY was needed for FFY to live independently in the community (Amechi, 2020).

Summary

FFY are disadvantaged in overall health and development (Bruskas, 2008; Greeson et al., 2020). FFY remained a forgotten population during the COVID-19 global pandemic (Amechi, 2020). Before the global pandemic, transitioning foster youth were at risk for poor mental health outcomes, food insecurities, homelessness, lack of higher education, unemployment, and involvement with the criminal justice system (Cronholm et al., 2015; Deutsch et al., 2015; Engler et al., 2020; Turney & Wileman, 2016). Adverse experiences stay with foster youth as they navigate life after aging out of foster care, and transitioning foster youth have often reported lacking the life skills to live independently. For example, resources for transitioning youth can include housing, transportation, and food, and many of these teens do not know the skills of cooking, managing money, or paying bills (Melkman, 2017). Although resources are available for foster youth transitioning out of care, resources may be unknown, inaccessible, and limited.

Significance of Research

Many advocates have raised concerns about the impact of aging out of foster care with inadequate resources throughout generations. Emerging adulthood is a tough transition for youth as they begin to figure out who they are and form their identity (Mulkerns & Owen, 2008). Short- and long-term care coordination was needed for FFY to meet their basic needs during the COVID-19 crisis (Ruff & Linville, 2021). Research has evaluated youth’s perspective of aging out of foster care qualitatively and

quantitatively. However, few studies have focused on personal experiences of FFY in relationship to the lived experiences of the COVID-19 global pandemic. Qualitative research to understand personal experiences of foster care, aging out of care and the COVID-19 global pandemic is needed to truly understand this population's lived experience. The present study aimed to understand the lived experiences of FFY and lived experiences during the COVID-19 global pandemic.

Chapter 2

Methodology

Qualitative research was used to allow for deeper understanding of former foster youth (FFY) experiences aging out of foster care and personal responses to the COVID-19 global pandemic. The applicability of transcendental phenomenological research is described and the participants, measures, procedures, and ethical concerns are discussed. A qualitative study explores complex phenomena undergone by an identified population (Vaismoradi et al., 2013). Thus, qualitative research was appropriate to understand the personal experiences of FFY in depth and interpret participants' experiences (Tobin & Begley, 2004). The present study used Moustaka's phenomenological data analyzing procedure study to explore the experiences of FFY.

Philosophical Worldview

Phenomenological research is a type of philosophical research that studies phenomena through the subjective perspective of participants. Transcendental phenomenology was defined by the father of phenomenology, Husserl, as a qualitative research process aimed at understanding the pure essence of experiences (Neubauer et al., 2019). Phenomenological studies provide an in-depth, detailed, objective description of experiences of a specific population (Yüksel Arslan & Yildirim, 2015).

Transcendental phenomenology was applied through intentionality, phenomenological reduction, noesis, noema, and horizon. Intentionality is the principal fundamental principle of phenomenology and is understood as consciousness in terms of an individual's awareness (Neubauer et al., 2019). Noesis is defined as thinking about or interpreting information, whereas noema is the thing that is considered about. The

horizon is living in the moment or the present experience; because one cannot suspend biases in the moment, the horizon cannot be bracketed (Neubauer et al., 2019). Additionally, the philosophical understanding of the horizon suggests the entire experience can never be seen; and therefore, it cannot be bracketed. The goal is to understand the meaning of a phenomena subjectively and intuitively. Phenomenological transcendental methodology was selected to study the conscious experience and lived experience of FFY. Transcendental phenomenological research is appropriate to understand the experiences of FFY and how they each responded to the COVID-19 global pandemic.

Interview Questions

In-depth semistructured interviews composed of open-ended questions were completed with each participant individually. Because phenomenology is the study of experience, the research questions were about experience and not perspective, thoughts, or opinions of participants (Neubauer et al., 2019). Although perspectives, thoughts, and opinions are part of an individual's experience, phenomenology requires studying only experience and, therefore, questions must be limited to the experiences of FFY. Open-ended questions were used with follow-up questions when appropriate, all of which focused on the participant's experience. Participants began by completing a demographic questionnaire that included questions about age, race and ethnicity, socioeconomic status, relationship status, employment, housing status, conviction history, education level, age at entering and exiting foster care, number of foster homes and group homes; the Expanded Adverse Childhood Experiences (ACEs) Questionnaire; and informed consent to participate in the study (see Appendix A). The demographic

questionnaire aided in verifying eligibility to participate in the study and insight of participants experiences when themes were analyzed. After determination of eligibility and informed consent, the researcher scheduled interview times via Microsoft Team and asked interview questions and follow-up questions. All participants were asked the same questions, however, clarifying questions may differed slightly to fully grasp the participants' personal experience. This study purpose was to understate individual experiences of FFY and personal responses to the COVID-19 global pandemic, through the following research questions:

1. What was your experience in foster care?
    - Could you briefly describe your experience in foster care?
    - What is your experience with mental health?
    - In what ways do you believe your experience foster care impacted you?
    - Could you provide an example?
2. What was your experience aging out of foster care?
    - What was your experience of support transitioning out of care?
    - What was the most challenging aspect of aging out of care?
    - Could you provide an example?
3. What was your experience navigating life after aging out?
    - What was your experience balancing responsibilities (e.g., housing, employment, school, self-care)?
    - What do you wish others knew about aging out of foster care?
    - Could you provide an example?
4. What was your experience navigating the COVID-19 global pandemic?

- How were you impacted by COVID-19?
- What was your experience with social support during quarantine?
- What changes occurred in your life after COVID-19 global pandemic began?
- How was your experience during the COVID-19 global pandemic shaped by aging out of foster care?
- Could you provide an example?

Population and Sample

Participants included six individuals who identified with various ethnicities (i.e., Black, White, Biracial, Asian, and Hispanic), between the ages of 21 and 25. Participants were eligible if they (a) had a minimum of 1 year in foster care before aging out of care, (b) were between the ages of 18 and 28 to avoid cohort difference in experience, and (c) were English speaking to avoid any language barriers that could have led to misunderstanding due to the researcher's language. Individuals under the age of 18, those who spent less than 1 year in foster care, those who did not age out of foster care, or those who aged out of care outside of the United States were excluded from this study. Participants volunteered and received a $20 Amazon gift card as an incentive.

Research Design and Methodology

Measures

Immediately after each interview, fieldnotes of the researcher's personal thoughts, reactions, feelings, and impressions were recorded. Using bracketing, the researcher's personal biases were accounted for and set aside to maintain objectivity. With personal biases aside, the researcher can discover the true essence of experiences

without the researcher's subjectivity. Additionally, behavioral observations of each participant were recorded in the fieldnotes, including concentration, speech, attention, affect, cooperation, and rapport after completion of the interview.

Data Collection Process and Procedures

Participants were recruited through Facebook support groups focused on FFY. Quota sampling was used, with an aimed sample size of five to nine participants (Dworkin, 2012). Recruitment post for the study via Facebook support groups for FFY included the following information:

- The researcher's email
- A description of the study
- Inclusion criteria for eligibility to participate
- Outline of interview process and time commitment
- Potential risks associated with the nature of the interview subject
- The incentive for participation ($20 Amazon gift card)

Procedures

Participants who were interested in participating in the study emailed the researcher to express interest. The researcher promptly sent the demographic Qualtrics link to the potential participant, which included demographic questions, the Expanded ACEs, and informed consent. Upon completion of the demographic questionnaire, confirmation of eligibility, and informed consent, participants scheduled a time to meet virtually with the researcher. Participants were interviewed remotely using the HIPAA-Compliant videoconference system, Microsoft Teams. Prior to beginning the interview, participants were informed of their right to discontinue the interview at any point

without any reverberation (see Appendix B). Although already signed prior to the interview, the researcher went over informed consent verbally including risk and benefits of participation (see Appendix C). At the scheduled interview time, participants were provided with an opportunity to ask questions or share concerns regarding informed consent or any other aspect of the interview process.

Data Analysis

The data were analyzed following Moustakas's phenomenological data analyzing procedure (Yüksel Arslan & Yildirim, 2015). Interview audio recordings were transcribed throughout the interview using Microsoft Teams built in transcribing feature. The first phase of Moustakas's data analysis, phenomenological reduction, includes five steps. In the first step—horizontaling—the researcher investigated verbatim transcriptions, eliminating overlapping and repetitive statements and the use of filler words such as, "uhs" and "ums." The edited transcript, after the elimination of repetitive statement and filler words is called the horizon. In the second step, reduction of experience to the invariant consistent, the research clustered the horizons into themes. Themes are organized and labeled to ensure each theme has a single meaning.

Next, the researcher used thematic clustering to create core themes of the experiences of aging out of foster care and the impact of the COVID-19 global pandemic. In this step, the research clustered individual participant themes into core themes. The fourth step required the researcher to compare core themes to other sources of data, such as, observations and field notes, and literature to verify clear representation of themes. The last step of phase one, the researcher created a narrative that explains the

participants' perceptions and core themes. Moreover, the researcher included verbatim excerpts from interviews to support and explain perceptions and core themes.

The next phase of Moustakas's (1994) data analysis called imagination variation, included two steps. The first step required the research to imagine how experiences of core themes occurred and then created detailed descriptions to explain them (Yüksel Arslan & Yildirim, 2015). This process was repeated to have a description for each interview transcription. The purpose of this step is to alter explanations from varying perspectives and challenge the subjectivity of the researcher. The second step, construction of composite structural descriptions, required the researcher to incorporate descriptions from each participant interview into a combined structure that explained the overall experience of the phenomenon (i.e., aging out of foster care and navigating the COVID-19 global pandemic). The researcher added to each explanation which helped to understand experiences of the phenomenon.

The last phase Moustakas's data analysis has one step—synthesizing the texture and structure into an expression (Yüksel Arslan & Yildirim, 2015). In this step, the researcher listed themes for each participant. Additionally, the researcher organized two narratives for each participant, describing both the texture or what occurred (i.e., noema) and the structure or how it occurred (i.e., noesis). Next, synthesis of both narratives created themes for the group of participants. Then, the researcher completed composite narratives that represented the group in third person (Yüksel Arslan & Yildirim, 2015). The goal of this step was to gain the essence of the experience of aging out of foster care and navigating the COVID-19 global pandemic.

Validity and Reliability

Inter-Rater Reliability. To increase inter-rater reliability and ensure accurate coding of themes, another researcher was asked to recode portions of each transcript. The purpose of a second coder is to ensure inter-rater reliability between themes. Furthermore, each theme was supported by direct quotes from the participants' transcripts.

Bracketing and Horizontaling. The use of bracketing was used to increase validity by avoiding making personal judgments throughout data analysis (Neubauer et al., 2019; Yüksel Arslan & Yildirim, 2015). After the researcher edited the transcript, participants were emailed a copy of their transcripts to ensure that the transcript and horizons are accurate. Consultation with participants on the accuracy of the transcript is a process known as respondent validation (Neubauer et al., 2019). The researcher welcomed and allowed for any additions or corrections of the transcript. The participants corrections to the transcripts served to validate the accuracy data derived from the transcript (Yüksel Arslan & Yildirim, 2015).

Privacy and Security

The interviews were audio recorded through Teams and saved to an encrypted and password-protected file on the researcher's personal OneDrive. Within 48 hours the Teams transcript was downloaded to the researcher's personal password-protected external hard drive and stored in a locked filing cabinet that only the researcher has access to. Immediately after the transcript was downloaded, the Teams recording will be deleted from OneDrive. To ensure the confidentiality of all participants, their real names were not used, and a pseudonym was appointed.

Summary

Transcendental phenomenology requires understanding the experience. Therefore, data analysis is not used as a term to break down experiences into parts and phenomenological illuminates the phenomenon. The goal was to understand the essence of the entirety of experience, without the influence of the researcher's biases. Instead, the goal is to immerse into the participants experience as if it were the researcher's own experience. Phenomenological reduction is the intentional use of bracketing, the researcher suspends personal biases and views the content of research as novel because the goal of this approach is understanding the pure essence of experiences. Although all humans are bias, through the process of bracketing, consultation, and supervision, the research is continuously trying to eliminate personal biases.

Chapter 3

Findings

This chapter explores in depth the lived experiences and considerations of six former foster youth (FFY) over age 18 who aged out of foster care during the COVID-19 global pandemic in the United States. The interviews were conceptualized through Moustakas's (1994) phenomenological data analysis procedure, which had three phases: phenomenological reduction, imagination variation, and synthesizing (Yüksel Arslan & Yildirim, 2015). The goal of the current study was to understand the lived experience of each participant (i.e., phenomenological reduction), establish similarities between participant's experiences (i.e., imagination variation), and cluster similarities into themes that represent the experience of FFY (i.e., synthesizing; Yüksel Arslan & Yildirim, 2015).

The qualitative analyses of six semistructured interviews examined FFY's thoughts and lived experiences related to aging out of foster care during the COVID-19 global pandemic. The research investigated themes and subthemes regarding participants lived experiences of foster care, aging out of care, and navigating the COVID-19 global pandemic. The nature of Moustaka's data analysis requires objectivity, and therefore, no hypotheses were developed prior to the analysis (Yüksel Arslan & Yildirim, 2015). Interviews were focused on drawing out emotions, thoughts, and worldviews to clarify how foster care has impacted their identities.

The first inquiry of the research was to determine the lived experience in foster care as children and adolescents. The second inquiry was focused on the experience of aging out of foster care. A significant portion of each interview was focused on personal

perceptions of challenges and determining their ability to function in daily life. The last inquiry of the study was how the experience of foster care, and aging out of foster care, impacted participants' during the COVID-19 global pandemic. Much of each interview focused on deeply understanding, empathizing, and discerning how aging out of foster care impacted FFY's experience and ability to function in everyday life during the COVID-19 global pandemic.

Participant Demographics

The participants included six FFYs who were at least 18 years old and older and who consented to participate in the study. Three of the participants identified as cisgender women and three participants were cisgender men. Their ages ranged from 21–*25* (*M* = 22.8). The racial groups of the participants were Black, White, Asian, and biracial. The ethnicities reported were African American, Korean American, White, and African American/White. All participants aged out of foster care during the COVID-19 global pandemic. All participants aged out of foster care in the United States. At the time of the interviews, four participants were single, one was divorced and in a long-term relationship, and one was engaged. Only one participant was unemployed and three worked in the food industry, one in retail, and one in athletic training. Two participants had legal charges/convictions, and four had no legal history. The participants reported different highest education levels, including 10th grade, GED, high school diploma, and bachelor's degree. All participants entered foster care between the ages of 2–13 (*M* = 7). The number of foster homes ranged from 1–8 (*M* = 3.3), the number of group homes ranged from 0–3 (*M*= 1.7), and the total number of combined homes, including foster and group, ranging from 2–11 (*M* = 5). Current housing situations for the participants

were renting with friends or roommates, renting with significant other, and staying with a former foster family. The participant's adverse childhood experiences (ACEs) scores ranged from 3–10 ($M = 7$), and their expanded ACEs scores ranged from 9–16 ($M = 13.2$). To protect participants' confidentiality, their real names were not used, and instead, participants were given pseudonyms. See Table 1 for participant demographics.

Table 1

Participant Demographics

Variables	Participants					
Name	Evan	Janae	Phil	Amara	Ezra	Ali
Age (years)	25	21	23	23	22	23
Race	Black	Biracial Black/White	Black	White	Asian	White
Gender	Male	Female	Male	Female	Male	Female
Relationship status	Single	Single	Single	Divorced	Engaged	Single
Employment	Sports trainer	None	Retail	Food and service	Food and service	Food and service
Legal convictions	None	None	None	3	8	None
Education	GED	High school	High school	GED	10th grade	Bachelors
Age entering foster care	3	13	2	13	3	8
Age exiting foster care	18	20	18	18	16	19
Number of foster homes	2	1	3	3	8	3
Number of group homes	3	0	2	2	3	0
Total number of placements	5	1	5	5	11	3
Current housing	Renting roommates	Foster family	Renting roommates	Renting spouse	Renting spouse	Renting roommates

Note. This table demonstrates participant demographic information that was provided as a self-report at the time of screening for eligibility. Common characteristics include age of participants between 21 and 25 years of age.

ACEs

ACEs are defined as traumatic experiences in childhood. Adverse experiences include physical, emotional, and sexual abuse; neglect; and family dysfunction. The ACEs study is a landmark research study conducted by Kaiser Permante and the Center for Disease Control and Prevention, which found traumatic events in childhood have devastating effects on mental and physical health later in life (Cronholm et al., 2015; Rebbe et al., 2018).

The expanded ACEs builds upon the original ACEs study to include a broader definition of adverse experience in childhood. Expanded adverse experiences incorporate traumatic events such as, community violence, racism, poverty, discrimination, social inequality, chronic stress, and involvement in the child welfare system (Cronholm et al., 2015; Rebbe et al., 2018). Although the original ACEs study focused on impacts of specific types of traumatic experiences on physical and mental health outcomes, the expanded ACEs incorporate a comprehensive and holistic approach to understanding the impact of adverse experiences on health outcomes.

FFY have increased rates of ACEs, and many FFY have experienced traumatic events which led to their involvement in the child welfare system. Additional adverse experiences in foster care include placement disruptions, failed adoptions, and overall instability. Aging out of foster care can be a traumatic experience if not provided

resources and mentorship to support FFY. Youth aging out of foster care scored significantly higher on the expanded ACEs than younger foster children (Rebbe et al., 2018). Understanding expanded ACEs for FFY is important to guide community, physical health, and mental health interventions. See Table 2 for participants' ACEs.

Table 2

Participant ACEs

Variable	Evan	Janae	Phil	Amara	Ezra	Ali
ACEs	8	3	4	9	8	10
Expanded ACEs	12	9	13	14	15	16
Difference between ACEs and expanded ACEs	-15%	26%	41%	-2%	14%	0%

Note. For the variable of differences between ACEs and expanded ACEs, 0% represents no difference (e.g., between ACEs score and expanded ACEs score), -15% represents higher ACEs than expanded ACEs, and 41% represents higher expanded ACEs than ACEs. Participants completed ACEs and expanded ACEs as a self-report measure at the time of demographic and eligibility screening.

Descriptions of the Participants

Evan

Evan was a 25-year-old, single, cisgender man. Evan was unsure if he was born in the United States, and he identified as African or Black. The highest level of education he obtained was a general education degree (GED). He worked as an athletic trainer in the mountain west region of the United States. He lived with his friend in a

rented apartment. Evan did not have any legal charges or convictions. Compared to other participants, Evan seemed to have a higher level of acceptance of his experience, highlighted when he said, “It wasn’t easy, but it is what it is, and I just gotta find a way out, whether that be through my mental condition or physical health, gotta keep a positive mind,” and “Not having parents is the hand I was dealt, I gotta play it, or throw the hand away and draw new cards.” Evan reported he was unsure if he was born in the United States and explained his child welfare documents state he was found at a fire station at 3 years old. He did a genetic test and discovered his heritage was Ethiopian and Kenyan. Evan wondered if his parents left him when they were deported, which he expressed by stating, “It’s a fairly common thing for immigrant parents, they made it this far trying to give their kid a better life, why give up.” Although, he also said, “I don’t really know if my life is better in America, hard to know from my own mindset,” and “I truly want family, I wish I knew my family, it seems everyone else has a family.” Evan aged out of foster care at age 18 and he did not enroll in any extended foster care. His ACEs score was 8, and his expanded ACEs score was 12.

Janae

Janae was a 21-year-old, single, cisgender woman. Janae was born in the United States and identified as biracial, both Black and White. Janae graduated high school and earned a high school diploma. Janae was unemployed and lived in the northeast region of the United States. Janae entered foster care at age 13 and aged out at 20 years old. She was in extended foster care from age 19 to 20. Janae only had one foster home where she resided at the time of the interview. Janae was never legally adopted by her foster family, but Janae said, “Legal stuff or not, they’re my family.” Janae explained feelings

of guilt for how “blessed” she is compared to other FFY. Janae entered foster care at 13 because both of her parents died unexpectedly. She explained part of the guilt she felt when she said, “There are no mysteries, it’s been straight up my whole life, my parents died, then you go to foster care, other kids grow up in it and are looking and searching for family.” Janae’s ACEs score was 3, and the expanded ACEs score was 9.

Phil

Phil was a 23-year-old, single, cisgender man. Phil was born in the United States and identified as Black. Phil graduated high school and earned a high school diploma. Phil worked in retail and lived on the West Coast of the United States. Phil entered foster care at 2 years old and aged out of foster care at 18 years old. He lived in three foster homes and two group homes. At the time of the interview, Phil rented a small apartment in a suburb with a friend. Compared to other participants, Phil deeply understood social issues and had a relatively optimistic worldview, evidenced by his statement:

> I got lucky. I only had a few placements, which means I got times of stability. I remember I was with one family for 3 years, and when I went back to the group home, some of the same kids were still there. It was just like, man, I thought my life sucked, but that thought was checked right away. I had to be grateful.

Phil’s ACEs score was 4, and his expanded ACEs was 13.

Amara

Amara was a 23-year-old, divorced, cisgender woman. Amara was born in the United States and identified as White. Amara’s highest level of education was a GED. She worked in the food and service industry in the Pacific Northwest of the United

States. Amara lived with her long-term girlfriend and her girlfriend's daughter in a rented apartment. Amara disclosed she had a baby when she was 16 and was determined not to let her child grow up in the foster care system. However, Amara explained she was convicted of drug charges and signed away parental rights soon after. Compared to other participants, Amara seemed less aware of the impact of aging out of foster care. For example, she said, "I didn't go into care until I was 13, I still had contact with my mom and was trying to take care of her. I was in and out of jail, so it's hard to know the impacts of foster." Amara had contact with her birth mother and father unlike other participants. She was highly forthcoming and disclosed several traumas she had endured.

Ezra

Ezra was a 22-year-old engaged cisgender man. Ezra was born in the United States and identified as Korean American. Ezra dropped out of high school in 10th grade. He worked in the food and service industry in the pacific northwest region of the United States. Ezra lived with his fiancé and their 2-year-old child. Between the timeframe when Ezra first reached out to the researcher and when he participated in the qualitative interview, he was convicted of drug charges and spent 90 days in jail. Unlike other participants, Ezra actively advocated for FFY, as evidenced by the quotation, "I got locked up at a bad time cause, you know, the state was having a hearing for foster kids, and I shoulda showed up to represent and be there." Ezra seemed more understanding of the impacts of aging out of foster care than other participants. Ezra disclosed when he was in foster care, he ran away from a group home and joined a gang, which he described as the first real family he ever had.

Ali

Ali was a 23-year-old, single, cisgender woman. Ali was born in the United States and identified as White. She completed her bachelor's degree with a major in English in 2022. She worked in the food and service industry in the northeast region of the United States. Ali lived with four roommates in a rented house. She did not have any legal charges or convictions. She entered foster care at age 8 and aged out at age 19. She was in extended foster care between 18 and 19 years old. Ali's ability to navigate systems and take advantage of resources provided to FFY was notably different from other participants. At the same time, Ali stated, "I built several relationships and realized early on I needed help from others if I was ever going to graduate college." Ali's ACEs score was 10, and her expanded ACEs was 16.

Data Analysis Procedures

Coding Process

Interviews were transcribed using Microsoft Teams' built-in recording and transcribing feature, and each transcript was read thoroughly. The first phase, the phenomenological reduction, included horizontaling, reduction of experience to invariant consistent, and thematic clustering. Each verbatim transcript was investigated and overlapping and repetitive statements and filler words such as "uhs" and "us" were eliminated, using a process called horizontaling (Yüksel Arslan & Yildirim, 2015). The edited transcript, after horizontaling, is called the horizon. The second step of phenomenological reduction, the reduction of experience to the invariant consistent, requires horizons to be clustered into themes.

Furthermore, each theme was organized and labeled to ensure themes had a single meaning (Yüksel Arslan & Yildirim, 2015). Next, thematic clustering was used to create core themes for the experiences of foster care, aging out, and the impact of the COVID-19 global pandemic. In this step, several themes were clustered into one core theme, and 10 labeled themes were eliminated as they did not apply to a core theme. The fourth step compared core themes to observations, field notes, and literature to ensure a clear representation of themes (Yüksel Arslan & Yildirim, 2015). During this final step, a narrative was developed for each core theme, which includes verbatim excerpts from interviews that explain core themes (Yüksel Arslan & Yildirim, 2015).

There were 38 significant quotes pulled from the six transcripts. The 38 significant quotes were clustered into themes for each participant. Several themes overlapped between participant themes, totaling 10 different themes. The remaining 10 themes were clustered into five core themes that illustrated the most significant and frequent experiences of FFY: Resilience, Mental Health, Social Support, Identity, and Hardships During the Pandemic (see Appendix D).

Validity and Reliability Measures

Recognizing the significance of participant perspectives and the need for consensus among researchers, we employ rigorous methodologies to enhance the trustworthiness and rigor of our study. This section sheds light on the process of respondent validation and inter-rater reliability. Respondent validation is a powerful tool that involves seeking feedback and confirmation from participants who generously shared their experiences and insights. Inter-rater reliability focuses on meticulously assessing the consistency and agreement between researchers' interpretations and

analyses. These practices aim to ensure the credibility and robustness of qualitative research, yielding nuanced and well-supported findings that contribute to the broader body of knowledge in the field.

Respondent Validation

After completing horizontaling, transcripts were emailed to the corresponding participant to ensure that the transcript and horizons were accurate. Each participant was welcome to request corrections or make additions to their transcript. Four out of the six participants responded to the respondent validation. Out of the four participants, only one participant requested additional examples of their unique experience aging out during the COVID-19 global pandemic. Respondent validation is necessary when qualitative analysis involves a solo researcher (Yüksel Arslan & Yildirim, 2015). The process of respondent validation increases the validity of the interviews and allows for the participants' experience to be fully understood.

Inter-Rater Reliability

After completing thematic clustering, a fellow researcher in the PsyD program at Northwest University with experience in qualitative data analysis was asked to complete thematic clustering for one of the participants. The fellow researcher was sent the significant quotes from one participant's transcript to independently complete thematic clustering and establish inter-rated reliability. The fellow researcher derived core themes from significant direct quotes. Both researchers agreed with the same themes, although the name of the core theme and definition varied slightly. Then, one direct quote was split into two direct quotes and placed in two different core themes.

Table 3

Stages of Data Analysis

Stage	Coding process
1	Transcribe participant interviews
2	Phenomenological reduction
3	Respondent validation
4	Thematic clustering of individual transcripts
5	Inter-rater reliability
6	Individual themes reduced to core group themes
7	Narrative supporting the themes for each participants
8	Group narrative that describe and support common core themes between the participants
9	Core theme definitions and structural descriptions

Note. Coding process informed by "Theoretical Frameworks, Methods, and Procedures for Conducting Phenomenological Studies in Educational Settings" by P. Yüksel Arslan & S. Yildirim, 2015, *Turkish Online Journal of Qualitative Research*, *6*(1), Article 1. https://doi.org/10.17569/tojqi.59813

Findings and Emergence of Thematic Clustering

This research aims to understand the experience of aging out of foster care during the COVID-19 global pandemic, accomplished using Mukasa's thematic phenomenological process. Although horizonaling provided themes for each participant's significant statements, some participant themes were idiosyncratic. Unique experiences not shared among the other participants were eliminated to identify the most salient common themes. Through thematic clustering, 10 core themes emerged: Resilience, Expectations, Loneliness, Advocacy, Mental Health, Responsibility, Mentors, Insecurities, Resentment, and Hardships due to the COVID-19 global

pandemic. The five core themes included Resilience, Mental Health, Social Support, Identity, and Hardships During the Pandemic.

Core Theme 1: Resilience

Resilience emerged as a prominent core theme of the experience of FFY in their experience in foster care, aging out of foster care, and navigating the COVID-19 global pandemic. Participants described experiences of overcoming hardships, pushing through limitations, and not letting circumstances define their lives. All six participants referenced various attitudes of resilience, including gratitude for their experiences' positive aspects. Overall resiliency was a significant aspect of the experience of aging out of foster care and navigating the global pandemic. Furthermore, participants explained the compounding resiliency they cultivated from foster care later influenced their resiliency aging out of foster care.

When asked about his experience in foster care, Evan said, "I don't think I can experience anything worse than others who have experienced foster care. Every time I face something, I just look back and remember that I've been in worse situations, and I can win this." Compared to other participants, Evan seemed to have a higher level of acceptance of his experience, highlighted when he said:

> It wasn't easy, but it is what it is, and I have to find a way out, whether that be through my mental condition or physical health, I have to keep a positive mind. . . . Not having parents is the hand I was dealt. I have to play it or throw the hand away and draw new cards. I wish others knew how brutal aging out is, just that time in life in general. Life is not easy, aging out is brutal, but I have to wake up with a sober mind and with a goal that everything is okay.

When asked to reflect on experiences in foster care, Phil and Janae shared a collective experience with other foster children, highlighting an ability to overcome challenges in childhood and the future.

Phil illustrated this by saying, “Growing up in foster care really taught me to be a fighter, to just keep looking forward. Life will never be easy, but at least it’s a life.” Moreover, Janae said:

> I want to say my experience in foster care is in the past, and the past was difficult, but it was difficult aging out. Actually, it’s still very difficult. It’s difficult for anyone in foster care, and those of us who aged out are the ones who slipped through the system’s cracks. I tell myself one day at a time, just one day at a time. Just one step from Monday to Tuesday until Saturday. Regardless of the obstacles, just one moment at a time.

Ali characterized adaption and resilience in her statement when she said:

> I had different standards or different expectations, like yes, three meals a day is standard, but one meal is okay. I’m okay with one meal. You just learn to adjust to change when you grow up in foster care. I felt like I handled the pandemic better because of it compared to my friends. I was able to adapt and accept it better.

Ezra had one of the more self-reflective experiences of resilience with self-compassion for poor choices made, yet still a dedication to moving forward, as they said:

> You never know how you are going to respond to things that happen to you in the moment, but you can look back at it, and you feel yourself grow from it. I see some choices I made aging out. While I didn’t know at the time it was a bad

> choice, now I just think, I will do this differently next time. That's a choice of mindset because you can look back and just feel bad or be angry and refuse to accept how you can keep going forward.

Amara explained her experience of endurance and resilience in her comment, stating:

> You have to embrace it, focus on the good little moments, and get to the next day. You have to embrace the situations you find yourself in, that's my mantra, and I've just held onto that. Embrace it and keep fighting, that's what the universe is about.

Core Theme 2: Mental Health

All the participants provided examples of their challenges with mental health, from depression, anxiety, substance abuse, and suicidality. These challenges were expressed in their experiences in foster care and aging out of care, but more prominent were the challenges with mental health during the COVID-19 global pandemic. Ezra, Evan, Phil, Janae, and Ali all provided examples of psychological diagnoses. Additionally, Ezra, Evan, and Janae noted being prescribed psychotropic drugs. A notable observation was that none of the participants used the word "trauma" in their examples.

Ezra, who reported he had been diagnosed with depression, stated:

> I had to learn the hard way to control my emotions, and once I learned that, I learned how to connect to people instead of pushing them away, which really helped my depression." Ezra also said, "I was really angry as a kid and had to take a lot of medications to help with my anger, that's when I started using drugs . . . getting off drugs was even harder, I had to do withdrawal injections.

Evan recalled his experience with medications and mental health when he stated:

> I remember a doctor giving me medications for my mood, depression, or anxiety, I don't remember now, but I had no idea what it meant, and the pills made me feel weird. I went to a new foster home and never took them again.

Ali was more restricted when she discussed mental health. For example, Ali stated, "My mental health is not good, never has been. I think of a lot of things that I shouldn't be thinking of." Evan said, "There was so much stress and then no support system. My mental health took a hit. I definitely felt like I was aging out all over again." Janae recalled the impact of her parent's death on her mental health, stating, "My parents died, and my life was turned upside down. I was diagnosed with bipolar [disorder] shortly after. I was forced to take medications. If I wanted to stay in my foster home, I had to." Janae also described opioid dependency and treatment as evidenced by her statement, "I've always had a lot of physical pain, but it took treatment for my addiction to them to understand I was taking them for emotional pain too." Phil reflected on his diagnosis of depression in childhood, as he said:

> I've always had depression, on and off, since I was probably 10 years old. I didn't know it at the time, though. I just loved spending time alone. I never knew I was in a bad mental state. In hindsight, I look back at 10-year-old me, I remember things I did, and I think, "Bro, I was not okay mentally because I self-isolated."

Amara explained past suicidality and said:

> My mental health is fine now. In the past, I thought of committing suicide, but I was telling myself suicide is not an option. You have to just have to fight life and

> keep going. It just felt like there wasn't another option at the time. I didn't want to feel that way anymore.

Core Theme 3: Social Support

Social support, or lack thereof, was a core theme of the experience of aging out of foster care and navigating the COVID-19 global pandemic. The theme of social support is defined as having formal and informal mentors, such as having someone on whom one can rely or seek advice. Participants often reference personal responsibility, reinforced hyper-independence, and an inability to rely on others. Some participants described a person or significant relationship that helped them through hardships and provided guidance and advice. Lack of social support was also expressed in the participant's statements of loneliness.

Several participants had a deficit in social support. Amara discussed a lack of social support and self-reliance when she said:

> You feel like people and the universe are always against you, but no one owes me anything. That's how I felt. I felt no love in the world because, especially as I grow older, I know that no one owes me. That's okay, I have to be like responsible for myself.

Evan highlighted a lack of social support, loneliness, and responsibility in one statement when he said:

> You age out, and all of the sudden, one day, your life is in your own hands now. Not many people understand it, not many people could survive it. No one was there, even if I need anything, I have to set my way out.

Phil reported a similar experience and awareness when he said, “I had to learn I was responsible for myself. No one else in the world is responsible for me. No family, nothing. All I had was me. There was no other option but to keep surviving.”

Ali had a positive experience with social support and realized early on the importance of support to meet her goal. She said, “I built several relationships and realized early on I needed help from others if I was ever going to graduate college.” Ali also explained loneliness despite her social support and a desire for deeper connections to others when she said:

> Foster care impacted me in a lonely way. I always felt alone, and it’s still something I struggle with, even though I know I have important people who are there to help me. I still feel like I’m alone. It’s hard to feel close to people even when they say they’re there for you if you need them. I don’t reach out at times because *need* is hard to define.

Evan spoke about a significant mentor when he said, “I had one teacher that actually encouraged me most of my days and really encouraged me to keep pushing through life.” Similarly, Phil described informal mentors when he said, “My best friend’s parents really taught me a lot about the system, how to save money, that’s something I would have never learned.” Amara described an informal mentor when she was in a group home, and she reported she had lost contact with the mentor when she moved to a new group home. Amara stated:

> A woman, a neighbor next to the group home I lived at. She came to check on me and would buy me clothes and school supplies. More than just what was

> provided. She bought me stuff that normal kids had. I fit in because of her, and it did help me with making friends. I kept those skills.

Janae recalled having a previous foster family reach out during the pandemic and offer her a place to stay, as she said:

> I had nowhere to go. I lost my job and was living on friends' couches. Everyone was worried about having people around, so no one wanted to let me stay. My old foster sister reached out on social media, and they let me move in. They were here in the hardest time for me. I would have been homeless for who knows how long. I honestly don't know what other fosters did, I'm lucky to have them.

Ezra explained how he longed for family and his gratitude for his own family when he said:

> I used to think that I truly wanted a family. I wish I knew my family; it seems everyone else has a family. Then I had my daughter, and things aren't always great with my fiancé. I've been in and out of the pin, but I'm so glad to have a family now.

Ezra also explained his gang membership as social support when he said:

> I know from the outside people think it's all bad, but these are my brothers, you don't know how much it means when people have your back when you grew up with no one. I was a kid, and they always made sure my needs were met.

Core Theme 4: Identity

A core theme of FFY was conceptualizations, expressions, and development of identity and social identity. Participants spoke about their identity and group experience as an FFY. Participants explained identity outcomes such as low self-esteem, external

locus of control, and lack of confidence in themselves. Furthermore, participants expressed anger and jealousy toward nonfoster youth peers, highlighting conceptualizations around how their social identity was impacted. Furthermore, some participants understood and expressed their social identity by advocating for other foster youth. Lastly, several participants stated what they wish others knew about FFY, alluding to their shared identity and group experience.

Many participants described the intentionality of giving back to support other FFY. Phil expressed a desire to advocate for foster children in the following statement:

> I want to help other teens who are aging out. I know I can't give much, but I learned a lot the hard way. I would just want them to have a plan. Prepare themselves before they age out so they know what to do.

Amara stated, "Not a lot of people understand, it's hard to find other former fosters, and I want to find that connection to help others with what I have learned." Ezra was actively advocating for FFY, as evidenced by the quotation, "I got locked up at a bad time cause, you know, the state was having a hearing for foster kids, and I should have showed up to represent and be there."

Janae explained her desire to advocate and active advocacy, as she said:

> I feel like I'm invisible. People think I was in foster care, and it's in my past. They don't see how every day it still affects me. I don't want other foster kids to feel that way. That's why I wanted to be a part of this research, to give back in a small way.

Phil had challenges with his identity as a foster kid in school. He described being a foster kid as an outgroup experience when he said:

> I never got to be a normal kid, I'd get angry because there was a bully, and it was like everyone labeled me as the problem. I was the foster kid. It wasn't fair because the world knew my issues. Other kids can hide their parent's conflict or hard stuff that happens at home. You can't when you don't have a home, and everyone knows.

Evan explained jealousy toward nonfoster youth and an inability to explore and develop his identity when he said:

> Other kids were getting to choose to go to college. They can decide for themselves, but I didn't have a choice like that. College is the time you get to figure out who you are, but I had to find a job and figure out how to live on my own. Foster youth don't get that luxury.

Phil explained how low self-esteem and confidence related to his identity. He said:

> People knew I was in foster care, which lowered my self-esteem and, in several ways, my confidence. I could not air my issues openly or with much confidence because everyone had already labeled me an orphan.

Janae explained how she learned confidence from her foster family, as she said, "No matter how strong my voice is that I'm not worth crap. My family counters it. Eventually, I believe some of it. They really build up my confidence." Ali explained identity development throughout her college experience when she said, "Once I got to college, I felt different. Other students had no idea of their luck, but after 4 years, I felt like I was also a college kid and not just a foster kid."

Several participants explained what they wished people knew about FFY. Ezra had a deeper understanding of the systemic issues that lead to poor outcomes for FFY. He explained people need to know FFY's experiences are unique for all FFY. He said:

> We're not all the same, and we all kind of are similar. People need to know we're the same. People need to understand we're not just a problem to society. Society made us, literally raised us. I joined a gang, and I've done a lot of jail time. I've been homeless, and that's all a product of foster care. Instead of judging us, people need to understand us.

Phil explained a desire for people to know FFY's struggle and wished people knew to check in and ask how he was emotionally. Phil said:

> What I would love when I was in foster care for people to ask me if I was okay. Are you okay? Are you happy? Yeah, that's the question I love and what kids in foster care need to be asked. And not even for only kids in foster care, but everyone I think we should. We should just not assume that just because that I'm smiling or laughing that I'm okay. I think we should always ask your friends, your family, your relatives if they are okay.

Evan explained how hard he worked without others noticing. Evan said:

> I wish people knew foster youth aren't lazy. We struggle, and people think we are just criminals. They have a lot of skills they learned growing up to know how to take care of themselves. Fosters don't get that, we aren't lazy.

Evan made a statement highlighting how his identity shifted from not knowing his parents when he said, "I used to isolate because I thought, how could anyone love me if my own parents didn't? There must be something wrong with me."

Ali reported what she thought FFY needed was help with college, as she said, “We need free college. Like actually free, not just reduced or tuition paid for. There’s no other way for us to do (it). We don’t have a family to pay for our rent or phones or books.” Janae explained, “I wish people knew I didn’t have the same opportunities that you do, and I’ve been blessed with more than most fosters.”

Amara said, “There’s a lot people don’t realize or know about former fosters.” She continued with examples by saying:

> People don’t understand we can’t just get our license. Someone had to teach you how to drive or let you practice. Like how do you get a car and license when you don’t have a family to help you? How are former fosters supposed to rent a place? How were they supposed to build credit to find somewhere to live? I wish people knew these things. After we age out, everything is against us.

Phil and Ali also described social support as a protective factor from loneliness, isolation, and economic disadvantages. Ali sought out mentorship and social support. She stated, “I built several relationships and realized early on I needed help from others if I was ever going to graduate college.” Whereas Phil expressed economic advantages through social support when he said, “My best friend’s parents really taught me a lot about the system, how to save money, that’s something I would have never learned.”

Core Theme 5: Hardships Due to the Pandemic

Participants described insecurities and provided examples of how the COVID-19 global pandemic affected them. Topics covered were insufficient resources to meet basic needs (i.e., food, shelter, and medical care), poor mental health, and lack of connection

to others. Participants also explained poor mental health as an outcome of stress and inability to meet their basic needs.

Several participants explained the challenges of paying bills when the COVID-19 global pandemic started. Phil stated:

> During the pandemic was hard. Honestly, the cash flow, the economy, no jobs, and no money. I think during the pandemic. . . . I was in a very bad mental state, if I may say so, And it was a very hard situation in a very hard period. I was so stressed about money that my mental health took a hit.

Evan's experience was one of survival and a lack of social support. He reflected:

> I lost my job on the first day. My income was completely cut off. I never caught up, even with the forgiveness of late payments and stipends. I still have not caught up.

Additionally, Evan explained their intense fear about getting COVID-19 and their access to medical care, as evidenced when he said, "I already had a lack of access to healthcare. People say there are resources, but I don't know how to find them."

Ali described the COVID-19 global pandemic as "one of the toughest times in [her] life." Ali elaborated, "The hardest part was paying bills. It was honestly so hard. Just having enough money to even buy food." Janae was more restricted in her responses to her experience navigating the COVID-19 global pandemic. Janae said, "There was so much stress and then no support system, but I found support, and things got a lot better. I'm very fortunate." Janae described a short duration of homelessness by stating, "I had nowhere to go and slept in my car a couple nights. Then I got connected with my old foster family." Additionally, Ezra explained he, his fiancé, and their

daughter stayed with his friend when they became homeless. He said, “It was rough. We lived in my buddy’s living room for 6 months. There were four adults and two babies in a one-bedroom apartment.”

Evan disclosed poor living conditions, moving around, and staying at friends’ houses. Evan recalled:

> I was winging it. I had no plan. I ended up homeless, and I remember thinking, I never knew it was so easy to be homeless. There were holds on evictions, but my living conditions were so bad I already needed to get out. A pipe broke, and there was sewage in my place. There was no one available to fix it. I didn’t have anywhere to go. I stayed with different friends for a few nights, then the owner of my gym said I could sleep there. Gyms were closed, and I lost my job, but he saved me.

Ali explained brief homelessness and sleeping in her car when she said:

> I lived on campus, and one day we all had to leave, I didn’t know where to go. I slept in my car for a week and then stayed with a friend until I found a place to rent with roommates.

Amara reported she was already transitioning housing when the COVID-19 global pandemic hit and reported fear of homelessness. She stated, “I guess I was technically homeless. Everything I owned was at my girlfriend’s place, and I ended up just moving there because I had nowhere to go.”

Phil was one of the few participants to explain his experience with social isolation. Phil explained isolation from his friends when he said:

> I think the pandemic really interfered with the relationship or heart because these are the [friends I] used to meet every day, but now you're not meeting them every day. These are people I used to talk to and have conversations for hours with them. It was not the same as talking on the phone.

Ezra explained changes in relationships due to social isolation. Ezra stated:

> Friendships were hard, and you ended up cutting ties during the pandemic because the maintenance frequently you used to have is gone. I think it really interfered with the relationship I had. These are people we used to meet daily in a daily basis, but now you just meet them once or twice a month.

Lastly, Amara spoke about her mental health and resurfaced experiences when she said, "I don't know how I survived aging out. Then [the COVID-19 global pandemic] happened, and I was back at that same place. I had no idea how to survive." Amara also said, "The pandemic was one of the toughest times in my life." Ali explained a different experience when she said, "I felt like I handled the pandemic better because of [my experiences in foster care] compared to my friends. I was able to adapt and accept it better."

With the participants' experiences of aging out of foster care, especially as they navigated the COVID-19 global pandemic, they struggled to ask for help. Evan's explained his perspective by stating:

> It was all the freedom, but none of the skills were taught. There was always someone controlling you, and then all of a sudden, one day, your life is in your own hands now. . . . I know now I couldn't do it on my own and be where I'm at in life, but that awareness came with time.

Phil described responsibility and lack of support when he said, "I had to learn I was responsible for myself. No one else in the world is responsible for me. No family, nothing. All I had was me. There was no other option but to keep surviving." Phil also described social support as protective from homelessness during the COVID-19 global pandemic as he said, "When the pandemic hit, if it weren't for my buddies, I would have been homeless, everyone else I knew was afraid of getting sick, no one wanted anyone around."

Chapter 4

Discussion

Several prior studies have explored the experiences of former foster youth (FFY). Nevertheless, only some have explored the experience of FFY aging out of foster care during the COVID-19 global pandemic. Since the onset of the current study, other studies have explored the impact of FFY throughout the COVID-19 global pandemic; and yet, few were of qualitative design. This study was designed to fill the literature gap and explore this recent phenomenon through the qualitative narratives of FFY. Previous literature laid the foundation of FFY experiences before the COVID-19 global pandemic. The goal of this study was to understand the impact of the COVID-19 global pandemic and understand the nuances of how FFY navigated this national crisis.

Relationship Between Current Findings and Previous Literature

Through critical examination of previous literature, the intricate interplay between current research findings and the existing body of literature were discussed. Through this critical examination, the complexities of mental health, the role of social support, the formation and transformation of identity, and specific hardships endured by FFY in the midst of the COVID-19 global pandemic were compared to previous literature to contextualize current findings and discern patterns, connections, and discrepancies. By elucidating the relationship between current findings and prior studies, a deeper comprehension of the multifaceted experiences of FFY were presented.

Mental Health

All the participants expressed personal challenges with mental health, which ranged from mental illness diagnoses to substance abuse and suicidality. Five

participants disclosed a formal psychological diagnosis, and four reported having prescriptions for psychotropic medications. These findings are supported by literature that suggests 80% of children in foster care meet the criteria for a mental health diagnosis, 33% of foster children are prescribed psychotropic medications, and 20% do not have appropriate treatment plans which continue when placement settings are changed (Lambert et al., 2020). Two participants discussed psychotropic medications they discontinued or started as they transitioned to a new foster home. Twenty-three percent of foster children do not have medications monitored, and 8% do not have medication management or a treatment plan (Levinson, 2018).

Although not reported in this study, as youth age out of foster care, barriers to accessing medications increase the likelihood of discontinued medications and withdrawal symptoms (Oswald et al., 2010). Phil explained he recognized he had depression as a child in hindsight, but as a child, he had no awareness of depression. The participants' examples of mental health challenges during the COVID-19 global pandemic were more prominent than the discussion of mental illness throughout their lives. In addition, some noted how the stress of memories of foster care triggered by the COVID-19 global pandemic.

Although most participants expressed challenges with mental health during the COVID-19 global pandemic, this was not the experience for everyone. Ali explained a different experience when she said, "I felt like I handled the pandemic better because of [my experiences in foster care] compared to my friends, I was able to adapt and accept it better." Although the COVID-19 global pandemic influenced participants' mental health negatively as a whole, individual participant experiences varied. FFY are a vulnerable

population and faced several hardships during the COVID-19 global pandemic. Many FFY have continued to recover economically from the COVID-19 global pandemic.

Social Support

Social support is a protective factor for FFY; yet, several barriers have influenced FFY's ability to access social support (Blakeslee & Best, 2019). Barriers such as interpersonal difficulties, dysfunctional family relationships, and challenges to open up and trust others have influenced FFY's ability to build relationships and obtain social support (Blakeslee & Best, 2019). Formal and informal social support protects against adverse experiences for FFY (Melkman, 2017). FFY need social support to help fill the gaps of support needed in emerging adulthood.

The participants in the present study did not report experiences with formal supports; however, all participants discussed informal supports, such as mentors and friends. Participants' informal support included teachers, friends, friend's parents, and neighbors. Consistent with the participants' experiences, social support was primarily provided through informal, naturally occurring mentors and produced better long-term outcomes (Greeson, 2020).

Previous research has suggested FFY associate the foster care system with reliance on others, aging out with self-reliance, and not asking others for help (Berzin et al., 2014). This was consistent with the participants' experience that social support mediates the risk of food and housing insecurities (Curry & Abrams, 2015; Melkman, 2017). Social support for FFY increases awareness and access to resources, including Medicaid, social security insurance, community mental health, food stamps, job training, education assistance, and cash assistance or housing vouchers (Room et al., 2021). One

supportive adult can change the life trajectory of a FFY through guidance and help to access resources (Room et al., 2021).

Identity

Although identity was not a core theme of the participant's experience, it has remained an essential factor in the current research. Simply put, identity is how one views themself in relation to the world. Identity is developed through exploration and influences from peers and caregivers (Poelker et al., 2016). Moreover, children develop their identities through socialization provided by their parents (Huguley et al., 2019). For foster children, their identity development is hindered compared to those who grew up with parents and family members.

Additionally, social identity influences mental health. The findings from this study suggest FFY identify as a group and have a group identity, as evidenced by participants' understanding of other FFYs' similar experiences and desire to help others in their group. FFY group identity is formed through shared experiences of aging out of foster care. Because of foster youths' unique upbringing, they often feel isolated from peers their age, feel no one understands them, and feel like they do not belong in social groups (Melkman, 2017). Rejection from outside social groups creates group identity within the group of foster youth or FFY.

The participants' group identity was evident in their desire to advocate for others in foster care. This phenomenon can be analyzed through Maslow's (1943) hierarchy of needs, which suggests individuals obtain psychological needs when basic needs are met, including physiological and safety. Psychological needs include belonging and esteem needs, which explains why FFY want to advocate and help other foster youth.

Additionally, self-fulfillment needs and achieving their potential of helping other foster youth could explain their unique identity formation process. However, one hierarchical need can conflict with another. For example, FFY struggle to ask for social support and are self-reliant, which may fulfill their need for safety, although hindering them from the need for belonging. Helping other foster youth through advocating for them may meet esteem their needs by providing a sense of accomplishment in helping a foster youth avoid mistakes and hardships faced by the FFY.

Erikson's (1980) theory of identity is a developmental model of identity with a progression of stages. The first stage is trust versus mistrust. Beginning at birth, children learn to trust caregivers when they are attended to and their basic needs are met, which is also the beginning of the formation of attachments (Pharo et al., 2011). The second stage is autonomy versus shame, the third stage is initiative versus guilt, the fourth stage is industry versus inferiority, and the fifth stage is identity versus role confusion occurs before age 18 (Pharo et al., 2011). Stages before age 18 are developed through relationships with caregivers and peers and remain critical in how adolescents view themselves (Pharo et al., 2011). Foster children and youth without consistent caregivers and family relationships may not resolve the conflict within each stage, leading to an identity crisis (Erikson, 1980). The sixth stage, intimacy versus isolation, occurs from age 19–40 (Erikson, 1980). The participants in the current study were in the age range of the sixth stage, in the phase of emerging adulthood (Pharo et al., 2011). Emerging adults experience increased identity stress during uncertainty, confusion, and distress (Palmeroni et al., 2020). For example, Phil described his identity as a foster youth hindered his ability to connect to social support and to develop his identity. Moreover,

identity development in emerging adulthood is a stressful period for most. The findings from this study suggest FFY have a more complicated experience with identity due to higher rates of mental illness, a lack of social support, low connection to family, and economic disadvantages that increase identity stress (Berzin et al., 2014; Pharo et al., 2011).

Hardship During the COVID-19 Global Pandemic

The participants explained several hardships navigating the COVID-19 global pandemic, including food insecurity, lack of savings, employment, homelessness, and access to healthcare and resources. Three of the six participants described food insecurity during the COVID-19 global pandemic. Specifically, two participants stated they struggled to buy food, and another described changing their standard to one daily meal. Half of the participants experienced food insecurity, consistent with findings from Courtney et al.'s (2018) research that showed 55% of FFY experience food insecurity.

Although the participants did not directly report that they did not have a savings account, several participants made indirect comments indicating their inability to pay bills during the COVID-19 global pandemic. All participants made indirect statements of financial struggles, living month to month, or depending on stimulus checks. The participants in this study endorsed higher rates of living month to month than those supported by previous literature, which suggests 72% of FFY live month to month without savings (Courtney et al., 2018).

Homelessness is a common experience for FFY. Half of the participants experienced homelessness after aging out of foster care. Research has suggested 20% of FFY become instantly homeless when they age out; and moreover, 29% of FFY

experience homelessness by age 18, and 42% by age 21 (Kelly, 2020; Shah et al., 2016). Additionally, 5 out of the 6 participants indicated they experienced homelessness during the COVID-19 global pandemic. The one participant who did not experience homelessness described fear of homelessness and gratitude for stable housing. The participants had higher rates of homelessness than reported in the literature, although no studies have yet reported homelessness in FFY during the COVID-19 global pandemic. Of the participants who experienced homelessness, two were Black Americans, and one participant was Korean American. Shan et al. (2016) found Black FFY were twice as likely to experience homelessness within their 1st year of aging out.

Additionally, one of the participants who experienced homelessness had a history of criminal charges and prison, consistent with the literature, as involvement in the criminal justice system increases the likelihood of homelessness (Kelly, 2020; Shah et al., 2016). The only participant enrolled in college reported temporary homelessness when campuses shut down. Previous literature has suggested enrollment in college as a protective factor against homelessness for FFY (Kelly, 2020).

Half of the participants in this study worked in the food and service industry, and all reported job loss or reduced hours. This negatively impacted participant ability to pay for basic needs and correlated with higher rates of homelessness. Not mentioned in participants' experience but important to note, many FFY were essential workers during the COVID-19 global pandemic, which put them at higher risk of exposure to illness to maintain a job—as less than 3% of FFY graduate college (Courtney et al., 2018). Only one participant graduated college, although more than half desired to attend college. Balancing finances and mental health make it increasingly difficult for FFY to stay

enrolled in college without support (Huang et al., 2018). Two participants had experienced the criminal justice system, consistent with the literature that has shown one third of FFY will be involved in the criminal justice system by age 21.

Implications of the Research Findings

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) increase one's chance of poor mental health outcomes. Foster care is necessary to protect vulnerable children and keep them safe. Children removed from the biological parent's custody and enter foster care have shown evidence of having an adverse experience. For example, neglect, abuse, exposure to violence, parental drug use, parental imprisonment, and parental death are all adverse experiences and have remained the primary reasons children enter foster care (Bruskas, 2008., Cronholm et al., 2015; Greeson et al., 2011). Individuals with a history of foster care experience higher levels of mental illness, regardless of family structure or income (Turney & Wildeman, 2016). Some participants disclosed the reasons they entered foster care range from neglect and physical abuse to parental drug use, abandonment, and parental death—all of which are ACEs.

In the original ACE study, participants had medical insurance, 75% were White, and they had attended college, a population typically not considered to be vulnerable (Chronholm et al., 2015). The expanded ACEs added community violence, experiences of discrimination, and failed adoptions to increase the conceptualization of what is considered an adverse experience for children (Chronholm et al., 2015). In Cronholm et al.'s (2015) study, 13.9% of participants endorsed at least one expanded ACE without a conventional ACE. The participants in this study endorsed 70% of conventional ACEs

on average and 82% of expanded ACEs on average. One participant had a 41% difference between ACEs and expanded ACEs, meaning they endorsed 41% more adverse experiences that would not have been accounted for on conventional ACEs. Therefore, on average, participants experienced 12% more adverse experiences when community violence, experiences of discrimination, and failed adoptions were included in the definition of adverse experiences.

Trauma changes an individual's beliefs about themselves and the world, which leads to increased social isolation and mental illness (Chronholm et al., 2015; Room et al., 2021). For FFY, ACEs are not isolated to a one-time traumatic event but typically are chronic and ongoing (Chronholm et al., 2015). This compounding nature of ACEs can increase negative outcomes. Individuals are less likely to be resilient without appropriate interventions to address trauma, including basic needs (e.g., food, shelter, access to medical care), mental health treatment, and social support, and are more likely to be involved in the criminal justice system, experience food insecurity, social isolation, severe mental illness, and homelessness (Room et al., 2021). Without functional coping mechanisms, young adults with ACEs are more likely to use substances to cope with negative feelings and chronic stress (Room et al., 2021). Room et al. (2021) found higher ACEs were associated with increased e-cigarette and marijuana use during the COVID-19 global pandemic.

The COVID-19 global pandemic influenced the intersection between health disparities and trauma. On average, individuals with six or more ACEs have a lifespan of 60 years, which is 20 years less than the average (Room et al., 2021). The shortened lifespan is primarily associated with a higher likelihood of chronic health conditions,

such as cardiovascular disease, chronic obstructive pulmonary disease, cancer, and diabetes (Room et al., 2021). Individuals with chronic health conditions are at risk for poor outcomes from the COVID-19 virus (Room et al., 2021). The COVID-19 global pandemic intensified and brought awareness to underlying health disparities for vulnerable populations, such as individuals with chronic health conditions, marginalized racial and ethnic groups, and those living in poverty (Room et al., 2021).

Community Significance

Sixty-three percent of foster children are removed from their primary caregivers for neglect (AFCARS, 2022). For a child to be removed from their caregiver's custody, there has been evidence of abuse or neglect. Moreover, removal at any age is a traumatic experience for children and youth. The removal process creates attachment wounds for foster children and youth as their attachments to primary caregivers change (Miranda et al., 2019). Children in foster care have higher trauma and mental health needs (Kelly, 2020). The most common diagnoses include oppositional defiant disorder, reactive attachment disorder, conduct disorder , major depressive disorder, and posttraumatic stress disorder. The most common diagnoses for children in foster care are related to trauma and manifest in behavioral concerns, as evidenced by criteria in the *DSM-5-TR* to qualify for each diagnosis. Children with trauma frequently externalize behavior, and foster parents are often not equipped to manage behaviors, which then increases the number of placements, increasing accumulated trauma and attachment ruptures (Clark et al., 2020; Miranda et al., 2019).

In summary, the most traumatized children have greater placement instability, which results in accumulated trauma and a longer duration of care. Longer durations in

care predict aging out of foster care (Kelly, 2020). FFY have higher ACEs scores than younger foster children (Clark et al., 2020). Reading between the lines of literature, it is likely FFY have more significant trauma from their experience in foster care.

Foster care is designed to intervene and protect children. However, the most traumatized children have the highest placement instability, associated with longer durations in care, increasing the likelihood of aging out. Children with more trauma have higher placement instability in foster care and are suspected of aging out of foster care at higher rates. Proper interventions to address children with severe trauma in foster care are needed to prevent youth from aging out of foster care. Based on their outcome prediction, children with high ACEs entering foster care need different placements than children with lower ACEs and early intervention is necessary to prevent further accumulated trauma. Foster children are a vulnerable population, and as foster youth age out of foster care without social support or guidance, they become more vulnerable.

Community interventions, such as extended foster care programs, are essential to address this vulnerable population to prevent homeless, criminal justice involvement, access to education, and protection against food insecurity and mental illness. The COVID-19 global pandemic affected vulnerable populations at more catastrophic levels. Several participants indicated they were still recovering and struggling at the time of the interviews. As the social and business restrictions of the COVID-19 global pandemic are lifted, it is easy to forget the pandemic's impact on vulnerable populations. Nevertheless, the long-term effects of the COVID-19 global pandemic on FFY are mainly unknown. The stories of the 6 FFY in this study were marked by hardship during

the COVID-19 global pandemic covid, mental illness, lack of social support, and, most significantly, homelessness.

Five participants were homeless during the COVID-19 global pandemic, which was a higher rate than the reported rates in the literature. Causes of homelessness varied from campus dorms closing and FFY not having a family to go to, to poor living conditions creating an unsafe environment and availability of repair services. One participant was in the process of moving when the COVID-19 global pandemic hit and could not find a place to live because housing applications froze. Eviction protections prevented homelessness for many; however, options became very limited for those already in the process of moving. Another participant explained they were released from jail during the COVID-19 global pandemic and struggled to find somewhere to live.

The participants' living conditions were often with several other people and through informal support. Informal support included a former foster family, a gym owner, friends, and romantic partners. Although one participant had consistent housing, he expressed concerns he would have been homeless without the support of his friends. Social support has remained the strongest protective against homelessness for FFY (Kelly, 2020). Evan highlighted the phenomenon of FFY's experiences with homelessness during the COVID-19 global pandemic in the profound statement when he said, "I never knew it was so easy to be homeless." The alarmingly high rate of homelessness among these six participants highlighted the vulnerability of FFY and the fragility of community interventions.

The COVID-19 global pandemic exacerbated unemployment, which left FFY at increased risk of homelessness. Many of the participants experienced unemployment

during the COVID-19 global pandemic. FFY with full-time employment have a 23.1% lower risk of becoming homeless, whereas part-time employed FFY have a 14% lower risk (Kelly, 2020). Accessible government assistance, extended foster care programs, and other resources are needed for FFY to increase employment and aid against the risk of homelessness. The national crisis of the COVID-19 global pandemic showed how fragile government systems are for vulnerable populations such as FFY.

Community interventions such as social support, access to health care, mental health treatment, and education all influence positive outcomes for FFY. The impacts of the COVID-19 global pandemic have exacerbated the hardships FFY already face, such as housing and food insecurity, poverty, chronic health conditions, mental illness and substance misuse, education disparities, involvement in the criminal justice system, and overall job security. Community interventions that target the needs of FFY promote positive outcomes and reduce the likelihood of FFY involvement in costly government systems such as the criminal justice system, inpatient mental health centers, and rehabilitation facilities. Providing FFY with mental health treatment promotes insight into an individual's trauma and increases their healthy coping skills, increasing resiliency and positive outcomes. FFY needs education and vocational resources. FFY explained even with college waivers and grants, they still struggled to fund education. Without education or vocational training, FFY are unlikely to maintain financial security. FFY need grants to cover housing, food, and all education expenses because they do not have families to fall back and rely on for support.

FFY associate government assistance with reliance on others. Reliance on others is not a common phenomenon for FFY, likely due to resentment toward the system that

failed them and distrust that systems providing assistance will help them. Furthermore, FFY do not have knowledge of assistance available to them. Five participants in the current study needed to be made aware of the available resources. Social isolation and lack of communication with others were associated with lockdowns during the COVID-19 global pandemic, limited knowledge, and access to assistance at higher rates. To prevent FFY involvement in costly government systems and experiences with homelessness, outreach to FFY is warranted so they are aware of assistance available to them.

Federal legislation providing immediate funds and comprehensive support services for emancipated foster youth would increase positive outcomes. Additionally, because most emerging adults rely on support from parents until age 26, extended foster care should extend to 26 years old instead of 19 or 21 years old. Kelly (2020) found FFY who aged out of care at 21 had a 42.4% lower chance of becoming homeless than FFY between 18–20. FFY with social support had a 58.7% lower risk of homelessness than those without social support (Kelly, 2020). Extending foster care to age 21 would provide social support and is necessary to prevent the homelessness of FFY. Extended foster care should provide access to physical and mental health needs are likely more acute than those in the general population. Parents do not stop supporting their children after age 18; thus, the child welfare system, which serves as legal guardians for foster youth to ensure their safety and well-being, has an obligation beyond 18.

Limitations

The small sample size of the current study included only six participants; and therefore, the findings cannot be generalized to FFY at large. The demographic

information, ACEs, and expanded ACEs questionnaires were self-report measures and were not confirmed in the interview. Therefore, several differences may exist between self-reports on demographics and ACEs and if they were administered in the research interviews.

Personal characteristics of the research, such as gender, race, culture, education, and age, impacted rapport with the participants. The researcher ran into issues with the interview questions. Thus, the vernacular of the questions could have been simplified. The vagueness and scope of the questions were a challenge for the participants. Most participants repeated the question and asked what the researcher meant. Although contraindicated for the methodology, close-ended questions would have benefited the rapport and information gathered throughout the interviews. The nature of virtual interviews could have impacted the research negatively and positively. The research was conducted during the COVID-19 global pandemic and may have skewed participants' responses. Within the theme of resilience, it may have been hard for participants to reflect on hardships as they were still occurring. Participants may have opened up more because there was a barrier and safety associated with virtual interviews. However, it was harder for the researcher to observe behavioral cues.

The nature of phenomenological qualitative research carries several limitations. Most significant to note is the absence of quantitative data. Additionally, asking about participants' experiences aging out of foster care and navigating the COVID-19 global pandemic is outside the typical questions about foster care, which may have impacted findings. Furthermore, the individual experiences of FFY and differences within each participant's experience could not be generalized and therefore were not included in the

study. There are no objective tests for reliability and validity. Although steps were taken to ensure validity and reliability, they were performed by humans and therefore had biases embedded within. Although part of Moustakas's qualitative data analysis is to set aside personal biases, human nature makes this impossible, and the reality of qualitative data includes several biases.

The personal characteristics of the participants are another limitation of the current study. Individuals who volunteer for research have distinct personality traits. Volunteer research participants have lower rates of neuroticism and higher rates of conscientiousness, extroversion, and agreeableness (Lönnqvist et al., 2007). Resiliency characteristics of individuals with childhood trauma have a lower risk for posttraumatic stress disorder, depression, substance misuse, and suicidality (Wingo et al., 2014). The theme of resilience may be related to the characteristics of this study's participants and may not be generalizable to FFY.

Resiliency is a protective factor against homelessness during the COVID-19 global pandemic. The participants in this study disclosed depression, substance misuse, trauma histories, and suicidality. Nonetheless, the participants had high rates of resiliency. FFY with lower resiliency rates will likely have increased adverse outcomes, as they are at higher risk for severe mental health disorders. Despite high levels of resiliency, 5 out of the 6 participants experienced homelessness. Although resiliency may not be a characteristic of FFY at large, the participants in this study illuminated the hardships and barriers for FFY to meet their basic needs during the COVID-19 global pandemic when resiliency is present. FFY, with lower resiliency rates, were suspected of having more significant hardships during the COVID-19 global pandemic. Lastly, the

accuracy of the number of foster homes and group homes reported by the participants experienced is a limitation. Some participants entered care before age 5 and could not accurately remember their placement history.

The structure of the demographic survey is a limitation of the current study. FFY is suspected of having a higher number of placements than reported. Furthermore, the demographic survey did not account for the difference between the number of total placements and the number of transitions. For example, one participant discussed living in a group home, going to a foster home, and returning to the same group home. The demographic survey accounted for two placements instead of three and represented placement instability.

Future Research Directions

The relationship between social support and extended foster care may be bidirectional. The current study only included two participants who benefited from extended foster care. The two participants who were involved in extended foster care had more social support than participants without extended foster care. Therefore, future research should assess the experiences of FFY who used extended foster care and foster youth who ran away, and emancipated FFY to understand the role of social support concerning extended foster care.

Participants were spread out and participated in interviews from different regions; thus, economic differences in communities likely played a role in their circumstances and opportunities after aging out. Future research should address the gap of region-specific use, state legislation, and FFY experiences aging out of foster care. Furthermore, when participants were asked follow-up questions about extended foster

care, participants needed clarification on what resources were available. Future research should address what factors are correlated with participation in extended foster care. Current literature supports better outcomes for individuals enrolled in extended foster care; yet, there is no research to date analyzing the factors determining FFY use of extended foster care.

The core theme of resiliency was endorsed by all participants on several occasions and was an unexpected finding of the experience of FFY. Future research on Resiliency in FFY and the level of which reliance moderates poor outcomes can add to the body of literature about the experiences of FFY. The effects of the COVID-19 global pandemic may be long-term; therefore, longitudinal studies would benefit the field in knowing the long-term disadvantages the COVID-19 global pandemic brought for FFY.

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Appendix A

Interview Questions

Demographic and Eligibility Questionnaire

1. How old are you?
2. How do you describe your race and ethnicity?
3. What is your relationship status?
4. Are you currently employed? If so, where?
5. What is your current housing situation?
6. Any former or current convictions or charges?
7. What is your highest level of education?
8. How old were you when you entered foster care?
9. How old were you when you aged out?
10. How many foster homes have you been placed in?

Expanded Adverse Childhood Experiences

1. Did a parent or other adult in the household often: Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often: Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you?

4. Did you often feel that: No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced?

7. Were any of your parents or other adult caregivers: Often pushed, grabbed, slapped, or had something thrown at them? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a 1few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Did a household member go to prison?

11. Did a parent, or someone who was like a parent to you, have to leave the country to fight in a war or was gone for several months or longer?

12. Did you have five or more foster placements?

13. Did you experience a failed adoption?

14. Were you hit or attacked because of your skin color, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you were gay?

15. Did you SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at school, at a store, in a car, on the street, or anywhere else outside of home?

16. Were you in any place where you could see or hear people being shot, bombs going off, or street riots? Or experienced a natural disaster?

17. Was there a period of time when you had no really good friends and there was no one else you felt close to?

18. Have you been in a life-threatening accident? Or sustained a very serious injury?

Interview Questions

1. What was your experience in foster care?
- Could you briefly describe your experience in foster care?
- What is your experience with mental health?
- In what ways do you believe your experience foster care impacted you?
- Could you provide an example?

2. What was your experience aging out of foster care?
- What was your experience of support transitioning out of care?
- What was the most challenging aspect of aging out of care?
- Could you provide an example?

3. What was your experience navigating life after aging out?
- What was your experience balancing responsibilities? (Housing, employment, school, self-care etc)
- What do you wish others knew about aging out of foster care?
- Could you provide an example?

4. What was your experience navigating the COVID-19 global pandemic?

- How were you impacted by COVID-19?
- What was your experience with social support during quarantine?
- What changes occurred in your life after COVID-19 global pandemic began?
- How was your experience during the COVID-19 global pandemic shaped by aging out of foster care?
- Could you provide an example?

Appendix B

Explanatory Statement

To Whom It May Concerns,

My name is Lindsey Mendoza I am a Psy.D. student at Northwest University. I would like to invite you to participate in my research on FFY as part of my doctoral dissertation.

You are invited to participate in this research project if you fulfill the following criteria:

- Between the ages of 18 and 28 years
- Aged out of foster care in the United States
- English speaking

Purpose and Background

Your participation is voluntary, and you have no obligation to participate. This study is part of a dissertation requirement at Northwest University. The researcher of this study is interested in hearing your experiences of foster care, particularly your experience aging out of care. This study will employ a Narrative Inquiry approach using a semistructured interview to capture experiences over time. While the research may not directly benefit you, it holds the potential to provide insights to the subjective experiences of aging out of foster care. The intention is to help mental health professionals in their clinical work to support individuals who have experienced aging out of foster care. It is possible that participating in this research may surface uncomfortable emotions or distressing memories as a result of issues raised during the interview. At any time, you will be free to choose not to answer questions or to discontinue from the research. If you experience distress, you are strongly encouraged to

constant the resources provide attached to the informed consent sheet. All participants will receive a $20 gift card to Amazon as a token of appreciation for your time.

What's Involved?

If you are interested in participating in this study, I will send you a Qualtrics link to fill out demographic information to determine eligibility. After eligibility is confirmed, I will send you a link inviting you to remotely meet with me remotely using a HIPPA compliant Telehealth video platform, Microsoft Teams. I will have three questions to ask, however, deviation from these questions will occur to fully understand your subjective experience. Depending on the interview process, I anticipate the interview lasting approximately one hour. The interview will be audio recorded using Microsoft Teams and will be stored on a password protected external hard drive that will remain in a locked filling cabinet. Your answers to the interview questions will remain confidential. Your participation is voluntary, and you may discontinue participation at any time; in which the researcher will discontinue the interview questions and delete the audio recording.

If you are interested in participating, please contact me by phone, text message, or email.

Thank you!

Lindsey Mendoza | (XXX) XXX-XXXX | XXXX@northwestu.edu

Appendix C

Consent Form

Participation in the study typically takes 1 hour. You begin by answering a series of demographic questions on Qualtrics to determine eligibility. Followed by a virtual interview where you will be asked questions regarding your experiences aging out of foster care, using a HIPPA compliant, Telehealth platform, Microsoft Teams. Because we are not meeting face to face, I request that you remain in a private location where you feel comfortable talking about your experiences. Your responses will be transcribed, and a pseudo name will be given to protect your identity. Transcriptions will be send to you for review and any clarifying remarks. Transcripts will be stored in a locked filling cabinet separate from the consent forms with identifying information, which only the researcher will have access to. Your responses will be treated confidentially and will not be linked to any identifying information about you. You may discontinue the interview at any time if you wish. The results from this study will be presented within research papers and may be shared at a professional conference or presented in academic settings**.** Given the subjective experience of the data collected and nature of information collected that may be indirectly identifiable or acutely sensitive, the electronic data will be destroyed by the researcher after the completion of doctoral dissertation requirements. If participants have further questions about this study or their rights, or if they wish to lodge a complaint or concern, they may contact the principal investigator, Lindsey Mendoza, Email: xxxxxx@northwestu.edu; Dr. Nikki Johnson, Northwest University College of Social and Behavioral Sciences, Email: xxxxx@northwestu.edu; or the Chair

of the Northwest University Institutional Review Board, Dr. Cheri Seese, at xxxxx@northwestu.edu or 425-285-2413.

If any questions or content of this questionnaire bring up personal questions, confusion, distress, or anxiety, you may seek help by contacting the Crisis Text Hotline by texting 741741 or call the Volunteers of America Crisis Line at 1-800-584-3578 or visit the website at https://www.crisisconnections.org/24-hour-crisis-line/. In addition, Psychology Today at www.psychologytoday.com is a resource to find a referral for a counselor in your area. I am available to help you find a counselor as well.

Before taking part in this study, please read the consent form and print and click on the "I Agree" button" at the bottom of the page, if you understand the statements and freely consent to participate in the interview. You may exit the interview at any time in which the recording will immediately be destroyed. Thank you for considering participating in this study.

Lindsey Mendoza
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Nikki Johnson, Psy.D.
Professor of Psychology
College of Social & Behavioral Sciences
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Please print a copy of this consent form for future reference

If you are 18 years of age or older, understand the statements above, and freely consent to participate in the study, click on the "I Agree" button to begin the demographic and eligibility survey.

I Agree

I Disagree

Appendix D

Core Themes

Core Themes 1

Resilience

Definition: Participants described experiences of overcoming hardships, pushing through limitations, and not letting circumstances define their lives.

Core Theme 2

Mental Health

Definition: challenges with mental health, from depression, anxiety, substance abuse, and suicidality. These challenges were expressed in experiences in foster care, aging out of care, but more prominent were the challenges with mental health during the COVID-19 global pandemic.

Core Theme 3

Social Support

Definition: formal and informal mentors, such as having someone to rely on or seek advice from. Participants often reference personal responsibility, reinforced hyper-independence and an inability to rely on others. Some participants described a person or significant relationship that helped them through hardships and provided guidance and advice. Lack of social support was also expressed in participants' statements of loneliness.

Core Theme 4

Identity

Definition/Meaning: Conceptualizations, expressions, and development of identity and social identity. Participants explained outcomes of identity such as low self-esteem, external locus of control, and lack of confidence in themselves.

Core Theme 5

Hardships due to the COVID-19 global pandemic

Definition/Meaning: insecurities and examples of how the COVID-19 global pandemic effected participants. Topics covered were insufficient resources to meet basic needs (food, shelter, and medical care), poor mental health, and lack of connection to others. Additionally, participants explained poor mental health as an outcome of stress and inability to meet their basic needs.