

LONGITUDINAL OUTCOMES OF YOUTH WHO AGE OUT OF FOSTER CARE

by

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PREVIEW

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CHAPTER 1: INTRODUCTION

Study Context

Each year in America, between 20,000 and 30,000 youths reach an age, typically 18 years, when they must exit the foster care system due to age restrictions, in a process referred to as *aging out* (U. S. Department of Health and Human Services, 2016). Representing 9% of the total point-in-time individuals in foster care, these youths are suddenly considered adults by the state that supported them for at least part of their lives, and they must immediately assume responsibility for securing housing, earning an income, and making decisions about their scholastic futures (Child Welfare Information Gateway, 2017). Their former foster parents no longer receive payments to subsidize the shelter and care of these youths, and eligibility lapses in medical and tuition benefits occur in many states.

With unreliable parental support and a discontinuation of services, aged-out youth are unfortunately at an increased risk for problems in multiple domains critical to successful development in adulthood (Courtney & Heuring, 2005; Masten, Obradovic, & Burt, 2006). This is compounded by risk factors accumulated over the lifespan, such as exposure to abuse, neglect, and extreme poverty (McMillen, et al., 2001).

Research assessing adolescent readiness to transition out of foster care has identified a sizable minority of foster youths who can be classified as having low- or moderate-readiness, as indicated by employment, education, and various life experiences, as well as risk for criminal involvement and psychopathology (Keller, Cusick, & Courtney, 2007; Vaughn, Shook, & McMillen, 2008). Resilience factors which buffer the negative factors related to poor transition have also been identified. Some youths who experience adversity nevertheless manage to thrive post-foster care due to personal resources such as optimism, intelligence, goal-orientation, and the ability to plan for the future (Eccles, Templeton, Barber, & Stone, 2003; Haas & Graydon,

2009; Masten et al., 2004; Roisman, Aguilar, & Egeland, 2004). While these personal attributes are undoubtedly important in understanding former foster youth outcomes, they are not as amenable to intervention as are external environmental factors which can be targeted by prevention programs and policies.

The Context of Emerging Adulthood

Youth who age out of foster care transition to adulthood at a particularly vulnerable time known as *emerging adulthood*. Emerging adulthood refers to the developmental period, which for most individuals takes place between the ages of 19 and 25, where youths explore adult roles and responsibilities (Arnett, 2000). The goal of this period is to acquire the skills and experiences necessary to transition successfully to the adult role, and often the period is marked by instability as youths change residences, jobs and schools more than in any other period of life (Arnett, 2000; Eccles, et al., 2003).

As emerging adults experiment with experiences and roles, many rely on the support of parents (Schoeni & Ross, 2005). On average, parents report spending \$2200 and 367 hours yearly to support and mentor their adult children (ages 18-to 34-years; Schoeni & Ross, 2005). In fact, those raising children are estimated to spend nearly one-quarter of their entire child-rearing cost after youth reach age 17, with two-thirds of emerging adults in their early 20s receiving direct economic support from their parents (Shoeni & Ross, 2005).

Without this support, many former foster youths find emerging adulthood to be a time of floundering while their peers thrive. While many emerging adults can experience setbacks and change directions in a supported context, these developmentally normal situations place many foster youth in turmoil and at an increased risk for a number of negative experiences in emerging

adulthood (Masten, Obradovic, & Burt, 2006; Osgood, Foster, Flanagan, & Ruth, 2005; United States Department of Health and Human Services, 2007).

Outcomes of Former Foster Youth

Foster youth experience a number of poor outcomes at disproportionately high rates, compared to youth in the general population (Ahrens, et al., 2010; Courtney, Dworsky, Lee & Raap, 2010; Davis, 2006; Fowler, Toro, & Miles, 2009; Goerge, et al., 2002; Greene, Ennet, & Ringwalt, 1999; Pilowsky & Wu, 2006). For example, less than 60% of aged out foster youth graduate from high school by age 19, compared to 87% of non-foster youth (Courtney, 2009). While 10% of foster youth go on to earn a general equivalence degree (GED), this may not improve employment prospects unless those youth continue on to postsecondary education (Hamilton & Hamilton, 2006).

Additionally, foster youth who age out also attend and complete higher education at lower rates than their peers (Courtney, et al, 2005), with one study reporting that 26% completed a degree or certificate (Pecora, et al., 2006). Of those, about 15% completed a vocational/technical degree and only 2.7% completed a 4-year degree. Postsecondary education provides emerging adults with a number of benefits, including a supportive context in which to explore career options, relationships, and adult identities. It can serve as a stepping stone to increased autonomy and economic stability, and it can lead youth to a career which provides additional emotional satisfaction (Eccles, et al., 2003). Those with college degrees, for example, benefit from increased job stability, higher wages, healthcare coverage, and additional supports (Hamilton & Hamilton, 2006). Youths who age out often miss out on these benefits as they experience significant barriers to postsecondary educational attainment.

If they do enroll in post-secondary education, aged out youth are more likely to choose a two-year college than their non-foster care peers (56% versus 25%) and less likely to enroll in a four-year college (28% versus 71%; Courtney, Dworsky, Lee & Raap, 2010). Davis (2006) used data from the National Center for Education Statistics (NCES) and found that “college qualified” foster youth were far less likely than their non-foster care peers to complete a degree or certificate within the first six years of enrollment (26% versus 56%), despite being more likely than those with no foster care experience to received financial aid.

This suggests that barriers beyond the financial are hindering the progress of these youth. In one qualitative study of testimonies given by 43 high-school and college-aged current and former foster youth, self-identified barriers to educational success included a lack of permanent relationships with caring adults, lack of resources for educational materials, inability to participate in extracurricular activities, untreated mental health problems, and lack of preparation and support for independent living (Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012).

Whether they attend college or not, employment during emerging adulthood is an important context in which to explore roles, receive mentorship, and gain skills (Hamilton & Hamilton, 2006). However, aged-out youth are often unemployed or underemployed during emerging adulthood, making it difficult for them to attain stability and nearly impossible for them to reap the benefits of early and stable employment (Dworsky, 2005; Goerge, et al., 2002). In a study examining the employment patterns of former foster youth in their first two years following aging out, Dworsky (2005) found that the majority of youths were only employed for approximately 6 months of that follow-up period. Additionally, these youths earned wages that fall below the federal poverty guidelines and they often exhibited patterns of instability in employment status.

In a similar study of aged out youth in California, Illinois and South Carolina, Goerge and colleagues (2002) reported that no more than 45% of aged out youth in their sample were employed at any given point during a 3-year 3-month follow-up period. Aged out youths were employed at lower rates than youths from impoverished backgrounds who were never in foster care. Aged out youths in California and South Carolina had a 50% chance of gaining employment by age 20, while youths in Illinois had less than a 50% chance. This study also found that employed aged-out foster youth earned considerably less income than youth who were reunified with their families following foster care and those youth from impoverished families. The wages earned fell significantly below the federal poverty level.

Together, studies on the education and employment of aged-out youth suggest they are without support in a variety of ways. They miss out on the nurturance and self-exploration of early education and job experiences, and they lack the credentials and financial means to attain stability. At a time when peers are often afforded the leeway necessary for healthy development, these youths are without a safety net.

Related to the instability in education and employment experienced by aged out youth is their frequent struggle to secure safe and stable housing. The 2010 United States Census data estimates the number of adults, ages 18 to 29, living with their parents to be 36.6% (Lofquist, Lugaila, O'Connell, & Feliz, 2012), with African Americans more likely to reside with family until older ages, compared to European Americans (Hamilton & Hamilton, 2006). These youth have the flexibility of remaining or returning home, as 40% of emerging adults do in their early 20s, when the trials of securing a job or education in a difficult and competitive economy overwhelm their resources (Goldscheider & Goldscheider, 1999). While emerging adulthood is still marked by transience, even for non-foster youth, many aged out and foster youth experience

emerging adulthood as a time of housing instability and homelessness, possibly because they lack parental support (Courtney et al., 2007).

When surveyed retrospectively, 20 to 30% of homeless adults report having been involved in the foster care system (Roman & Wolfe, 1995; Toro & Warren, 1999). Within the first few years after aging out, it is estimated that 12-26% of aged-out foster youth experience a least one period of literal homelessness, meaning they resided in homeless shelters or places not intended for human accommodation (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Courtney et al., 2005; Stott, 2009). This prevalence is more than six times higher than the national 5-year prevalence of adult literal homelessness in 2001 (Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006).

Using data from the National Longitudinal Survey of Youth 1997, Berzin, Rhodes, and Curtis (2011) compared foster youth ($n = 133$) to a matched sample ($n = 458$) and results indicated that foster youth struggled more during their transition to independent living. Specifically, one study found that foster youth had higher rates of homelessness, less housing stability, more reliance on public housing assistance and poorer neighborhood quality when compared to a matched an unmated sample of youth (Berzin, Rhodes, & Curtis, 2011).

In addition to those who are literally homeless, a substantial proportion of aged-out youths experience periods of precarious housing, meaning they reside in temporary living arrangements with friends and family because they cannot afford to live elsewhere (Fowler, Toro, & Miles, 2009). The difficulty aged-out youths face in securing safe and stable housing likely makes it all the more challenging for them to achieve educational or employment goals, making it increasingly difficult for them to transition successfully into adulthood.

While aged-out youth face difficulties in terms of educational, employment and housing outcomes, these youth, and former foster youth in general, also suffer from emotional and behavioral problems, such as deviant and criminal activity, risky sexual behavior, and alcohol and drug abuse/dependence, more often than general population youth (Courtney, Terao, & Bost, 2004; Courtney et al., 2005; Jones, 2011; Pecora, Kessler, Williams, O'Brien, & Downs et al., 2005).

Most emerging adults experience increased stressors and a loss of supports, while supervisory structures no longer moderate impulsive behaviors. In general, this means emerging adulthood is a time of increased psychological distress, substance abuse, and risky behaviors, and this is certainly true of many aged-out youth (Courtney et al., 2001). In fact, the Surgeon General listed former foster youth among those most at risk for suicide mainly due to their high rates of suicide risk factors, such as mental illness and substance abuse (U.S. Department of Health and Human Services, 2016). One study reported this population is almost three times more likely than their peers to have considered suicide and nearly four times as likely to have attempted suicide (Pilowsky & Wu, 2006).

Mental health problems are prevalent among former foster youth. Studies indicate that at least one-third of former foster youth suffer from a diagnosable mental health issue (Barth, 1990; Courtney et al., 2001). A study of 113 Wisconsin aged-out youths, assessed 12-18 months after exiting foster care, found youths reported greater psychological distress than national norms for youths of the same age and race (Courtney et al., 2001). In addition, 18% reported having been incarcerated at least once since exiting foster care.

Similarly, a larger prospective study of 732 aged-out foster youth from Iowa, Illinois and Wisconsin showed high rates of substance abuse disorders and mental health disorders among

the youth (Courtney et al., 2005, 2007). In the final wave of data collection, 530 of these aged-out youths were interviewed at age 21 years, and the 12-month prevalence rate for substance abuse disorders was 16%, while the rate for mental disorders was 9%. Mental disorders prevalent among these youths included post-traumatic stress disorder and mood disorders (mainly depression and dysthymia). The youths also demonstrated higher rates of delinquency in the past 12 months, when compared to national norms, with crimes involving property damage, theft, belonging to a gang, and selling drugs among the most prevalent. Further, gender differences emerged such that women reported higher rates of mood symptoms while men reported more substance abuse and deviance (Courtney et al., 2005, 2007).

In the Northwest Foster Care Alumni study of family foster care, Pecora and colleagues (2005) interviewed 479 former foster youth, ages 20 to 33 years, and found the youth demonstrated poorer mental health outcomes than a general population sample. Overall, 54% of the sample had current mental health problems, compared to 22% seen in the comparison group. Twelve-month prevalence rates of post-traumatic stress disorder (25.2% versus 4.0%) and major depressive disorder (20.1% versus 10.2%) was significantly higher in the foster care sample than in the general population. However, they did not find significant differences between former foster youth and the general population for diagnoses of alcohol dependence and anorexia nervosa (Pecora et al., 2005).

In a more recent small mixed-method study of 16 former foster youths over the first 3 years after foster care exit, Jones (2011) found that 10 of the 16 developed at least one risk factor including problems with substance abuse, mental health problems and financial difficulties. Half of the sample developed a drug and/or alcohol problem, as well as poor financial stability, by the end of 3 years (Jones, 2011).

Research on former foster and aged-out youth has also begun to acknowledge the importance of considering risky sexual behaviors, along with other risk factors. As sexual risk-taking often occurs within a context of substance involvement (Oshima, Narendorf, & McMillen, 2013) and/or a lack of resources, aged-out youth are particularly vulnerable given their higher rates of substance-involvement, poverty, and housing instability (Courtney et al., 2007; Greene, Ennet, & Ringwalt, 1999). Throughout adolescence and into emerging adulthood, foster youth report higher rates of sexual risk including early sexual intercourse, casual sex, more sexual partners (Ahrens, et al., 2010), sex for drugs or money (Ahrens et al., 2010; Courtney et al., 2007), and sex with a partner who has a sexually transmitted infection (STI; Courtney et al., 2007).

Multiple studies have documented an increased risk of acquiring sexually transmitted diseases among aged out (e.g. Courtney et al., 2011) and even current foster youth (Sullivan & van Zyl, 2008). In fact, compared to the general population, foster youth are estimated to have between 3 and 14 times the risk of contracting an STI (Ahrens, et al., 2010). Data (n = 732) from the Midwest Evaluation of Adult Functioning of Former Foster Youth, a multi-state longitudinal study of aged-out youth, indicate that among those aged 17 and 18 years, 79% reported inconsistent condom use, 30% reported having ever had an STI or having a partner with an STI within the past year, 21% reported having had 5 or more sexual partners, and 9% reported having exchanged sex for money (Ahrens, McCarty, Simoni, Dworsky, & Courtney, 2013). Further, youths from this study at age 26 were nearly twice as likely to report having ever had an STI compared to their same-age peers in the general population (44% versus 23% for women and 18% versus 11% for men; Courtney, et al., 2011).

In addition to the significant risk of STIs among former foster youth, higher rates of pregnancy have been reported. In a sample of aging-out women from the Midwest Study, half reported having been pregnant by the age of 19, while only 20% of women in a nationally representative sample of general population youth reported the same (Dworsky & Courtney, 2010). By age 25 to 26, nearly 80% of the women in the Midwest sample reported having ever been pregnant, compared to 55% in a general population sample, and over 60% of the men reported having ever impregnated a partner, compared to 39% of the comparison group (Courtney, et al., 2011).

Similarly, a prospective study of 325 foster youths, from ages 17 to 19, found that by age 19, 55% of girls/women reported having been pregnant, and 23% of boys/men reported having impregnated a partner (Oshima, Narendorf, & McMillen, 2013). This represented an increase in pregnancy of 300% over the two years of the study. Interestingly, women with histories of arrests and men who exited foster care earlier were more likely to experience pregnancy. While pregnancy is not in itself a negative outcome, early and unwanted pregnancy may make achieving stability and goals more difficult for these youths who are already at an increased risk for poor outcomes.

As mentioned previously, foster youth also reported increased rates of transactional sex, or sex in exchange for drugs or money (Ahrens, et al., 2010). Surratt and Kurtz (2012) discovered that 17% of their sample of African American female sex workers reported having been in foster care, and 62% of those reported selling sex before the age of 18. Transactional sex is associated with a number of important health consequences, including STIs, depression, substance abuse, and victimization (Burnette, et al., 2008) and it has been linked to early experiences of abuse (Surratt & Kurtz, 2012; Wilson & Widom, 2008).

Transactional sex is related to a broader problem prevalent throughout the lives of foster youth: victimization. The majority of foster youth were removed from their original homes due to abuse or neglect (U. S. Department of Health and Human Services, 2016). In the Midwest study of aged-out youth, 27% reported a history of sexual molestation and 18% reported a history of rape, prior to exiting foster care (Ahrens, Katon, McCarty, Richardson, & Courtney, 2012). At age 19, 5% of the Midwest sample had engaged in transactional sex; 3.5% in the past year, and those reporting histories of sexual abuse or rape were more likely to engage in this risky sexual behavior than those without such a history (Ahrens, et al., 2012).

Similarly, in their 30-year prospective study, Wilson and Widom (2008) found that adults who had been physically or sexually abused as children were at significantly greater risk for prostitution, as well as early sexual contact and HIV infection. Given their histories of victimization, it is particularly important to understand the ways that these experiences impact the trajectories of former foster youth.

Victimization experiences throughout the lifespan increase foster youths' risk for additional negative outcomes. For example, in a sample of 17-year-old foster youth ($n = 373$), the strongest predictor of later psychiatric disorder was the number of types of maltreatment experienced in childhood (McMillen et al., 2005). Additionally, exposure to victimization is related to disruptions in housing and education among at-risk adolescents (Toro, Dworsky, & Fowler, 2007), and housing instability puts foster youth at increased risk for being victimized (Greene, Ennet, & Ringwalt, 1999).

This is demonstrated by the aged-out youth in the Midwest study, who were significantly more likely to have been the victims of violent crime than their non-foster care peers (Courtney, et al., 2009). Men were more than twice as likely as women to report having been the victim of

a violent crime in the past year, most frequently being held at gun or knifepoint, while women were almost as likely to report the latter as they were to report having been beaten up (Courtney, et al., 2011).

Current Study

The current study surveyed 265 former foster youths within an average of 3.5 years of aging out. Additionally, 57 youths were followed at 8.28 years post-aging out, providing a unique opportunity to assess a number of long-term outcomes for this group. Variables assessed included demographic information, foster care case information, psychological distress, deviance, lifetime victimization, substance abuse/dependence, and risky sexual behaviors, as well as housing, educational, and employment outcomes. As the number of youths aging out of foster care accounts for an increasing percentage of foster care exits (U.S. Department of Health and Human Services, 2016), the need for research to better understand the trajectories of aged-out youth is critical, as it will be key in informing policy and prevention programs aimed at easing their transition into adulthood.

The present study had two main goals: First, to describe a representative sample of aged-out former foster youth throughout emerging adulthood using retrospective longitudinal data; second, to examine possible predictors of negative outcomes among former foster youth. To accomplish these goals, the study utilized a variety of descriptive statistics, as well as t-tests, chi square tests of independence and multivariate multiple regression.

Hypotheses

First, it was hypothesized that the aged-out former foster youth would report significant decreases in homelessness, deviancy, risky sexual behaviors, victimization, and psychological

distress over time, while reporting increases in substance abuse/dependence, educational attainment, and income.

Based upon the existing literature regarding the trajectories of former foster youth, the following were hypothesized to predict negative outcomes in post-aging out youth: More time spent in foster care, non-Caucasian race, younger age at foster care exit, higher number of foster care placements, and higher total victimization scores. Outcomes to be considered in analyses include: educational attainment, housing status, income, psychological distress, deviant behaviors, risky sexual behaviors, and substance abuse/dependence symptoms.

Additionally, it was hypothesized that gender would predict univariate outcomes such that male gender would be associated with lower educational attainment, less stable housing status, higher income, lower psychological distress, more deviant behaviors, more risky sexual behaviors, and increased substance abuse/dependence.

CHAPTER 2: METHOD

Procedure

The present study sampled 265 youths, between the ages of 19- and 23-years, who aged out of foster care in the Detroit metropolitan area (i.e., Wayne, Oakland, and Macomb counties). An exit-cohort sampling strategy was employed, and the Michigan Department of Human Services (DHS) provided case summaries and contact information for all youths aged 18 years or older in Southeast Michigan whose foster care cases closed in 2002 and 2003 (population $N = 867$).

Initial telephone interviews took place over a ten-month period in 2005 and 2006, approximately 2 to 4 years ($M = 3.6$ years) post-foster care. To contact the youths, a number of tracking tactics were employed, including searches of public records, informational mailings, and contact with family members listed in the summaries provided by DHS. In all, contact was attempted with 772 of the 867 youths who had aged out, and successful contact was made with 287. Of those contacted, 16 exhibited cognitive impairments and 6 refused to participate, resulting in a response rate of 34% ($n = 265$), which is similar to another study of former foster youths (Pecora et al., 2006).

Between late 2009 and early 2011, a second interview was attempted with all 265 of the participants. Using the information available from DHS and the tracking efforts from the first interview, as well as updated searches of public records, contact was attempted via phone and mail. Interviewers were given training, practice and feedback on the administration of the measures before beginning interviews. Upon first phone contact, potential participants were informed of the purpose and details of the study. At the time of follow-up, former participants'

identities were first verified using birthdates and middle names, and then they were reminded of the purpose of the study.

At both time points, participants provided verbal consent over the phone, and an information sheet explaining the study was later mailed along with \$20 compensation for their time. In all, 58 participants were successfully contacted, reminded of their previous involvement with the study, and offered the opportunity to complete the same 30-minute telephone survey. The final sample for the second follow-up included 57 youth (1 former participant declined to take part in the follow-up; 22% of the 265 interviewed in the first follow-up).

Sample characteristics are summarized in Table 1. The first interview sample of 265 young adults were 20.49 years old, on average, and 52.10% were female. Participants identified as 77.70% African American, 21.50% Caucasian, 0.40% Hispanic and 0.40% another race or ethnicity. According to their DHS summaries, these youth were primarily placed in foster care due to parental abuse or neglect, though 22% resided in foster care due to deviant behavior. On average, the sample entered foster care at 13.31 years of age ($SD = 3.81$), with a range from 1 to 17 years old. While in foster care, the youths experienced an average of 5.77 placements ($SD = 4.31$; range = 1 to 29).

These youths are representative of foster youth who age out in the Detroit Metropolitan area in terms of gender, ethnicity, and age (Fowler, 2009). The second interview sample of 57 was an average of 25.79 years old at the time of the interview, and they identified as 71.90% African American, 24.60% Caucasian, 1.80% Hispanic and 1.80% another race or ethnicity.

Measures

The current study included information from a variety of measures and records assessing a range of domains. These measures have been used in previous successful studies of at-risk and foster youth (Cauce et al., 1994; Cauce et al., 2000; McCaskill, Toro, & Wolfe, 1998; Wolfe, Toro, & McCaskill, 1999).

Life Circumstances. The Housing, Education and Income Timeline (HEIT) was used to explore the participants' housing security, educational attainment, and employment in the time since leaving foster care. The HEIT is based on the Life History Calendar technique in which participants recall specific aspects of their lives over time, accounting for each date so as to produce a timeline of each relevant domain (Freedman et al., 1988). Similar techniques have been found to be an accurate means of collecting continuous data on sequential personal events (i.e. jobs, homes; Caspi et al., 1995).

Further, this technique has demonstrated adequate reliability and validity in studies of at-risk populations of homeless adolescents and adults (McCaskill, Toro, & Wolfe, 1998; Toro et al., 1995, 1997). Among homeless adults, the technique demonstrated good test-retest reliability over a two week period, with number of housing sites ($r = .98$), income from employment ($r = .94$), and receipt of public assistance ($r = .79$) all within acceptable limits (Roll, Toro, & Ortola, 1999).

For this study, participants were first asked to furnish the date that they felt reflected their exit from foster care. This method was used, rather than referencing the official closure date from DHS records, because it more accurately reflects the perceptions of those impacted, rather than processing time within the foster care system. Starting from that date, they provided their living situations, educational experiences and sources of income to the present date. For the second

follow-up interview, they provided this information from their first interview date to the current interview date.

To assess housing, participants provided starting and ending dates for each housing experience, as well as the type of housing and whether or not they considered themselves homeless at each location. In accordance with federal guidelines for adolescent homelessness (McKinney-Vento Homeless Assistance Act), homelessness was defined as an undesirable living situation, even for one night, due to an inability to afford an alternative living arrangement.

Using this housing information, instances of homelessness were further categorized to reflect the level of safety available at each site. Literal homelessness was distinguished as sites such as homeless shelters or places not ordinarily deemed appropriate as a regular sleeping accommodation for human beings (i.e. abandoned buildings, cars, and parks). This definition of literal homelessness reflects the criteria set forth for adult homelessness by the United States Department of Housing and Urban Development (HUD).

Further, a category of precarious housing situations was used to categorize living sites which are temporary and utilized when other options cannot be afforded, such as cohabitating with friends, relatives, and others (Haber & Toro, 2004). Housing sites were then categorized, into three groups: unstable housing (literal homelessness, jail, or psychiatric hospital), precarious housing, and stable housing (any other living situation). A homelessness vector was additionally created to reflect those who had ever experienced literal homelessness (-1), those who had experienced precarious housing (0) and those who had not experienced homelessness (1) during each follow-up period.

Also using the HEIT, information on educational experiences was gathered. The HEIT includes information on graduating from high school and earning a general equivalence degree