

**Midwest Evaluation of
the Adult Functioning of
Former Foster Youth:
Outcomes at Ages 23 and 24**

Mark E. Courtney
Partners for Our Children,
University of Washington

Amy Dworsky
Chapin Hall at the
University of Chicago

JoAnn S. Lee
Partners for Our Children,
University of Washington

Melissa Raap
Partners for Our Children,
University of Washington

2010

**Midwest Evaluation of
the Adult Functioning
of Former Foster Youth:
Outcomes at Age 23 and 24**

Mark E. Courtney, Partners
for Our Children, University of
Washington

Amy Dworsky, Chapin Hall at
the University of Chicago

JoAnn S. Lee, Partners for
Our Children, University of
Washington

Melissa Raap, Partners for
Our Children, University of
Washington

Recommended Citation

Courtney, M., Dworsky, A.,
Lee, J., & Raap, M. (2009)
*Midwest evaluation of the
adult functioning of former
foster youth: Outcomes at age
23 and 24*. Chicago: Chapin
Hall at the University of
Chicago

ISSN: 1097-3125

© 2010 Chapin Hall
at the University of Chicago

Chapin Hall
at the University of Chicago
1313 East 60th Street
Chicago, IL 60637

773-753-5900 (phone)
773-753-5940 (fax)

www.chapinhall.org

Acknowledgments

The authors wish to thank our three state partners, the Illinois Department of Children and Family Services, the Wisconsin Department of Health and Family Services, and the Iowa Department of Human Services. The study would not have been possible without their ongoing cooperation and early financial support. We also want to acknowledge the Annie E. Casey Foundation, Casey Family Programs, the Jim Casey Youth Opportunities Initiative, the Stuart Foundation, and the Walter S. Johnson Foundation, which funded the fourth wave of survey data collection, and the Bill and Melinda Gates Foundation, which funded the data analysis, as well as the W.T. Grant Foundation and the National Institute for Justice which provided support for other components of the research. Finally, we would like to thank the University of Wisconsin Survey Center in Madison, Wisconsin for all of their hard work.

Table of Contents

Introduction.....	1
The Midwest Study: Background and Overview.....	3
Demographic Characteristics.....	6
Time Since Discharge from Care	8
Living Arrangements.....	9
Relationships with Family of Origin.....	12
Social Support.....	15
Ethnic Identity	18
Foster Care Experiences.....	20
Preparation for Independent Living	21
Education	22
Employment and Earnings.....	27
Income.....	32
Economic Hardships	35
Receipt of Government Benefits	37
Physical Health and Access to Health Care Services.....	40
Utilization of Mental Health Services.....	44
Sexual Orientation and Behaviors	46
Pregnancy.....	49
Marriage, Cohabitation and Relationships.....	54
Parenthood	58
Illegal Behavior and Criminal Justice System Involvement.....	66
Victimization	70
Civic Participation.....	72

Religion.....	75
Feelings about the Transition to Adulthood	77
Life Satisfaction and Future Orientation.....	79
Mentoring.....	81
Connectedness	83
Trends over Time	84
Trends in Educational Attainment and School Enrollment.....	84
Trends in Current Employment	87
Trends in Family Formation.....	88
Trends in Criminal Justice System Involvement	91
Trends in Connectedness.....	93
Discussion and Next Steps.....	95
References.....	98

List of Figures

Figure 1. Trends in Young Women's Educational Attainment.....	85
Figure 2. Trends in Young Men's Educational Attainment	85
Figure 3. Trends in Young Women's School Enrollment.....	86
Figure 4. Trends in Young Men's School Enrollment.....	87
Figure 5. Trends in Current Employment by Gender	88
Figure 6. Trends in Marriage and Cohabitation among Females	89
Figure 7. Trends in Marriage and Cohabitation among Males.....	89
Figure 8. Trends in Parenthood among Females	90
Figure 9. Trends in Parenthood among Males.....	91
Figure 10. Trends in Criminal Justice System Involvement among Females	92
Figure 11. Trends in Criminal Justice System Involvement among Males	93
Figure 12. Trends in Connectedness by Gender.....	94

List of Tables

Table 1. Data Collection and Response Rates at Waves 1 to 4	4
Table 2. Demographic Characteristics of Study Participants Interviewed at Wave 4	6
Table 3. Midwest Study Baseline Sample Compared with Sample Interviewed at Wave 4	7
Table 4. Number of Years Since Exiting Foster Care at Time of Wave 4 Interview	8
Table 5. Current Living Arrangements: Midwest Study Compared with Add Health Study.....	9
Table 6. Number of Living Situations Since Exiting Foster Care.....	10
Table 8. Closeness to Biological Family Members.....	12
Table 9. Frequency of Contact with Biological Family Members	13
Table 10. Perceived Social Support	15
Table 11. Adequacy of Social Support Network.....	17
Table 12. Ethnic Identity.....	18
Table 13. Feelings about Foster Care.....	20
Table 14. Perceived Preparedness for Self-Sufficiency	21
Table 15. Highest Completed Grade by Gender	22
Table 16. Highest Completed Grade: Midwest Study Compared with Add Health Study	23
Table 17. School Enrollment: Midwest Study Compared with Add Health Study.....	23
Table 18. Funding for Post-Secondary Education.....	24
Table 19. Barriers to Continuing Education by Gender.....	24
Table 20. Job Training	25
Table 21. Dropping Out of School	26
Table 22. Employment: Midwest Study Compared with Add Health Study	27
Table 23. Hours Worked Per Week and Hourly Wages at Current Job.....	27
Table 24. Employment by Gender	28
Table 25. Hours Worked Per Week and Hourly Wages at Current Job by Gender	29

Table 26. Benefits Provided by Current Employer	30
Table 27. Employability and Job Search Activities	30
Table 28. Income from Employment During the Past Year: Midwest Study Compared with Add Health Study.....	32
Table 29. Income from Other Sources During the Past Year	33
Table 30. Asset Accumulation: Midwest Study Compared with Add Health Study	33
Table 31. Economic Hardships during the Past Year: Midwest Study Compared with Add Health Study	35
Table 32. Food Insecurity	36
Table 33. Receipt of Government Benefits during the Past 12 Months by Gender	37
Table 34. Current Receipt of Government Benefits by Gender	38
Table 35. Receipt of Government Benefits: Midwest Study Compared with Add Health Study	39
Table 36. Health Status at Age 23 or 24: Midwest Study Compared with Add Health Study.....	40
Table 37. Insurance Coverage: Midwest Study Compared with Add Health Study.....	42
Table 38. Access to Health Care: Midwest Study Compared with Add Health Study.....	43
Table 39. Mental and Behavioral Health Care Services Utilization: Midwest Study Compared with Add Health Study	44
Table 40. Sexual Orientation	46
Table 41. Self-Reported Sexual Behaviors by Gender	46
Table 42. Self-Reported Sexual Behavior of Females: Midwest Study Compared with Add Health Study	47
Table 43. Self-Reported Sexual Behavior of Males: Midwest Study Compared with Add Health Study ..	48
Table 44. Median Age at First Sexual Intercourse and Number of Sexual Partners by Gender: Midwest Study Compared with Add Health Study.....	48
Table 45. Young Women's Experiences with Pregnancy: Midwest Study Compared with Add Health Study.....	49
Table 46. Characteristics of Most Recent Pregnancy: Females in the Midwest Study Compared with Females in Add Health Study	50

Table 47. Young Men's Experiences with Pregnancy: Midwest Study Compared with Add Health Study	51
Table 48. Characteristics of Most Recent Pregnancy: Males in the Midwest Study Compared with Males in the Add Health Study.....	52
Table 49. Marriage and Cohabitation by Gender: Midwest Study Compared with Add Health Study.....	54
Table 50. Other Intimate Partner Relationships by Gender.....	55
Table 51. Conflict Tactics Scale by Gender	56
Table 52. Conflict Tactics Scale: Midwest Study Compared with Add Health Study Males	56
Table 53. Conflict Tactics Scale: Midwest Study Compared with Add Health Study Females	57
Table 54. Parenthood by Gender: Midwest Study Compared with Add Health Study.....	58
Table 55. Number of Children and Resident Children by Gender.....	59
Table 56. Current Living Circumstances of Non-Resident Children and Frequency of Visitation with Non-Resident Children During the Past Year	60
Table 57. Child Well-Being by Gender	61
Table 58. Parenting Resources and Role Models	61
Table 59. Parenting Stress.....	62
Table 60. Disciplinary Actions Taken During the Past 12 Months by Gender.....	64
Table 61. Engagement in Illegal Behaviors during the Past 12 Months by Gender: Midwest Study Compared with Add Health Study	66
Table 62. Self-Report of Arrest, Conviction, and Incarceration since Last Interview by Gender	68
Table 63. Cumulative Arrests and Convictions by Gender: Midwest Study Compared with Add Health Study.....	69
Table 64. Criminal Victimization by Gender: Midwest Study Compared with Add Health Study.....	70
Table 65. Sexual Victimization by Gender.....	71
Table 66. Civic Participation during Past 12 Months: Midwest Study Compared with Add Health Study	72
Table 67. Political Beliefs and Party Identification: Midwest Study Compared with Add Health Study ...	73
Table 68. Religious Participation and Faith: Midwest Study Compared with Add Health Study	75

Table 69. Perceptions of the Transition to Adulthood: Midwest Study Compared with Add Health Study	77
Table 70. Life Satisfaction	79
Table 71. Orientation Toward the Future: Midwest Study Compared with Add Health Study	80
Table 72. Mentoring Relationships: Midwest Study Compared with Add Health Study.....	81
Table 73. Connectedness.....	83

Introduction

For most young people, the transition to adulthood is a gradual process (Furstenberg, Rumbaut & Settersten, 2005). Many continue to receive financial and emotional support from their parents or other family members well past age 18. This is in stark contrast to the situation confronting youth in foster care. Too old for the child welfare system but often not yet prepared to live as independent young adults, the approximately 29,500 foster youth who “age out” of care each year (U.S. Department of Health and Human Services, 2009) are expected to make it on their own long before the vast majority of their peers.

The federal government has recognized the need to help prepare foster youth for this transition to adulthood since Title IV-E of the Social Security Act was amended in 1986 to create the Independent Living Program. For the first time, states received funds specifically intended to provide their foster youth with independent living services. Federal support for foster youth making the transition to adulthood was enhanced in 1999 with the creation of the John Chafee Foster Care Independence Program. This legislation doubled available funding to \$140 million per year, expanded the age range deemed eligible for services, allowed states to use funds for a broader range of purposes (e.g., room and board), and granted states the option of extending Medicaid coverage for youth who age out of foster care until age 21. Vouchers for postsecondary education and training have also been added to the range of federally funded services and supports potentially available to current and former foster youth making the transition to adulthood.

More recently, there has been a fundamental shift toward greater federal responsibility for supporting foster youth during the transition to adulthood. The Fostering Connections to Success and Increasing Adoptions Act of 2008 amended Title IV-E to extend the age of Title IV-E eligibility from 18 to 21. Beginning in federal fiscal year 2011, states will be able to claim federal reimbursement for the costs of foster care maintenance payments made on behalf of Title IV-E eligible foster youth until they are 21 years old.

To qualify for reimbursement, Title-IV E eligible foster youth age 18 and older must be either completing high school or participating in an equivalent program; enrolled in postsecondary or vocational school; participating in a program or activity designed to promote or remove barriers to employment; employed

for at least 80 hours per month; or incapable of doing any of these activities due to a medical condition. They can be living independently in a supervised setting as well as placed in a foster home or group care setting, but the protections afforded to foster children under age 18 (e.g., judicial or administrative case review every 6 months) still apply. State child welfare agencies are also required to help young people develop a youth-directed transition plan during the 90 days immediately before they exit care.

This change in federal policy was informed by findings from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (the “Midwest Study”), the largest longitudinal study of young people aging out of foster care and transitioning to adulthood since the passage of the John Chafee Foster Care Independence Act in 1999.

The Midwest Study: Background and Overview

The Midwest Study is a collaborative effort among the public child welfare agencies in the three participating states (Illinois, Iowa, and Wisconsin), Chapin Hall at the University of Chicago, Partners for our Children at the University of Washington, and the University of Wisconsin Survey Center. Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood since the John Chafee Foster Care Independence Act of 1999 became law. Planning for this project began in early 2001 when the public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to use some of their federal Chafee funds to study the outcomes for youth who age out of care. Chapin Hall assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. Each state provided Chapin Hall with a list of all youth who met the study's eligibility criteria (see below), and the University of Wisconsin Survey Center was contracted to conduct the in-person interviews.

Youth were eligible to participate in the study if they were in the care of the public child welfare agency at age 17, if they had entered care prior to their 16th birthday, and if the primary reason for their placement was not delinquency. Youth with developmental disabilities or severe mental illness that made it impossible for them to participate in the initial interviews and youth who were incarcerated or in a psychiatric hospital were excluded from participation. Youth were also ineligible to participate if they were on run or otherwise missing from their out-of-home care placement over the course of the field period for the initial interviews or if they were in a placement out of state. The final sample of 763 included all of the Iowa and Wisconsin youth as well as two-thirds of the Illinois youth who fit the study criteria.¹

¹ This was done because Illinois has a much larger out-of-home care population than either Wisconsin or Iowa.

Baseline interviews were conducted with 732 or 96 percent of the eligible youth (63 from Iowa, 474 from Illinois, and 195 from Wisconsin) between May 2002 and March 2003. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or inability to make contact with the youth. All of the youth were 17 or 18 years old when they were interviewed, and the results were reported in *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave Care* (Courtney et al., 2004).

Three additional waves of survey data have since been collected (see Table 1). Eighty-two percent ($n = 603$) of the baseline sample were re-interviewed between March and December 2004 when most of the study participants were 19 years old and 81 percent ($n = 590$) were re-interviewed between March 2006 and January 2007 when nearly all of the study participants were age 21. Findings from the second and third waves of data collection were reported in *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19* (Courtney et al., 2005) and *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21* (Courtney et al., 2007).

Prior to the most recent wave of data collection, the study's Principal Investigator, Mark Courtney, relocated from the University of Chicago to the University of Washington. Thus, the project is a collaboration among three institutions: Chapin Hall at the University of Chicago, Partners for Our Children at the University of Washington, and the Survey Center at the University of Wisconsin-Madison.

Table 1. Data Collection and Response Rates at Waves 1 to 4

Wave of Data Collection	Dates of Data Collection	N	Age at Interview	% of Baseline Sample	Last Interviewed at Baseline	Last Interviewed at Wave 2	Last Interviewed at Wave 3
1	5/02-3/03	732	17-18	—	—	—	—
2	3/04-12/04	603	19	82	603	—	—
3	3/06-1/07	591	21	81	78	512	—
4	7/08-4/09	602	23-24	82	26	44	532

This report is based on the fourth wave of survey data. These data were collected from 82 percent ($n = 602$) of the baseline sample between July 2008 and April 2009. Study participants were 23 or 24 years old at the time. This report describes what we learned about how these young people were faring across a variety of domains, including living arrangements, relationships with family of origin, social support, education, employment, economic well-being, receipt of government benefits, physical and mental well-being, health and mental health service utilization, sexual behaviors, pregnancy, marriage and cohabitation, parenting, and criminal justice system involvement.

As in the earlier reports, we make comparisons between our sample of young adults who "aged out" of foster care and a nationally representative sample of 23- and 24-year-olds who participated in the

National Longitudinal Study of Adolescent Health (henceforth referred to as the “Add Health Study”).² This federally funded study was designed to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents. In-home interviews were completed with a nationally representative sample of students in grades 7 through 12 in 1994 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time, in 2001 and 2002, when they were 18 to 26 years old in order to explore the relationship between adolescent health behaviors and young adult outcomes. The data cited in this report were collected from the 1,488 Add Health Study participants in the core sample who were 23 or 24 years old at the time of that third interview.³

Where appropriate, we conducted tests of statistical significance. For categorical variables, we used chi squared as our test statistic and for continuous variables we used a t-statistic. All of the statistical tests were done using a significance level of $p < .05$. Unless otherwise noted, statistically significant differences are indicated by a single asterisk.

The picture that emerges from the following chapters is disquieting, particularly if we measure the success of the young people in our study in terms of self-sufficiency during early adulthood. Across a wide range of outcome measures, including postsecondary educational attainment, employment, housing stability, public assistance receipt and criminal justice system involvement, these former foster youth are faring poorly as a group. As we discuss in the conclusion of the report, our findings raise questions about the adequacy of current efforts to help young people make a successful transition out of foster care.

² The Add Health Study is directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwistle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (<http://www.cpc.unc.edu/addhealth>). No direct support was received from grant P01-HD31921 for this analysis.

³ Several groups were oversampled (e.g., African American youth from highly educated families or a parent with a college degree), but only youth in the core sample were included in our analyses.

Demographic Characteristics

Table 2 shows the demographic characteristics of the 602 young adults who completed an interview at wave 4.⁴ Nearly all were 23 or 24 years old, and the young women outnumbered the young men. More than two-thirds of these young adults identified themselves as non-white, including more than half who identified themselves as African American.⁵

Table 2. Demographic Characteristics of Study Participants Interviewed at Wave 4

	#	%
Age		
22	1	0.2
23	363	60.3
24	238	39.5
Mean = 23.91 years old		
Gender		
Male	280	46.5
Female	322	53.5
Race/Ethnicity		
Caucasian	180	29.9
African American	328	54.5
Hispanic or Latino or Spanish	24	4.0
Native American	7	1.2
Asian or Pacific Islander	3	0.5
Multiracial	35	5.8

⁴ Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

⁵ Respondents were asked about their race/ethnicity during this wave of data collection. The last time they were asked about their race/ethnicity was at baseline. Although 526 of the respondents gave similar answers at both waves, 76 did not. Many of the respondents whose answers had changed since baseline were respondents who had initially identified themselves as multiracial. One factor that may have contributed to these changes is that the baseline interview included one question about race and one about ethnicity. During the most recent wave of data collection, those two questions were combined.

Other	17	2.8
Don't Know/Refused	8	1.3
State		
Illinois	381	63.3
Wisconsin	168	27.9
Iowa	53	8.8

These 602 young adults represent 82 percent of the 732 foster youth who completed a baseline interview. Table 3 compares their demographic characteristics to the demographic characteristics of the full baseline sample of 732.⁶ None of the differences between the young adults who were interviewed at wave 4 and the full sample was statistically significant.

Table 3. Midwest Study Baseline Sample Compared with Sample Interviewed at Wave 4

	Full Baseline Sample (N = 732)		Wave 4 Sample (N = 602)	
	#	%	#	%
Gender				
Female	377	51.5	322	53.5
Male	355	48.5	280	46.5
Race				
White	226	30.9	195	32.4
African American	417	57.0	335	55.6
Multi-racial	71	9.7	58	9.6
Other	14	1.9	11	1.8
Don't know/Refused	4	0.5	3	0.5
Hispanic Origin				
Non-Hispanic	666	91.0	548	91.0
Hispanic	63	8.6	51	8.5
Don't know	3	0.4	3	0.5
State				
Illinois	474	64.8	381	63.3
Iowa	63	8.6	53	8.8
Wisconsin	195	26.6	168	27.9

^a All of the data presented in this table were collected at baseline.

⁶ This comparison uses the race/ethnicity data collected at baseline.

Time Since Discharge from Care

We used administrative data from the public child welfare agencies in each of the three states to determine when these young adults had exited foster care and then calculated the length of time between their exit and the wave 4 interview.⁷ On average, these young adults had been “out of care” for 4 years when they completed the wave 4 interview. However, this varied considerably by state. In particular, young adults from Illinois had been out of care for significantly fewer years than young adults from either Iowa or Wisconsin, and all of the young adults who had exited within the past 4 years were from Illinois. Conversely, all of the young adults from Iowa and Wisconsin had been out of care for 4 years or more. These differences reflect the fact that Illinois is one of the few states where young people can and routinely do remain in foster care until their 21st birthday. As is the case in most states, foster youth in Iowa and Wisconsin typically “age out” around the time they turn 18.

Table 4. Number of Years Since Exiting Foster Care at Time of Wave 4 Interview

	Total (N = 602)		Wisconsin (n = 168)		Illinois (n = 381)		Iowa (n = 53)	
	#	%	#	%	#	%	#	%
2 years or less	1	0.2	0	0.0	1	0.3	0	0.0
2 to 3 years	146	24.3	0	0.0	146	38.3	0	0.0
3 to 4 years	115	19.1	0	0.0	115	30.2	0	0.0
4 to 5 years	59	9.8	14	8.3	38	10.0	7	13.2
5 to 6 years	180	29.9	90	53.6	52	13.6	38	71.7
6 to 7 years	101	16.8	64	38.1	29	7.6	8	15.1
Mean	4.0		5.3		3.2		5.0	
Median	4		5		3		5	

⁷ There were also 61 young adults from Illinois whose 21st birthday preceded their “official” discharge date. For the purpose of this analysis, we assigned all of these young adults a discharge date corresponding to their 21st birthday.

Living Arrangements

Although the largest group of young adults in the Midwest Study were living in their “own place,” they were less likely to be living in their own place than their Add Health Study counterparts. Young adults in the Midwest Study were also less likely to be living with their biological parents. However, they were far more likely than their Add Health Study counterparts to be living with other relatives. If those two categories (i.e., biological parents and other relatives) are combined, Add Health Study participants (33%) were more likely than Midwest Study participants (21%) to be living with “family.” Even if the definition of family is broadened to include former foster parents, only one-quarter of the Midwest Study participants were living with family compared with one-third of their Add Health Study counterparts.

Seven percent of the Midwest Study participants were incarcerated at the time of their wave 4 interview. By comparison, only one-tenth of one percent of the Add Health Study participants were in prison or jail. All of the incarcerated young adults in the Midwest Study were male, which meant that 16 percent of the male study participants were incarcerated.

Table 5. Current Living Arrangements: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)		Add Health Study (N = 1,488)	
	#	%	#	%
Own place	295	49.0	940	63.2
With biological parent(s)	42	7.0	437	29.4
With other relative	85	14.1	51	3.4
With non-relative foster parent(s)	23	3.8	0	0
With spouse/partner	44	7.3	11	0.7
With a friend	39	6.5	18	1.2
Group quarters (e.g., dormitories; barracks)	10	1.7	17	1.1
Jail or prison	42	7.0	2	0.1
Homeless	4	0.7	1	0.1
Other	18	3.0	11	0.7

Although some of the young adults in the Midwest Study sample had experienced fairly stable living arrangements since their discharge from care, over two-thirds had lived in at least three different places, including 30 percent who had lived in five or more places.

Table 6. Number of Living Situations Since Exiting Foster Care

(N=602)	#	%
One ^a	73	12.1
Two	116	19.3
Three	117	19.4
Four	108	17.9
Five	60	10.0
Six	45	7.5
Seven	34	5.6
Eight or more	42	7.0
Missing	7	1.2

^a Includes young adults who continued to live where they were living on their discharge date.

Although fewer than 1 percent of these young adults were currently homeless at the time of their interview, 24 percent had been homeless and 28 percent had couch surfed since exiting care.⁸ Because there was some overlap between these two groups, 37 percent of the sample had been homeless *or* had couch surfed.

Table 7. Homelessness and Couch-Surfing Since Exiting Foster Care

(N = 577)

	Homeless		Couch Surfed		Either	
	#	%				
Ever	146	24.3	166	27.6	220	36.5
Number of times						
One	68	46.6	54	32.5	70	31.8
Two	20	13.7	26	15.7	40	18.2
Three	11	7.5	15	9.0	21	9.5
Four or more	40	27.4	59	35.5	84	38.2
Missing	7	4.8	12	7.2	5	2.3
Length of longest episode						
1 night	14	9.6	10	6.0	16	7.3
2 to 7 nights	42	28.8	38	22.9	49	22.3
8 to 30 nights	35	24.0	43	25.9	61	27.7

⁸ Being homeless was defined as “sleeping in a place where people weren’t meant to sleep, or sleeping in a homeless shelter, or not having a regular residence in which to sleep” and couch-surfing was defined as “moving from one temporary housing arrangement provided by friends, family or strangers to another.”

31 to 90 nights	19	13.0	28	16.9	37	16.8
More than 90 nights	30	20.5	31	18.7	52	23.6
Don't Know	6	4.1	16	9.6	5	2.3

Unfortunately, homelessness and couch surfing were often not one-time events. One-half of the young people who had been homeless had been homeless more than once, including over one-quarter who had been homeless four times or more. Repeated episodes of couch surfing were even more common. Two-thirds of the young people who had couch surfed had done so more than once, including 36 percent who had couch surfed on four or more occasions.

Equally troubling was the amount of time some of these young people spent homeless or couch surfing. One-third of the young people who had been homeless had experienced an episode of homelessness that lasted at least 1 month and 36 percent of the young people who had couch surfed had experienced an episode of couch surfing that lasted a month or more.

Relationships with Family of Origin

Despite having been removed from home and placed in foster care, almost all of the Midwest Study participants had maintained family ties and, in many cases, those ties were quite strong. Seventy-nine percent reported feeling *very close*, and another 15 percent reported feeling *somewhat close*, to at least one biological family member. These young people were most likely to report feeling close to their siblings and least likely to report feeling close to their fathers.

Table 8. Closeness to Biological Family Members

(N = 602)	#	%
Biological mother		
Very Close	164	27.2
Somewhat Close	158	26.2
Not Very Close	63	10.5
Not at All Close	98	16.3
Not living	90	15.0
Don't know if alive	27	4.5
Missing	2	0.3
Biological father		
Very Close	83	13.8
Somewhat Close	99	16.4
Not Very Close	60	10.0
Not at All Close	153	25.4
Not living	110	18.3
Don't know if alive	97	16.1
Grandparents		
Very Close	187	31.1
Somewhat Close	110	18.3

Not Very Close	39	6.5
Not at All Close	71	11.8
Not living	168	27.9
Don't know if alive	26	4.3
Missing	1	0.2
Siblings		
Very Close	353	58.6
Somewhat Close	138	22.9
Not Very Close	33	5.5
Not at All Close	59	9.8
No siblings	17	2.8
Don't know if alive	1	0.2
Missing	1	0.2
Close to any other relative	267	44.4

Another measure of family ties is frequency of contact. Eighty-one percent of these young adults reported having contact with a biological family member at least once a week. Contact was most frequent with siblings and least frequent with fathers, the same family members to whom they reported feeling the most and least close.

Table 9. Frequency of Contact with Biological Family Members

(N = 602)	#	%
Biological mother		
Every day	151	25.1
At least once a week but not everyday	120	19.9
At least once a month but not once a week	90	15.0
At least once a year but not once a month	57	9.5
Less than once a year	11	1.8
Never	56	9.3
Not living	90	15.0
Don't know if living	27	4.5
Biological father		
Every day	45	7.5
At least once a week but not everyday	62	10.3
At least once a month but not once a week	85	14.1
At least once a year but not once a month	53	8.8
Less than once a year	31	5.1
Never	118	19.6
Not living	110	18.3
Don't know if living	97	16.1
Grandparents		

Every day	92	15.3
At least once a week but not everyday	85	14.1
At least once a month but not once a week	84	14.0
At least once a year but not once a month	65	10.8
Less than once a year	30	5.0
Never	52	8.6
Not living	168	27.9
Don't know if living	26	4.3
Siblings		
Every day	200	33.2
At least once a week but not everyday	180	29.9
At least once a month but not once a week	94	15.6
At least once a year but not once a month	43	7.1
Less than once a year	15	2.5
Never	52	8.6
No siblings	17	2.8
Don't know if living	1	0.2
Other relative ^a		
Every day	96	15.9
At least once a week but not everyday	92	15.3
At least once a month but not once a week	66	11.0
At least once a year but not once a month	8	1.3
Less than once a year	1	0.2
Never	3	0.5
Missing	1	0.2

^aAmong young adults who identified another relative to whom they felt close

Social Support

Social support can play an important role during the transition to adulthood. However, relatively little is known about the availability of social support among young adults who have exited foster care. We measured perceptions of social support among young adults in the Midwest Study using the Medical Outcomes Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991). This 19-item measure contains subscales for four types of social support: emotional/informational, tangible, positive social interaction, and affectionate. For each item, respondents rate how often a specific type of support is available to them using a 5-point scale that ranges from 1 = *none of the time* to 5 = *all of the time*.

Table 10 shows the mean scores for each of the four subscales as well as for each of the individual items.⁹ The mean scores for affectionate support and positive social interaction were higher than the mean scores for emotional/informational support or tangible support. The mean score across all items was 3.8, indicating that these young adults perceived themselves as having social support some or most of the time.

Table 10. Perceived Social Support

	N	Mean	S.D.
Emotional/Informational Support			
Someone to listen to you when you need to talk	602	3.80	1.14
Someone to give you information to help you understand a situation	602	3.85	1.14
Someone to give you good advice about a crisis	602	3.76	1.19
Someone to confide in or talk to about yourself or your problems	602	3.85	1.20
Someone to give you advice you really want	600	3.53	1.27
Someone to share you most private worries and fears with	602	3.51	1.46
Someone to turn to for suggestions about how to deal with a personal	602	3.74	1.25

⁹ The mean subscale scores were computed based on non-missing values.

problem			
Someone who understands your problems	602	3.59	1.31
Emotional/Informational Scale Score	602	3.70	1.06
Tangible Support Items			
Someone to help you if you were confined to a bed	601	3.50	1.33
Someone to take you to the doctor	601	3.77	1.34
Someone to prepare your meals if you were unable to do it yourself	599	3.71	1.35
Someone to help you with daily chores if you were sick	602	3.58	1.38
Tangible Support Scale Score	602	3.64	1.13
Positive Social Interaction Support Items			
Someone to have a good time with	602	4.04	1.16
Someone to get together with for relaxation	600	3.82	1.28
Someone to do something enjoyable with	602	3.95	1.18
Someone to do things with to help you get your mind off things	602	3.79	1.18
Positive Social Interaction Scale Score	602	3.94	1.09
Affectionate Support Items			
Someone to show you love and affection	601	4.15	1.17
Someone to love and make you feel wanted	601	4.08	1.20
Someone who hugs you	602	4.05	1.25
Affectionate Support Scale Score	602	4.09	1.09
Total MOS Scale Score	602	3.79	.987

We also asked these young adults about the adequacy of their social support network. In other words, did they have enough people to whom they could turn for help with different types of needs? Depending on the specific type of support, between one-half and two-thirds reported that they had enough people to whom they could turn.

Table 11. Adequacy of Social Support Network

	Enough		Too few		No one		
	N	#	%	#	%	#	%
People to listen to you	602	383	63.6	174	28.9	45	7.5
People to help with favors	601	342	56.7	212	35.3	47	7.8
People to loan money	601	280	46.6	230	38.3	91	15.1
People to encourage goals	602	363	60.3	179	29.7	60	10.0

Ethnic Identity

Ninety five percent of the Midwest Study participants ($N = 574$) reported that they identified with a particular ethnic group.¹⁰ We used Phinney's (1992) 12-item Multigroup Ethnic Identity Measure (MEIM) to assess how those Midwest Study participants felt about their ethnic identity. Respondents use a 5-point scale, ranging from 1 = *strongly disagree* to 5 = *strongly agree*, to indicate their level of agreement or disagreement with each of 12 statements. The MEIM has been used in dozens of studies and has been found to have good reliability, with alphas generally above .80 across different age and ethnic groups. Seven of the 12 items measure commitment or a sense of belonging to one's ethnic group. The other five items measure exploration of ethnic identity.

Table 12 shows the responses of the 574 respondents who reported that they identified with a particular ethnic group to each of the individual items as well as means for the subscales and the overall score. Overall, these young people were more likely to express commitment to their ethnic identity than to report that they were actively engaged in ethnic identity exploration.

**Table 12. Ethnic Identity
($N = 574$)**

	N	Strongly disagree or disagree		Neutral		Strongly agree or agree		Mean
		#	%	#	%	#	%	
Ethnic Identity Exploration								
Spent time learning about my ethnic group	571	248	43.4	160	28.0	163	28.5	2.74
Active in ethnic social group or organization	570	367	64.4	103	18.1	100	17.5	2.29
Think about how my life is affected by my ethnic group membership	568	249	43.8	128	22.5	191	33.6	2.81

¹⁰ Of the 28 respondents who did not complete the MEIM, 27 indicated that they didn't know if they identified with an ethnic group, and one refused to answer the question.

Talk to others to learn about my ethnic group	572	236	41.3	112	19.6	224	39.2	2.96
Participate in my ethnic group's cultural practices	570	230	40.4	111	19.5	229	40.2	2.96
<i>Exploration mean</i>								2.78
Ethnic Identity Commitment		#	%	#	%	#	%	
Clear sense of ethnic background	571	112	19.6	102	17.9	357	62.5	3.52
Happy to be a member of my ethnic group	566	52	9.2	115	20.3	399	70.5	3.86
Strong sense of belonging to my ethnic group	567	72	12.7	138	24.3	357	63.0	3.68
Understand meaning of my ethnic group membership	569	55	9.7	118	20.7	396	69.6	3.79
Take pride in my ethnic group	571	65	11.4	116	20.3	390	68.3	3.81
Feel strong attachment to my ethnic group	569	119	20.9	160	28.1	290	51.0	3.40
Feel good about my ethnic background	572	43	7.5	118	20.6	411	71.9	3.88
<i>Commitment mean</i>								3.72
Overall mean								3.32

Foster Care Experiences

We asked the Midwest Study participants to look back on their experiences while in foster care. Almost two-thirds agreed that they were lucky to have been placed, and well over half reported feeling satisfied with their experience. Almost three-quarters agreed that they were helped by their foster caregivers and almost two-thirds agreed that they were helped by their social worker.

Table 13. Feelings about Foster Care

	<i>N</i>	#	%
Feel lucky to have been placed in foster care	599		
Agree or agree strongly		377	62.9
Neither agree nor disagree		90	15.0
Disagree or disagree strongly		132	22.0
Satisfied with experience in foster care	599		
Agree or agree strongly		356	59.4
Neither agree nor disagree		61	10.2
Disagree or disagree strongly		182	30.4
Foster caregivers were a help to me	597		
Agree or agree strongly		435	72.9
Neither agree nor disagree		50	8.4
Disagree or disagree strongly		112	18.8
Social workers were a help to me	600		
Agree or agree strongly		383	63.8
Neither agree nor disagree		58	9.7
Disagree or disagree strongly		159	26.5

Preparation for Independent Living

Looking back, only one-quarter of these young people reported that they felt *very prepared* to be self-sufficient when they exited foster care, and nearly one-third reported that they felt *not very* or *not at all* prepared. By contrast, at age 23 or 24, two-thirds reported that they felt *very prepared* to be self-sufficient and only 7 percent felt *not very* or *not at all* prepared.

Table 14. Perceived Preparedness for Self-Sufficiency

(N = 600)

	At Exit from Care		At Wave 4 Interview	
	#	%		
Not at all	119	19.8	20	3.3
Not very	67	11.2	19	3.2
Somewhat	267	44.5	168	28.0
Very	147	24.5	393	65.5
Mean (Standard Deviation)	3.74 (1.04)		4.56 (0.72)	

More than one-third of these young people reported that there was some training or assistance they wished they had received, but did not receive, while they were in foster care. Most commonly, they expressed a general need for training in independent living skills. Some indicated that they had never received independent living skills training despite having been told that such services did exist. Others who did receive training in independent living skills wished that it had started at a younger age. Those who cited specific independent living skills in which they needed training were most likely to mention budgeting and money management. Assistance with employment and housing were also mentioned frequently.

Education

Prior research has found significant educational deficits among foster youth approaching the transition to adulthood (Courtney, Terao, & Bost, 2004; Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005; Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007). Unfortunately, our data suggest that these deficits often continue into their early adult years. By age 23 or 24, nearly one-quarter of the young adults in the Midwest Study did not have a high school diploma or a GED.¹¹ Although nearly one-third of these young adults had completed at least one year of college, only 6 percent had a 2- or 4-year degree. Moreover, 37 percent of young women had completed at least one year of college compared with only 26 percent of young men—a difference that is statistically significant.

Table 15. Highest Completed Grade by Gender

	Total (N = 602)		Females (n = 322)		Males (n = 280)	
	#	%	#	%	#	%
No high school diploma or GED ^a	147	24.4	69	21.4	78	27.9
High school diploma only	203	33.7	108	33.5	95	33.9
GED only	59	9.8	26	8.1	33	11.8
At least one year of college, but no degree	154	25.6	95	29.5	59	21.1
2-year college degree	19	3.2	10	3.1	9	3.2
4-year college degree	15	2.5	11	3.4	4	1.4
One or more years of graduate school	3	0.5	3	0.9	0	0
Missing	2	0.3	0	0	2	0.7

^aIncludes 20 respondents (6 males and 14 females) who had received a certificate of completion.

Our data also suggest that, with respect to educational attainment, young adults who aged out of foster care continue to lag behind their peers. Compared to their Add Health Study counterparts, Midwest Study

¹¹ This includes 20 respondents who had a certificate of completion.

participants were over three times as likely *not* to have a high school diploma or GED, half as likely to have completed any college, and one-fifth as likely to have a college degree. These differences in educational attainment are all statistically significant.

Table 16. Highest Completed Grade: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)		Add Health Study (N = 1,488)	
	#	%	#	%
No high school diploma or GED ^a	147	24.4	108	7.3
High school diploma only	203	33.7	390	26.2
GED only	59	9.8	81	5.4
One or more years of college, but no degree	154	25.6	410	27.6
2-year college degree	19	3.2	140	9.4
4-year college degree	15	2.5	288	19.4
One or more years of graduate school	3	0.5	71	4.8
Missing	2	0.3	0	0.0

^aMidwest Study figure includes 20 respondents who had received a certificate of completion.

Not only did Midwest Study participants continue to lag behind their peers with respect to educational attainment, but they were less likely to be enrolled in school at age 23 or 24. Only 17 percent of the young adults in the Midwest Study were currently enrolled, compared with 23 percent of their Add Health Study counterparts. Although young women reported a higher level of educational attainment than their male counterparts, there was very little gender difference in current enrollment.

Midwest Study participants who were enrolled in school were less likely than their Add Health Study counterparts to be pursuing postsecondary education. There was also a difference in the type of postsecondary education they were likely to be pursuing. Nearly half of the former foster youth who were currently enrolled in school were enrolled in a 2-year college, whereas just over two-thirds of their peers in the Add Health Study who were currently enrolled in school were enrolled in a 4-year college or graduate school.

Table 17. School Enrollment: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)			Add Health Study (N = 1,486)			p
	#	% of sample	% of enrolled	#	% of sample	% of enrolled	
Currently enrolled in school	100	16.6	—	343	23.1	—	*
Full-time	56	9.3	56.0	224	15.1	69.3	
Part-time	44	7.3	44.0	117	7.9	30.7	
Type of school enrolled in							

High school	1	0.2	1.0	2	0.1	0.6
GED program	18	3.0	18.0	0	0.0	0.0
2-year college	49	8.1	49.0	96	6.5	28.0
4-year college	25	4.2	25.0	144	9.7	42.0
Graduate school	6	1.0	6.0	89	6.0	25.9
Missing	1	0.2	1.0	12	0.8	3.5

The relatively small percentage of young adults who were pursuing postsecondary education were most likely to report that they were paying for their schooling using scholarships, student loans, and—to a lesser extent—earnings from employment. Very few reported being able to count on parents or other family members to help them pay for school. A majority (56%) were relying on more than one source of funds.

**Table 18. Funding for Post-Secondary Education
(N=80)**

	#	%
Scholarship	47	58.8
Partner/spouse	2	2.5
Birth parent/relative	2	2.5
Foster or adoptive parent	1	1.3
Loans	42	52.5
Employment	28	35.0
Savings	10	12.5
Independent living funds	1	1.3
Other	20	25.0

Thirty-eight percent of the young adults who were not currently enrolled in school reported that at least one barrier was preventing them from continuing their education. By far, the most common barrier was not having enough money to pay for school. The prevalence of the next most common barrier varied by gender, with young men citing the need to work full time and young women citing the need to care for their children.

Table 19. Barriers to Continuing Education by Gender

	Total (N = 502)		Female (n = 265)		Male (n = 237)	
	#	%	#	%	#	%
Any barrier to continuing education	188	37.5	98	37.0	90	38
Biggest barrier to continuing education						
Could not pay	75	39.9	39	39.8	36	40
Need to work full-time	37	19.7	15	15.3	22	24.4

Need to care for child(ren)	26	13.8	24	24.5	2	2.2
No transportation	6	3.2	6	6.1	0	0
Other	43	22.9	14	14.3	29	32.2
Missing	1	0.5	0	0.0	1	1.1

Only 10 percent of these young adults were currently participating in a job training program. Another quarter had received job training since leaving foster care although they were not currently participating in a program. Job training resulted in a license or certificate for approximately half of the current and prior participants.

Table 20. Job Training

(N = 602)

	#	%
Currently receiving	60	10.0
Received since last interview, but not currently receiving	100	16.6
Received since leaving care, but not currently receiving	149	24.8
Resulted in a certificate or license (n = 209)	110	52.6

Just over one-third of the Midwest Study participants reported that they had ever dropped out of an educational or vocational training program, and more than two-thirds of those who had dropped out had dropped out of a 2-year college. The most common reason for dropping out, regardless of gender, was needing to work. However, females were more likely than males to cite childcare responsibilities and males were more likely than females to cite family emergencies.

Table 21. Dropping Out of School

(N = 602)

	#	%
Dropped Out	213	35.4
<i>Program type</i>		
Vocational/technical school	37	17.4
2-year college	144	67.6
4-year college	34	16.0
Graduate school	2	0.9
Other	13	6.1
<i>Reasons for dropping out^a</i>		
Pregnancy	18	8.5
Child care responsibilities	25	11.7
Needed to work	87	40.8
Did not like school	21	9.9
Family emergency	12	5.6
Fell behind in school	26	12.2
Other	75	35.2

^a Respondents could cite more than one reason.

Employment and Earnings

Nearly all of the young adults in the Midwest Study reported that they had some work experience and 84 percent reported that they had held a job at some point since leaving foster care. However, only 48 percent were currently employed. Excluding the 45 young men who were incarcerated at the time they were interviewed increases this figure to 52 percent, which is still significantly lower than the 76 percent of Add Health Study participants who currently had a job.

Table 22. Employment: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)		Add Health Study (N = 1,486)		p
	#	%	#	%	
Ever held a job	570	94.7	1446	97.3	*
Ever worked since exiting foster care	508	84.4	—	—	
Currently employed	289	48.0	1122	75.5	*
Currently employed (non-incarcerated only)	289	51.9	1122	75.7	*

Currently employed Midwest Study participants reported working a mean of 37 and a median of 40 hours per week. Their mean and median hourly wages were \$10.14 and \$9.45, respectively. By comparison, their Add Health Study counterparts worked an average of three hours more per week for almost four dollars more per hour.

Table 23. Hours Worked Per Week and Hourly Wages at Current Job

	Midwest Study (n = 289)		Add Health Study ^a (n = 1,122)		p
	#	%	#	%	
Hours worked per week					
Less than 20 hours	17	5.9	43	3.8	
20-39 hours	105	36.3	227	20.2	
40 hours	108	37.4	530	47.2	
More than 40 hours ^b	55	19.0	322	28.7	

Missing	4	1.4	0	0.0	
Mean	37.0	—	40.3	—	*
Median	40.0	—	40.0	—	
Hourly wages					
Less than \$6.55	9	3.7	29	4.2	
\$6.55 to \$6.99	6	2.4	5	0.7	
\$7.00 to \$7.99	44	17.9	42	6.1	
\$8.00 to \$8.99	47	19.1	49	7.1	
\$9.00 to \$9.99	31	12.6	80	11.6	
\$10.00 to \$10.99	35	14.2	89	12.9	
\$11.00 to \$11.99	20	8.1	51	7.4	
\$12.00 or more	54	22.0	345	50.0	
Missing ^c	43		432		
Mean	10.14	—	13.94	—	*
Median	9.45	—	12.00	—	

^aBecause the data were collected in 2001–2002, the Add Health Study hourly wages were adjusted for inflation using the CPI. The values shown are in real 2008 dollars.

^bThree Midwest Study respondents reported working more than 90 hours per week. They were included in the worked *more than 40-hours per week* category but excluded from the calculation of the mean and median.

^cData were missing for 43 Midwest Study respondents and 432 Add Health Study respondents who were not paid by the hour or did not report their hourly wage.

Compared with their male counterparts, young women in the Midwest Study were much more likely to report ever having worked since leaving foster care, but this difference was driven almost entirely by the lack of employment among incarcerated males. Once those young men are excluded from the analysis, the gender difference disappears. Moreover, although the difference is not statistically significant, nonincarcerated young men were more likely to be employed at the time of their wave 4 interview than their female counterparts.

Table 24. Employment by Gender

	Females (n = 322)		Males (n = 280)		P
	#	%	#	%	
Ever held a job	309	96.0	261	93.2	
Ever worked since exiting foster care	296	91.9	212	75.7	*
Ever worked since exiting foster care (non-incarcerated)	296	91.9	212	90.2	
Currently employed	158	49.1	131	46.8	
Currently employed (non-incarcerated)	158	49.1	131	55.7	

On average, employed young women in the Midwest Study worked significantly fewer hours per week and were paid significantly less per hour than employed young men.

Table 25. Hours Worked Per Week and Hourly Wages at Current Job by Gender

	Females (n = 158)		Males (n = 131)		p
	#	%	#	%	
Hours worked per week					
Less than 20 hours	12	7.6	5	3.8	
20-34 hours	41	25.9	30	22.9	
35-40 hours	88	55.7	54	41.2	
More than 40-hours ^a	15	9.5	40	30.5	
Missing	2	1.3	2	1.5	
Mean	34.1	—	38.6	—	*
Median	40	—	40	—	
Hourly wages					
Less than \$6.55	7	4.4	2	1.5	
\$6.55 to \$6.99	3	1.9	3	2.3	
\$7.00 to \$7.99	33	20.3	11	8.4	
\$8.00 to \$8.99	30	19	17	13	
\$9.00 to \$9.99	17	10.8	14	10.7	
\$10.00 to \$10.99	15	9.5	20	14.5	
\$11.00 to \$11.99	16	10.1	4	3.1	
\$12.00 or more	18	11.4	36	27.5	
Missing ^b	19	—	24	—	
Mean	9.37	—	11.12	—	*
Median	8.63	—	10	—	

^aFour males and one female reported working more than 80 hours per week. They were included in the worked *more than 40 hours per week* category but excluded from the calculation of the mean and median.

^bData on wages were missing for 22 males and 18 females who were not paid by the hour as well as 2 males and 1 female who either did not know or refused to answer.

One possible explanation for the gender difference in hours worked per week is that young women who were employed were more likely than young men who were employed to have parenting responsibilities. To test this hypothesis, we compared the hours worked per week reported by parents who were employed and living with one or more of their children to the hours worked per week reported by nonparents or parents who were not living with a child. We found no support for our hypothesis. Young women who were employed and living with one or more of their children worked nearly as many hours per week, on average, as young women who were employed and not a parent or not living with any children (34.5 vs.

33.6). Similarly, young men who were employed and living with one or more of their children worked nearly as many hours per week, on average, as young men who were employed and not a parent or not living with any children (38.3 vs. 38.7).

More than two-thirds of the currently employed Midwest Study participants were eligible for at least one of eight employer-provided benefits. A majority were eligible for the two most commonly reported benefits: paid vacation days and health insurance. By comparison, only 15 percent of the currently employed Midwest Study participants reported that they were eligible for assistance with childcare. This could reflect the fact that only 43 percent of those who were working were also parenting. It is also worth noting that many of these young adults were uncertain about their eligibility for employer-provided benefits, especially family medical leave, childcare, maternity leave, and a retirement plan.

Table 26. Benefits Provided by Current Employer

(n = 289)

	#	%	Don't Know ^a
Paid vacation days	162	56.1	6
Health insurance	148	51.2	6
Dental insurance	138	47.8	7
Paid sick days	127	43.9	5
Family medical leave	119	41.2	21
Retirement plan	111	38.4	17
Maternity leave	111	38.4	19
Childcare	44	15.2	20
Employer provides at least one	196	67.8	2

^aResponses of *don't know* were treated as *no* for the purpose of calculating the percentages.

Most of the young adults who did not have a job reported that they were physically able to work. More than 90 percent of those able to work reported wanting to do so and nearly three-quarters of those who wanted to work had actively looked for a job during the past 4 weeks. Their most common job search activities were completing job applications, contacting employers, responding to help-wanted signs, and soliciting help from friends.

Table 27. Employability and Job Search Activities

(n = 313)

	#	%
Ability to work		
Able to work	243	77.6
Not able to work due to a disability	13	4.2
Not able to work due to incarceration	38	12.1
Not able to work due to another reason	17	5.4

Don't Know	2	0.6
Actively sought work during the past 4 weeks	182	74.9
Job search activities during the past 4 weeks (<i>n</i> = 182)		
Completed job application	159	87.4
Contacted employers	145	79.8
Responded to a help-wanted sign	119	65.4
Solicited help from friends	114	62.6
Contacted employment agency	94	51.6
Sent resume	94	51.6
Job interview	77	42.3
Contacted school employment center	39	21.4
Attended job training	31	17.0
Other	15	8.2

Income

Although almost three-quarters of these young adults reported having income from employment during the past year, their median earnings were just \$8,000. By comparison, 92 percent of Add Health Study participants reported having income from employment during the past year, and their median earnings were \$18,300--a difference of more than \$10,000. The difference in mean earnings was somewhat smaller but statistically significant.

Table 28. Income from Employment During the Past Year: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study ^b			p
	N	#	%	N	#	%	
Any income from employment during the past year	583	424	72.7	1,482	1,357	91.6	*
Amount of income from employment (if any) ^a	425			1,291			
\$5,000 or less		163	38.4		281	21.8	
\$5,001 to \$10,000		74	17.4		142	11.0	
\$10,001 to \$25,000		124	29.2		441	34.2	
\$25,001 to \$50,000		53	12.5		367	28.4	
More than \$50,000		4	0.9		60	4.6	
Missing		7	1.6		197	15.3	
Mean			\$12,064			\$20,349	*
Standard Deviation				\$11,675		\$16,760	
Median			\$8,000			\$18,300	

^a Midpoint of categories was used in the calculation of means, medians, and standard deviations if an income range rather than a specific value was reported

^bBecause the data were collected in 2001 and 2002, Add Health Study participant earnings were adjusted for inflation using the CPI. The values shown are in 2008 real dollars.

Many of these young adults reported income from sources other than their own employment. The most commonly cited sources of other income were family and friends. This suggests that these young adults are often relying on informal supports to help them “get by.” Among those who were married or

cohabiting, nearly three-quarters had income from their spouse's or partner's employment. Only 17 percent of those who were living with their children but not their children's other parent had received any child support.¹²

Table 29. Income from Other Sources During the Past Year

	N	#	%
Any income from spouse's employment past year ^a	221	165	74.4
Any income from child support during the past year ^b	154	26	16.9
Any income from EITC during the past year ^c	582	212	36.4
Reason did not receive EITC	347		
Not eligible		156	26.8
Not aware		92	15.8
Other		79	13.6
Don't Know/Refused		20	3.5
Received money from a family member	602	214	35.5
Received money from a friend	602	139	23.1
Received money from a social service agency	602	7	1.2

^a Limited to young adults who were currently married or cohabiting.

^b Limited to young adults who were living with at least one child, but not the child's other parent. Because of the way the question was asked, this figure could include child support payments that a spouse or partner had received for his or her child.

^c Limited to young adults who had earnings from their own or their spouse/partner's employment. Although most EITC recipients are parents, very-low-income childless workers are also eligible for a much smaller EITC.

Asset accumulation is especially important for young people aging out of foster care who are less likely than other young adults to be able to depend on parents or other family members for financial support in times of need. However, fewer than half of the Midwest Study participants had something as basic as a checking or savings account compared with 85 percent of their Add Health Study peers. Midwest Study participants were also about half as likely to own a vehicle and one-third as likely to be homeowners.

Table 30. Asset Accumulation: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	N	#	%	N	#	%	
Any savings/checking account	602	285	47.3	1,488	1267	85.1	*
Owns a vehicle	602	270	44.9	1,487	1209	81.3	*
Owns a residence ^a	557	36	6.5	1,484	290	19.5	*

¹² The analysis was limited to young adults who were living with at least one biological child, but not the child's other parent. Because of the way the question was asked, this figure could include child support payments that a spouse or partner received for his or her child.

^aMidwest Study respondents were not asked this question if they were incarcerated.

Not only did many of the Midwest Study participants lack assets, but in addition, they often had outstanding debt. Although only a small number ($n = 35$) owed money to family or friends, 46 percent ($n = 278$) reported other debt, excluding student loans, auto loans, and mortgages.

Economic Hardships

The precarious economic situation faced by many of these young adults was also reflected in the material hardships they reported. Almost half reported experiencing at least one of a list of five material hardships during the past year compared with fewer than one-quarter of their Add Health Study peers.

Table 31. Economic Hardships during the Past Year: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	N	#	%	N	#	%	
Not enough money to pay rent	583	166	28.5	1,478	109	7.4	*
Not enough money to pay utility bill	582	157	26.9	1,480	175	11.8	*
Gas or electricity shut off	583	51	8.7	1,480	64	4.3	*
Phone service disconnected ^a	583	176	30.2	1,483	220	14.8	*
Evicted	583	50	8.6	1,479	10	0.7	*
At least one hardship	583	277	47.5	1,485	344	23.2	*
Mean number of hardships		1.03			0.39		*

Note: Questions about economic hardships were not asked of the 19 respondents who had been incarcerated for at least the past 12 months.

^aAdd Health Study participants were asked if they had been without phone service for any reason.

Another indicator of economic hardship is food insecurity. Table 32 shows the frequency of affirmative responses to a series of questions taken from the USDA's measure of food insecurity (Bickel, Nord, Price, Hamilton & Cook, 2000) as well as one additional question about household food consumption. Two of the items--worrying about running out of food and not being able to afford more food when it did not last--received affirmative responses from more than one-third of the Midwest Study participants.

Six of these items (shown in boldface) were used to compute a food security composite score for each young adult. This six-item measure was developed by researchers at the National Center for Health Statistics in collaboration with Abt Associates, Inc. (Blumberg, Bialostosky, Hamilton, & Briefel, 1999).

Based on their number of affirmative responses to these items, nearly 29 percent of these young adults would be categorized as having low or very low food security.

Table 32. Food Insecurity

	N	#	%
Sometimes or often not enough food to eat	583	62	10.6
Got food or borrowed money for food from friends or family	583	158	27.1
Put off paying bill to buy food	583	154	26.4
Received emergency food	583	145	24.9
Received a meal from a soup kitchen	583	38	6.5
Cut size of meals because you could not afford more	582	105	18.0
Cut size of meals because you could not afford more almost every month	582	29	5.0
Did not eat for a whole day because there was not enough money for food	583	46	7.9
Did not eat as much as you should because you did not have enough money for food	582	99	17.0
Hungry but didn't eat because could not afford food	583	86	14.8
Lost weight because didn't have enough food	583	52	8.9
Sometimes or often worried about running out of food	583	229	39.3
Sometimes or often food didn't last and could not afford more	582	209	35.8
Sometimes or often could not afford to eat balanced meals	581	160	27.4
Food security categorization based on 6-item measure (items in boldface)			
High food security (0 affirmative responses)	341	58.7	
Marginal food security (1 affirmative responses)	72	12.4	
Low food security (2 to 4 affirmative responses)	105	18.1	
Very low food security (5 or 6 affirmative responses)	63	10.8	
Missing		2	

The food insecurity questions were not asked of the 19 respondents who had been incarcerated for a year or more.

Receipt of Government Benefits

Many of the young adults in the Midwest Study had relied on government benefits to help support themselves during the past year (Table 33). Where gender differences were found, females were more likely than males to report benefit receipt. During the past year, three quarters of the young women ($n = 243$) and one third of the young men ($n = 93$) had received benefits from one or more need-based government programs (i.e., excluding Unemployment Insurance and Workers Compensation). Among custodial mothers, that figure was 89 percent ($n = 176$).

**Table 33. Receipt of Government Benefits during the Past 12 Months by Gender
($N = 583$)**

	Females			Males			p
	N	#	%	N	#	%	
Unemployment Insurance	322	24	7.5	261	21	8.0	
Workers' Compensation	322	0	0.0	261	3	1.1	
Supplemental Security Income (SSI)	322	53	16.5	261	35	13.4	
Food Stamps	322	218	67.7	261	70	26.8	*
Public Housing/Rental Assistance	322	40	12.4	261	9	3.4	*
TANF ^a	197	24	12.2	51	4	7.8	
Supplemental Nutrition Program for Women, Infants and Children (WIC) ^b	196	114	58.2	—	—	—	

Questions about government benefit receipt were not asked of the 19 respondents who had been incarcerated for a year or more.

^a Only custodial parents were asked about TANF receipt.

^b Only female custodial parents were asked about receipt of WIC.

Similar gender differences were observed in current benefit receipt. Seventy percent of the young women ($n = 227$) and 29 percent of the young men ($n = 74$) were currently receiving benefits from one or more need-based government programs.¹³ Among custodial mothers, that figure was 85 percent ($n = 166$).

**Table 34. Current Receipt of Government Benefits by Gender
($N = 583$)**

	Females			Males			p
	N	#	%	N	#	%	
Unemployment insurance	322	11	3.4	261	5	1.9	
Worker's Compensation	322	0	0.0	261	1	0.4	
Supplemental Security Income (SSI)	322	53	16.5	261	33	12.6	
Food stamps	322	198	61.5	261	52	19.9	*
Public housing/rental assistance	322	31	9.6	261	6	2.3	*
TANF ^a	197	13	6.6	51	1	2.0	
Supplemental Nutrition Program for Women, Infants and Children (WIC) ^b	196	97	49.5	—	—	—	
Questions about government benefit receipt were not asked of the 19 respondents who had been incarcerated for a year or more.							

^a Only custodial parents were asked about TANF receipt.

^b Only female custodial parents were asked about receipt of WIC.

Regardless of gender, Midwest Study participants were significantly more likely to have received benefits from government programs during the past year and significantly more likely to be current benefit recipients than their Add Health Study counterparts. The largest difference was in food stamp receipt.¹⁴ That said, these comparisons should be interpreted with caution since the Add Health Study interviews were conducted in 2001 and 2002 whereas the Midwest Study interviews were conducted in 2008 and 2009.

¹³ The percentage of Midwest Study participants currently receiving SSI was either the same as or only slightly lower than the percentage who had received SSI during the past 12 months because individuals must have a "physical or mental impairment that keeps [them] from performing any 'substantial' work and is expected to last 12 months" in order to qualify (Social Security Administration, 2001).

¹⁴ Although eligibility for SSI is means-tested whereas eligibility for Unemployment Insurance and Worker's Compensation are not, Add Health Study participants were asked a single question that combined all three programs. The Midwest Study responses were similarly aggregated for the sake of comparison.

Table 35. Receipt of Government Benefits: Midwest Study Compared with Add Health Study

	Midwest Study		Add Health Study		p
	Females %	Males %	Females %	Males %	
Received benefits during the past year					
Unemployment Insurance, Worker's Compensation or SSI ^a	23.6	21.5	5.5	6.6	*
Food Stamps	67.7	26.8	7.2	1.5	*
Public Housing/Rental Assistance	12.4	3.4	3.3	1.0	*
TANF ^b	12.2	7.8	7.2	2.7	
Currently receiving benefits					
Food Stamps	61.5	19.9	8.3	1.2	*
TANF ^b	6.6	2.0	6.5	1.5	

^a Although eligibility for SSI is means-tested whereas eligibility for Unemployment Insurance and Worker's Compensation are not, Add Health Study participants were asked a single question that combined all three programs. The Midwest Study responses were similarly aggregated for the sake of comparison.

^b Only custodial parents were asked about TANF receipt.

Physical Health and Access to Health Care Services

The vast majority of Midwest Study participants described their physical health as *good* to *excellent* and indicated that they had no chronic conditions or disabilities. Nevertheless, they were more likely than their Add Health Study counterparts to describe their health as *fair* or *poor* and to identify themselves as having a disability.

Almost one-third of the Midwest Study participants reported two or more emergency room visits during the past year, and 22 percent had been hospitalized at least once. Overall, the largest percentage of recent hospitalizations was pregnancy related. However, accidents and injuries accounted for the largest percentage of recent hospitalizations among the young men (42%).

Table 36. Health Status at Age 23 or 24: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)		Add Health Study (N = 1,488)		P
	#	%	#	%	
Description of general health					*
Excellent	172	28.6	509	34.2	
Very good	169	28.1	612	41.1	
Good	164	27.2	308	20.7	
Fair	88	14.6	54	3.6	
Poor	7	1.2	5	0.3	
Refused	2	0.3	0	0.0	
Any chronic medical conditions					
Yes	89	14.8	—	—	
No	511	84.9	—	—	
Missing	2	0.3	—	—	
Health condition or disability limits daily activities ^a					*
Yes	75	12.5	74	5.0	
No	525	87.2	1414	95.0	

Don't know	2	0.3	0	0.0
Number of ER visits during the past year ^b				
0	269	44.7	—	—
1	145	24.1	—	—
2 or 3	121	20.1	—	—
4 or more	66	11.0	—	—
Missing	1	0.2	—	—
Number of hospitalizations during the past year ^b				
0	468	77.7	—	—
1	99	16.4	—	—
2 or more	34	5.6	—	—
Missing	1	0.2	—	—
Reason for most recent hospitalization				
Illness	23	17.2	—	—
Injury or accident	16	11.9	—	—
Alcohol or other drug problem	2	1.5	—	—
Emotional or mental health problem	8	6.0	—	—
Pregnancy-related	67	50.0	—	—
Other	17	12.7	—	—
Don't know	1	0.7	—	—

^aThe Add Health Study question asked whether any health conditions limited their ability to engage in daily activities

^bThe Add Health Study questions, which asked about ER visits and hospitalization during the past 5 years, were not comparable.

Although 57 percent of the Midwest Study young adults reported that they currently had health insurance, fewer than half had insurance for dental care. Approximately two-thirds of both insured groups were covered by Medicaid or another government program (e.g., S-CHIP).

Midwest Study participants were less likely to have health insurance coverage than their Add Health Study counterparts. If they did have coverage, they were much more likely to be covered by Medicaid or another public program and much less likely to be covered through their parents, spouse/partner or an employer.¹⁵

¹⁵ The Add Health Study figures include 9 respondents who received health insurance through their union.

Table 37. Insurance Coverage: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			P
	N	#	%	N	#	%	
Has medical insurance	602	343	57.0	1,484	1,158	78.0	*
Source of medical insurance	343			1,158			
Parents' insurance		6	1.7		151	13.0	
Spouse's insurance		12	3.5		93	8.0	
Employer provided insurance ^a		74	21.6		694	59.9	
School provided insurance		1	0.3		45	3.9	
Purchase own private insurance		5	1.5		50	4.3	
Medicaid or medical assistance		199	58.0		87	7.5	
State Children's Health Insurance Program (S-CHIP)		33	9.6		—	—	
Other		12	3.5		28	2.4	
Missing		1	0.3		10	0.9	
Has dental insurance	602	265	44.0		—	—	
Source of dental insurance	265			—			
Parents' insurance		4	1.5		—	—	
Spouse's insurance		13	4.9		—	—	
Employer provided insurance		66	24.9		—	—	
School provided insurance		2	0.8		—	—	
Purchase own private insurance		2	0.8		—	—	
Medicaid or medical assistance		144	54.3		—	—	
State Children's Health Insurance Program (S-CHIP)		26	9.8		—	—	
Other		7	2.6		—	—	
Missing		1	0.4		—	—	

^a The Add Health Study figures include 9 respondents who received health insurance through their union.

Two-thirds of these young adults reported having had a routine physical exam sometime during the past year, but only 42 percent reported having had a dental exam during that same period. Overall, 13 percent of these young adults reported that they had not received medical care and about 17 percent reported that they had not received dental care when they thought they needed it during the past year.¹⁶ The cost of care and not having insurance were the main reasons cited for not receiving care.¹⁷ Interestingly,

¹⁶ These percentages were higher among the young adults who were not currently insured. Twenty-two percent of those who lacked health insurance reported that they had not received medical care and 24 percent of those who lacked dental insurance reported that they had not received dental care when they thought they needed it.

¹⁷ We only asked about current insurance coverage. As a result, young adults who currently had insurance could still cite lack of insurance as a reason for not receiving care during the past year.

although young adults in the Midwest Study were less likely to report having health insurance, their Add Health Study peers were more likely to report that there had been a time during the past year when they did not receive needed medical care.

Table 38. Access to Health Care: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	N	#	%	N	#	%	
Last physical exam ^a	602			1,488			*
Less than a year ago		403	66.9		882	59.3	
1 to 2 years ago		95	15.8		255	17.1	
More than 2 years ago		99	16.4		328	22.0	
Missing or don't know		5	0.8		23	1.5	
Did not receive needed medical care	600	78	13.0	1,485	335	22.6	*
Reason(s) did not receive medical care	78						
Didn't know where to go		6	7.7		—	—	
Cost too much		60	76.9		—	—	
No transportation		9	11.5		—	—	
Hours were inconvenient		3	3.8		—	—	
Would lose pay for missing work		8	10.3		—	—	
No insurance		52	66.7		—	—	
Other		9	11.5		—	—	
Last dental exam ^a	602			1,488			*
Less than a year ago		252	41.9		813	54.6	
1 to 2 years ago		129	21.4		675	45.4	
More than 2 years ago		219	36.4		—	—	
Don't know		2	0.3		0	0.0	
Did not receive needed dental care	602	104	17.3		—	—	
Reason(s) did not receive dental care	104						
Didn't know where to go		8	7.7		—	—	
Cost too much		81	77.9		—	—	
No transportation		7	6.7		—	—	
Hours were inconvenient		4	3.8		—	—	
Would lose pay for missing work		7	6.7		—	—	
No insurance		76	73.1		—	—	
Other		12	11.5		—	—	

^aThe statistically significant difference is between those who had a physical or dental exam within the past year and those whose last physical or dental exam was more than a year ago.

Utilization of Mental Health Services

Approximately 19 percent of the Midwest Study participants reported that they had received mental or behavioral health care services during the past year.¹⁸ These young adults were most likely to have received psychotropic medication and least likely to have received substance abuse treatment. They were also more likely to have received counseling or substance abuse treatment than their Add Health Study counterparts.

Table 39. Mental and Behavioral Health Care Services Utilization: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	N	#	%	N	#	%	
Received psychological or emotional counseling	602	68	11.3	1,487	97	6.5	*
Attended substance abuse treatment program	602	31	5.1	1,486	36	2.4	*
Received medication for emotional problems	602	71	11.8	—	—	—	—

¹⁸ As had been the case at each of the three preceding waves of data collection, we administered several modules from the Composite International Diagnostic Interview (CIDI) to assess the mental and behavioral health of study participants (World Health Organization, 1998). The CIDI is a highly structured interview designed for use by non-clinicians that generates psychiatric diagnoses according to the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). We had planned to use the CIDI data to identify study participants who met the DSM-IV criteria for depression, dysthymia, post traumatic stress disorder, generalized anxiety disorder, social phobia, alcohol abuse or dependence, and other drug abuse or dependence. After analyzing the data, we had several concerns about their validity. The percentage of study participants who met the criteria for a mental health or substance use disorder diagnosis was lower at wave 4 than it had been at wave 1. This was not a credible result because we had administered the lifetime version of the CIDI at both points in time. In contrast to the 12-month version, which measures mental health or substance use disorders during the past 12 months, the lifetime version measures whether an individual has ever met the diagnostic criteria for a disorder. There was a particularly large decrease in the percentage of females with a lifetime diagnosis of PTSD. Based on some additional analyses we did comparing the CIDI data from wave 4 to the CIDI data from wave 1, we decided not to include the wave 4 CIDI diagnoses in this report. It may be that study participants had “learned” how to answer the CIDI screening questions so as to avoid having to answer all of the follow-up questions.

Any of the above	602	117	19.4	-	-	-
Hospitalized for mental health problems since leaving care	602	39	6.5	-	-	-
Timing of most recent hospitalization	38					
Within the past 3 months		11	28.9	-	-	-
4 to 6 months ago		4	10.5	-	-	-
7 to 9 months ago		2	5.3	-	-	-
10 to 12 months ago		3	7.9	-	-	-
More than 1 but less than 2 years ago		8	20.1	-	-	-
At least 2 years ago		10	26.3	-	-	-
Did not receive needed mental health care	599	25	4.2	-	-	-
Reason(s) did not receive mental health care	25					
Didn't know where to go		9	36.0	-	-	-
Cost too much		17	68.0	-	-	-
No transportation		5	20.0	-	-	-
Hours were inconvenient		2	8.0	-	-	-
Would lose pay for missing work		5	20.0	-	-	-
No insurance		14	56.0	-	-	-
Other		4	16.0	-	-	-

Sexual Orientation and Behaviors

The vast majority of Midwest Study participants identified themselves as heterosexual, but females were somewhat more likely to identify themselves as either bisexual or homosexual than males.

Table 40. Sexual Orientation

	Female		Male	
	#	%	#	%
100% heterosexual	243	76.2	246	89.8
Mostly heterosexual	23	7.2	6	2.2
Bisexual	23	7.2	5	1.8
Mostly homosexual	4	1.3	1	0.4
100% homosexual	9	2.8	5	1.8
Not sexually attracted to males or females	0	0.0	0	0.0
Don't know	9	2.8	3	1.1
Refused	8	2.5	8	2.9
Missing	3		6	

Nearly all of the young adults in the Midwest Study sample had had sexual intercourse, and most of those had been sexually active during the past year. Although females were more likely than males to have had sexual intercourse during the past year, this difference is not statistically significant once the 19 young men who had been incarcerated for at least the past 12 months were excluded from the analysis.

Regardless of gender, fewer than half of the young adults who had sexual intercourse during the past year reported using birth control all or most of the time. Females were even less likely to report consistent condom use than males. Although males were more likely than females to report that they had ever paid someone to have sex with them, only 5 percent reported having done so.

Table 41. Self-Reported Sexual Behaviors by Gender
(N = 593)

	Females			Males			p
	n	#	%	N	#	%	

	319	297	93.1	274	250	91.2	
Ever had sexual intercourse							
Had sexual intercourse during past year							
Total sample	282	255	90.4	258	207	80.2	*
Non-incarcerated sample	282	255	90.4	239	206	86.2	
Used birth control at time of most recent sexual intercourse	285	147	51.6	214	111	51.9	
Used birth control all or most of the time past year	254	119	46.9	204	94	46.1	
Used a condom at time of most recent sexual intercourse	284	100	35.2	214	95	44.4	
Used condoms all or most of the time past year	252	81	32.1	203	92	45.3	*
Any sexual partner had an STD past year	239	29	12.1	199	20	10.1	
Ever paid <u>by</u> someone to have sex	297	28	9.4	250	31	12.4	
Ever paid someone to have sex	297	3	1.0	250	13	5.2	*
Ever had sex with injection drug user	297	6	2.0	250	4	1.6	

Regardless of gender, there were few differences between the sexual behaviors reported by Midwest Study participants and those reported by their Add Health Study counterparts. However, both males and females in the Midwest Study were less likely to report consistent use of birth control and more likely to report that they had been paid by someone to have sex.

Table 42. Self-Reported Sexual Behavior of Females: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	n	#	%	N	#	%	
Ever had sexual intercourse	319	297	93.1	755	676	89.5	
Had sexual intercourse past year	282	255	90.4	672	615	91.5	
Used birth control at time of most recent sexual intercourse	285	147	51.6	611	417	68.2	*
Used birth control all or most of the time past year	254	119	46.9	612	403	65.8	*
Used a condom at time of most recent sexual intercourse	284	100	35.2	612	196	32.0	
Used condoms all or most of the time past year	252	81	32.1	610	169	27.7	
Any sexual partner had an STD past year	239	29	12.1	600	67	11.2	
Ever paid <u>by</u> someone to have sex	297	28	9.4	675	26	3.9	*
Ever paid someone to have sex	297	3	1.0	674	2	0.3	
Ever had sex with injection drug user	297	6	2.0	674	18	2.7	

Table 43. Self-Reported Sexual Behavior of Males: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	n	#	%	N	#	%	
Ever had sexual intercourse	274	250	91.2	718	648	90.3	
Had sexual intercourse past year ^a	239	206	86.2	640	575	89.8	
Used birth control at time of most recent sexual intercourse	214	111	51.9	572	391	68.4	*
Used birth control all or most of the time past year	204	94	46.1	570	381	66.8	*
Used a condom at time of most recent sexual intercourse	214	95	44.4	574	236	41.1	
Used condoms all or most of the time past year	203	92	45.3	573	224	39.1	
Any sexual partner had an STD past year	199	20	10.1	555	44	7.9	
Ever paid <u>by</u> someone to have sex	250	31	12.4	647	20	3.1	*
Ever paid someone to have sex	250	13	5.2	648	45	6.9	
Ever had sex with injection drug user	250	4	1.6	643	15	2.3	

^a Non-incarcerated males only.

Young adults in the Midwest Study were also quite similar to Add Health Study participants with respect to the median age at which they first had sexual intercourse and the number of sexual partners they had had.

Table 44. Median Age at First Sexual Intercourse and Number of Sexual Partners by Gender: Midwest Study Compared with Add Health Study

	Midwest Study				Add Health Study			
	Female		Male		Female		Male	
	n	Md	N	Md	N	Md	n	Md
Age at first intercourse	272	16	233	15	670	17	642	16
Number of lifetime sexual partners	243	4	205	6	664	4	630	5
Number of sexual partners past year (if sexually active in the past year)	243	1	190	1	615	1	572	1

Pregnancy

More than three-quarters of the young women in the Midwest Study, compared with only 40 percent of their Add Health Study counterparts, had ever been pregnant. In fact, half of the young women in the Midwest Study had been pregnant at least once since their most recent interview and two-thirds had been pregnant since leaving foster care.

Repeat pregnancies were more the rule than the exception among young women in the Midwest Study. Two-thirds of those who had ever been pregnant had experienced more than one pregnancy; this was the case for just over half of the young women in Add Health Study who had ever been pregnant.¹⁹ In fact, nearly one-third of the young women in the Midwest Study who had been pregnant since their most recent interview had been pregnant more than once during that time.

Table 45. Young Women's Experiences with Pregnancy: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	n	#	%	n	#	%	
Ever pregnant	322	245	77.0	762	308	40.4	*
Total number of pregnancies ^a		245			308		*
One		82	33.5		144	46.8	
Two		59	24.1		98	31.8	
Three or more		104	42.4		66	21.4	
Pregnant since leaving foster care	314	206	65.6	—	—	—	
Number of pregnancies since leaving foster care		199					
One		93	46.7		—	—	
Two		64	32.2		—	—	
Three or more		42	21.1		—	—	
Pregnant since the last interview	314	157	50.0	—	—	—	

¹⁹ The total number of pregnancies reported by Midwest Study participants was computed using data from all four waves of data collection.

Number of pregnancies since last interview	157				
One	108	68.8	—	—	—
Two or more	49	31.2	—	—	—

^a The total number of pregnancies reported by Midwest Study participants was computed using data from all four waves of data collection.

Nearly all of the young women in the Midwest Study who had been pregnant had received prenatal care during their most recent pregnancy, and most of them had received it in their first trimester. However, only 35 percent of these young women wanted to become pregnant and only 17 percent were using birth control at the time they had conceived. In other words, almost two-thirds of the young women who had become pregnant had had an unplanned pregnancy. Although some of these young women were still pregnant when they were interviewed, most of their pregnancies had resulted in a live birth.

With respect to their most recent pregnancy, young women in the Midwest Study were more likely than young women in the Add Health Study to report receiving prenatal care, but less likely to report using birth control at the time of conception, less likely to report wanting to become pregnant, and less likely to report being married to their partner when their pregnancy occurred.²⁰ Young women in the Midwest Study were also more likely to report that they were still pregnant or that their pregnancy had ended in a live birth and less likely to report that their pregnancy had ended in a stillbirth, miscarriage, or abortion.

Table 46. Characteristics of Most Recent Pregnancy: Females in the Midwest Study Compared with Females in Add Health Study

	Midwest Study (n = 157)			Add Health Study (n = 308)			p
	n	#	%	N	#	%	
Received prenatal care	155	146	94.2	301	254	84.4	*
Trimester first received prenatal care	128						
First		107	83.6		—	—	
Second		12	9.4		—	—	
Third		9	7.0		—	—	
Using birth control at time of conception ^a	153	26	17.0	301	131	43.5	*
Wanted to get pregnant by partner ^b	130	45	34.6	299	135	45.2	*

²⁰ At least some of these differences may be due to differences in the wording of the questions. The Midwest Study question asked about their use of birth control at the time of conception, whereas the Add Health Study question asked about their use of birth control before their partner became pregnant. Similarly, the Midwest Study question asked about marital status at the time of conception, whereas the Add Health Study question asked about marital status at the time of birth for those who reported live births and current marital status for those still pregnant. Those who were no longer pregnant but did not report a live birth were not asked about their marital status at the time of conception.

Married at time of conception ^c	155	21	13.5	221	102	46.2	*
Outcome of pregnancy	152			308			*
Still pregnant		22	14.5		28	9.1	
Live birth ^d		107	70.4		197	64.0	
Stillbirth or miscarriage		12	7.9		35	11.4	
Abortion		11	7.2		48	15.6	

^a Add Health Study respondents were asked if they were using birth control before they became pregnant.

^b Includes females who responded *definitely yes or probably yes*.

^c Add Health Study respondents who reported at least one live birth were asked if they were married at the time they gave birth whereas those who were still pregnant were asked if they were currently married. Those who were no longer pregnant but did not report a live birth were not asked this question ($n = 83$).

^d The Add Health Study figure includes six females who reported that they had been pregnant with twins (or triplets), but that the pregnancy had resulted in only one live birth.

Sixty-one percent of the young men in the Midwest Study reported that they had ever impregnated a female partner compared with 28 percent of their Add Health Study counterparts. In fact, Midwest Study males were more likely to have impregnated a female partner either since they left foster care or since their last interview than Add Health Study males were *ever* to have impregnated a female partner.

Table 47. Young Men's Experiences with Pregnancy: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	n	#	%	n	#	%	
Any female partner ever became pregnant	267	162	60.7	726	206	28.4	*
Number of female partners who ever became pregnant		157			206		
One		99	63.1		128	61.1	
Two		35	22.3		59	28.6	
Three or more		23	14.6		19	9.2	
Any female partner became pregnant since leaving foster care	265	140	52.8	—	—	—	—
Any female partner became pregnant since last interview	258	113	43.8	—	—	—	—
Number of female partners who became pregnant since last interview		113					
One		92	81.4		—	—	
Two		17	15.0		—	—	
Three or more		4	3.5		—	—	

Most of the young men in the Midwest Study who had impregnated a female partner reported that their most-recently impregnated female partner had received prenatal care and that her prenatal care typically began during the first trimester. Although fewer than half had wanted their partner to become pregnant, only a quarter had been using birth control at the time the pregnancy was conceived—that is, 55 percent of these pregnancies had been unplanned. A majority of these pregnancies had resulted in a live birth.

The only significant difference between the young men in the Midwest Study who had impregnated a female partner and their Add Health Study counterparts was that the former were less likely to report that they had been using birth control or that they were married at the time of conception.²¹

Table 48. Characteristics of Most Recent Pregnancy: Males in the Midwest Study Compared with Males in the Add Health Study

	Midwest Study (n = 113)			Add Health Study (n = 206)			p
	n	#	%	n	#	%	
Impregnated girl received prenatal care	107	95	88.8	197	161	81.7	
Trimester first received care		69					
First		56	81.2		—	—	
Second		8	11.6		—	—	
Third		5	7.2		—	—	
Using birth control at time of conception ^a	109	29	26.6	199	85	42.7	*
Wanted partner to get pregnant ^b	107	48	44.9	193	88	45.6	
Married to partner at time of conception ^c	111	14	12.6	141	56	39.7	*
Outcome of pregnancy	107			206			
Still pregnant		17	15.9		26	12.6	
Live birth		63	58.9		121	58.7	
Stillbirth or miscarriage		22	20.6		33	16.0	
Abortion		5	4.7		26	12.6	

^aAdd Health Study respondents were asked if they were using birth control before their partner became pregnant.

^bIncludes females who responded *definitely or probably yes*

^c Add Health Study respondents who reported at least one live birth were asked if they were married at the time they gave birth whereas, those who were still pregnant were asked if they were currently married. Those who were no longer pregnant but did not report a live birth were not asked this question (n = 59).

²¹ At least some of these differences may be due to differences in the wording of the questions. The Midwest Study question asked about use of birth control at the time of conception, whereas the Add Health Study question asked about use of birth control before their partner became pregnant. Similarly, the Midwest Study question asked about marital status at the time of conception, whereas the Add Health Study question asked about marital status at the time of birth for those who reported live births and current marital status for those still pregnant. Those who were no longer pregnant but did not report a live birth were not asked about their marital status at the time of conception.

One potential explanation for why so many of Midwest Study participants had experienced an unplanned pregnancy is that only 9 percent of the females and 3 percent of the males had received any family planning services during the past year.

Marriage, Cohabitation and Relationships

Forty percent of the young women and one-third of the young men in the Midwest Study were either married or cohabiting (i.e., living with a partner in a marriage-like relationship). Although these percentages are not much different from the percentage of young women and young men who were married or cohabiting in the Add Health Study, Midwest Study participants were more likely to be cohabiting and less likely to be married than their Add Health Study counterparts.

Never-married young women in the Midwest Study were more likely than never-married young men to regard *marrying someday* as very important. However, the majority of never-married Midwest Study participants did *not* regard *marrying someday* as very important regardless of gender.

Table 49. Marriage and Cohabitation by Gender: Midwest Study Compared with Add Health Study

	Midwest Study				Add Health Study			
	Female		Male		Female		Male	
	<i>n</i> = 322	<i>n</i> = 280	<i>n</i> = 762	<i>n</i> = 726	#	%	#	%
Ever married (C)	52	16.1	37	13.2	230	30.2	132	18.2
Currently married (C)	43	13.4	33	11.8	211	27.7	118	16.3
Currently living with spouse (BC)	32	9.9	29	10.4	201	26.4	111	15.3
Currently cohabiting (C)	85	26.4	60	21.4	120	15.7	118	16.3
Either married or cohabiting (C)	128	39.8	93	33.2	340	44.6	239	32.9
Very important to marry someday (if never married)	123	38.2	89	31.8	—	—	—	—

A = Statistically significant difference between Midwest Study males and females

B = Statistically significant difference between Midwest Study and Add Health Study males

C = Statistically significant difference between Midwest Study and Add Health Study females

Half of the young women and 45 percent of the young men in the Midwest Study who were neither married nor cohabiting were involved in a relationship, and in most of those cases, they were dating one partner exclusively.

Table 50. Other Intimate Partner Relationships by Gender

	Females (n = 194)		Males (n = 187)	
	#	%	#	%
Currently involved in a relationship	94	48.5	84	44.9
Type of relationship				
Dating exclusively	68	72.3	59	70.2
Dating frequently	17	18.1	9	10.7
Dating once in a while	8	8.5	10	11.9
Only having sex	1	1.1	3	3.6
Don't Know	0	0.0	3	3.6

The *Conflict Tactics Scales* (Straus, 1979, 1990a) measures the extent to which dating, cohabiting, or marital partners engage in negotiation, psychological aggression, physical assault, sexual coercion, or physical injury (Straus, Hamby, Bonby-McCoy & Sugarman, 1996). Midwest Study participants were asked eight questions drawn from the psychological aggression, physical assault, sexual coercion, and physical injury subscales. Four of the questions asked about behaviors respondents had engaged in towards their partner and four asked about behaviors their partner had engaged in towards them during the past year.

Nearly one-quarter of the young women and 29 percent of the young men in the Midwest Study who had a dating, cohabiting or marital partner reported their partner had engaged in one or more of the four behaviors towards them. Conversely, just over one-quarter of the young women and 17 percent of the young men reported that they had engaged in one or more of the four behaviors towards their partner—a statistically significant difference.

Although we generally think about intimate partner violence as something that is perpetrated against young women by young men, our data suggest that this is not always the case. That said, this gender difference should be interpreted with caution. Our measure only included four items whereas the revised *Conflict Tactics Scales* is a 39-item measure. We may have observed a different result had the items represented some of the more severe violent acts that are covered by the revised *Conflict Tactics Scales*.

Table 51. Conflict Tactics Scale by Gender

	Females			Males			p
	n	#	%	N	#	%	
Your partner							
Threatened you with violence, pushed or shoved you, or threw something at you that could hurt	210	38	18.1	165	39	23.6	
Slapped, hit, or kicked you	212	37	17.5	163	37	22.7	
Made you have sexual relations	212	7	3.3	164	10	6.1	
Caused you to have an injury, such as a sprain, bruise, or cut	213	27	12.7	165	18	10.9	
<i>Any of the above</i>	213	50	23.5	167	49	29.1	
You							
Threatened your partner with violence, pushed or shoved your partner, or threw something at your partner that could hurt	213	46	21.6	164	22	13.4	*
Slapped, hit, or kicked your partner	213	42	19.7	165	17	10.3	*
Made your partner have sexual relations	214	5	2.3	163	5	3.1	
Caused your partner to have an injury such as a sprain, bruise, or cut	214	15	7.0	164	9	5.5	
<i>Any of the above</i>	214	57	26.6	165	28	16.6	*

Compared to young men in the Add Health Study, young men in the Midwest Study were more likely to report that their partner had engaged in violent behaviors against them. However, the two samples were equally likely to report having engaged in violent behaviors against their partner.

Table 52. Conflict Tactics Scale: Midwest Study Compared with Add Health Study Males

	Midwest Study			Add Health Study			p
	n	#	%	n	#	%	
Your partner							
Threatened you with violence, pushed or shoved you, or threw something at you that could hurt	165	39	23.6	371	53	14.3	*
Slapped, hit, or kicked you	163	37	22.7	369	45	12.2	*
Made you have sexual relations	164	10	6.1	371	20	5.4	
Caused you to have an injury, such as a sprain, bruise, or cut	165	18	10.9	370	13	3.5	*
<i>Any of the above</i>	167	49	29.1	372	67	18.1	*
You							
Threatened your partner with violence, pushed or	164	22	13.4	369	46	12.5	

shoved your partner, or threw something at your partner that could hurt						
Slapped, hit, or kicked your partner	165	17	10.3	370	26	7.0
Made your partner have sexual relations	163	5	3.1	371	22	5.9
Caused your partner to have an injury such as a sprain, bruise, or cut	164	9	5.5	370	16	4.3
<i>Any of the above</i>	<i>165</i>	<i>28</i>	<i>16.6</i>	<i>372</i>	<i>61</i>	<i>16.4</i>

Young women in the Midwest Study were about as likely to report that their partner had engaged in violent behaviors against them and to report that they had engaged in violent behaviors against their partner as their Add Health Study counterparts. However, compared with the young women in the Add Health Study, young women in the Midwest Study were significantly more likely to report being slapped, hit, or kicked by their partner and that their partner had injured them.

Table 53. Conflict Tactics Scale: Midwest Study Compared with Add Health Study Females

	Midwest Study			Add Health Study			p
	n	#	%	n	#	%	
Your partner							
Threatened you with violence, pushed or shoved you, or threw something at you that could hurt	210	38	18.1	483	84	17.4	
Slapped, hit, or kicked you	212	37	17.5	485	50	10.3	*
Made you have sexual relations	212	7	3.3	482	34	7.1	
Caused you to have an injury, such as a sprain, bruise, or cut	213	27	12.7	484	16	3.3	*
<i>Any of the above</i>	<i>213</i>	<i>50</i>	<i>23.5</i>	<i>485</i>	<i>105</i>	<i>21.6</i>	
You							
Threatened your partner with violence, pushed or shoved your partner, or threw something at your partner that could hurt	213	46	21.6	482	107	22.2	
Slapped, hit, or kicked your partner	213	42	19.7	485	85	17.5	
Made your partner have sexual relations	214	5	2.3	485	19	3.9	
Caused your partner to have an injury such as a sprain, bruise, or cut	214	15	7.0	483	27	5.6	
<i>Any of the above</i>	<i>214</i>	<i>57</i>	<i>26.6</i>	<i>485</i>	<i>139</i>	<i>28.7</i>	

Parenthood

Two-thirds of the young women and almost half of the young men in the Midwest Study reported that they had at least one child.²² Nearly all of these young women but less than half of these young men reported that one or more of their children was living with them. Conversely, over 60 percent of these young men compared with only 17 percent of these young women reported that one or more of their children was living somewhere else.

Both male and female Midwest Study participants were more likely to report that they had at least one child than their Add Health Study counterparts. However, Midwest Study participants who had at least one child were less likely to report that they were living with one or more of their children and more likely to report that one or more children was living somewhere else.

Table 54. Parenthood by Gender: Midwest Study Compared with Add Health Study

	Midwest Study				Add Health Study			
	Female (n = 321)		Male (n = 280)		Female (n = 762)		Male (n = 726)	
	#	%	#	%	#	%	#	%
At least one living child (ABC)	215	66.8	124	44.3	229	30.1	133	18.3
Living with any children (ABC)	197	91.6	51	41.1	224	97.8	87	65.4
Any non-resident children (ABC)	37	17.2	76	61.3	8	3.5	50	37.6

A = Statistically significant difference between Midwest Study males and females

B = Statistically significant difference between Midwest Study and Add Health Study males

C = Statistically significant difference between Midwest Study and Add Health Study females

²² The wave 4 survey instrument included a set of questions about childcare similar to the childcare questions that had been asked at wave 3. The questions were supposed to be asked of all study participants who were working or in school and living with at least one child, but, due to a computer programming error, only respondents with two or more children were asked this set of questions. As a result, data are missing for 83 of the 170 intended respondents.

On average, young women who were biological mothers reported having more children than young men who were biological fathers. Just over half of the young women who were biological mothers had two or more children compared with only 37 percent of the young men who were biological fathers. Young women who were biological mothers also reported living with more of their children, on average, than young men who were biological fathers. Nearly half of the young women who were biological mothers were living with two or more children compared with only 12 percent of the young men who were biological fathers.

Table 55. Number of Children and Resident Children by Gender

	Females (n = 215)		Males (n = 124)		p
	#	%	#	%	
Number of children					
One	101	47.0	78	62.9	
Two	69	32.1	29	23.4	
Three or more	45	20.9	17	13.7	
Mean number of children	1.83		1.56		*
Number of “resident” children					
Zero	18	8.4	73	58.9	
One	99	46.0	36	29.0	
Two	68	31.6	11	8.9	
Three or more	30	14.0	4	3.2	
Mean number of resident children	1.55		0.59		*

Most of the young men who were biological fathers of children living somewhere else reported that they had a child who was living with his or her other parent, and 17 percent reported that they had a child who was living with maternal relatives.²³ Very few of the young men who were biological fathers of children living somewhere else reported that they had a child who was living with paternal relatives, adoptive parents, or foster parents. By contrast, approximately 40 percent of the young women who were biological mothers of children living somewhere else reported that they had a child who was living with maternal or paternal relatives and approximately 40 percent reported that they had a child who was living with foster or adoptive parents.

Nearly half of the young women who were biological mothers of children living somewhere else reported that they visited with their nonresident children at least once a week compared with fewer than one-third of the young men who were biological fathers of children living somewhere else. However, regardless of

²³ Due to a CAPI programming error, 39 respondents who had one or more nonresident children were not asked where their nonresident children were living. .

gender, approximately 16 percent of the Midwest Study participants who were biological parents of children living somewhere else reported that they had a child who they never visited.

Table 56. Current Living Circumstances of Non-Resident Children and Frequency of Visitation with Non-Resident Children During the Past Year

	Female (n = 215)		Male (n = 124)	
	#	%	#	%
At least one non-resident child	37	17.2	76	61.3
Current living circumstances of non-resident children ^{a,b}				
Child's other parent	10	27.0	55	72.4
Maternal grandparents or other maternal relatives	8	21.6	13	17.1
Paternal grandparents or other paternal relatives	7	18.9	1	1.3
Adoptive parents	7	18.9	2	2.6
Foster parents	8	21.6	0	0.0
Frequency of visitation with non-resident children ^c				
Never	6	16.2	12	15.8
Less than once a month	4	10.8	13	17.1
Once a month	4	10.8	4	5.3
Two or three times a month	4	10.8	12	15.8
Once a week	8	21.6	8	10.5
Every day	9	24.3	14	18.4

^aPercentages sum to more than 100 because some children were living with more than one other person (e.g., other parent and maternal grandparents) and because children with the same parent could be living with different people.

^bDue to a CAPI programming error, 39 respondents who had one or more nonresident children were not asked where their nonresident children were living.

^cPercentages sum to more than 100 because parents with more than one nonresident child could visit some children more frequently than others.

Although relatively few biological parents in the Midwest Study reported having a child with a health problem or disability, young women who were biological mothers were more likely to do so than young men who were biological fathers.

Table 57. Child Well-Being by Gender

	Female				Male			
	Any Child (n = 215)		Any Resident Child (n = 197)		Any Child (n = 124)		Any Resident Child (n = 51)	
	#	%	#	%	#	%	#	%
Fair or poor health	11	5.1	9	4.6	1	0.8	0	0.0
Learning disability	26	12.1	22	11.2	4	3.2	0	0.0
Disability limits activities	21	9.8	17	8.6	2	1.6	0	0.0

Despite the fact that they had been removed from their homes and placed in foster care, biological parents in the Midwest Study were most likely to identify their biological mother as both a source of information about parenting and as someone who had taught them how to be a good parent.

Table 58. Parenting Resources and Role Models(N = 332^a)

	Provided information about parenting		Taught how to be a good parent by	
	#	%	#	%
Biological mother	97	29.2	85	25.6
Biological father	15	44.5	13	3.9
Foster mother	39	11.7	43	13.0
Foster father	8	2.4	4	1.2
Grandparent	43	13.0	45	13.6
Other relative	42	12.7	47	14.2
Friend	31	9.3	13	3.9
Social worker/caseworker	0	0.0	1	0.3
Book/parenting magazine	9	2.7	10	3.0
Parenting class	4	1.2	11	3.3
Other	23	6.9	37	11.1
Don't know/refused	21	6.3	23	6.9

^a Data were missing for 7 parents who did not complete the audio CASI portion of the interview, which included some of the parenting questions.

We assessed parenting stress among Midwest Study parents who were living with one or more of their biological children using a nine-item measure that asked parents to rate how frequently their child (or their oldest child if they had more than one) caused them to feel a particular way using a five-point scale

ranging from *not at all* to *very true*.²⁴ The measure exhibited good reliability ($\alpha = .73$). With a mean score of 1.52 out of a possible 5, these parents were generally not experiencing high levels of parenting stress. Nevertheless, most acknowledged that being a parent was harder than they had expected. There was no difference in mean scores on the parenting stress scale between the young women (mean = 1.51) and the young men (mean = 1.55).

Table 59. Parenting Stress

	N	#	%
Feel I am giving up my life to meet my child's needs	233		
Not at all true		131	56.2
Moderately or a little true		66	28.3
Mostly or very true		36	15.5
Feel trapped by my responsibilities as a parent	239		
Not at all true		172	72.0
Moderately or a little true		57	23.8
Mostly or very true		10	4.2
Taking care of my child is more work than pleasure	239		
Not at all true		156	65.3
Moderately or a little true		57	23.8
Mostly or very true		26	10.9
Child seems much harder to care for than most	239		
Not at all true		211	88.3
Moderately or a little true		24	10.0
Mostly or very true		4	1.7
Child does things that really bother me a lot	240		
Not at all true		155	64.6
Moderately or a little true		79	32.9
Mostly or very true		6	2.5
Sometimes lose patience with child	240		
Not at all true		176	73.3
Moderately or a little true		61	25.4
Mostly or very true		3	1.3
Often feel angry with my child	237		
Not at all true		196	82.7
Moderately or a little true		39	16.5
Mostly or very true		2	0.8
Being a parent is harder than expected	240		

²⁴ This measure has been used in studies of other low-income parents (Bos, Polit, and Quint 1997; Huston et al. 2003; Courtney et al., 2005; Dworsky et al., 2007).

Not at all true	89	37.1
Moderately or a little true	105	43.8
Mostly or very true	46	19.2
Child has been a lot of trouble to raise	240	
Not at all true	203	84.6
Moderately or a little true	34	14.2
Mostly or very true	3	1.3
Mean	<i>1.52</i>	

Differences in sample size reflect the fact that between 4 and 7 respondents refused to answer and between 2 and 7 did not know the answer to particular items.

We also administered the revised Child Parent Conflict Tactics Scale (Strauss, Hamby, Finkelhorn, Moore & Runyan, 1998) to assess parents' use of various modes of discipline (i.e., nonviolent discipline, psychological aggression, minor physical assault, severe physical assault, and very severe physical assault). Parents use a seven-point scale ranging from *never* to *more than 20 times* to rate how frequently they have taken 22 specific actions to discipline their child during the past year. Five additional items assess parental neglect.

Table 60 shows the percentage of Midwest Study parents living with one or more of their biological children who reported taking a specific action to discipline their child during the past year as well as the median number of times they took that action if they took it at least once.²⁵ They were most likely to report using nonviolent modes of discipline as well as *shouting, screaming or yelling*. The two most commonly reported types of physical discipline were *spanking a child with a bare hand* and *slapping a child on a hand, arm or leg*. Generally speaking, relatively few of these parents reported using the more severe types of physical discipline or engaging in neglectful behaviors. The one notable exception is the percentage of fathers who reported shaking a child.

²⁵ The seven categories were *never, once, twice, three to five times, six to ten times, 11 to 20 times* and *more than 20 times*. As recommended by Strauss et al., (1998), medians were calculated using the midpoint of the category for categories 4 through 6 and using 25 for the last category.

Table 60. Disciplinary Actions Taken During the Past 12 Months by Gender

	Female				Male				p
	n	#	%	Md	n	#	%	Md	
Non-Violent Discipline									
Explained why something was wrong	170	120	70.6	1	43	33	76.7	1	
Put child in a time out or sent child to room	180	134	74.4	1	48	35	72.9	1	
Took away privileges or grounded child	187	106	56.7	1	48	24	50.0	0.5	
Gave child something else to do	177	119	67.2	1	47	35	74.5	1	
Psychological Aggression									
Threatened to spank or hit child but didn't do it	185	96	51.9	1	48	25	52.1	1	
Shouted, screamed or yelled at child	177	126	71.2	1	48	31	64.6	1	
Swore or cursed at child	186	44	23.7	0	49	14	28.6	0	
Called child dumb or lazy or some other name	190	17	8.9	0	49	1	2.0	0	
Threatened to send child away or kick him or her out of the house	191	7	3.7	0	49	1	2.0	0	
Minor Physical Assault									
Spanked child on the bottom with a bare hand	181	77	42.5	0	48	19	39.6	0	
Hit child on the bottom with a belt or hard object	180	29	16.1	0	48	9	18.8	0	
Slapped child on the hand, arm or leg	184	66	33.5	0	48	17	35.4	0	
Pinched child	187	21	11.2	0	49	4	8.2	0	
Shook child (if child > 2 years old)	86	5	5.8	0	4	23	17.4	0	
Severe Physical Assault									
Slapped child on the face, head or ears	188	4	2.1	0	49	1	2.0	0	
Hit child somewhere other than on the bottom with a belt or hard object	190	4	2.1	0	49	3	6.1	0	
Threw or knocked child down	190	2	1.1	0	49	0	0.0	0	
Hit child with a fist or kicked the child hard	187	0	0.0	0	49	4	8.2	0	*
Very Severe Physical Assault									
Beat child over and over	189	0	0.0	0	49	1	2.0	0	*
Grabbed child around the neck and choked him or her	188	0	0.0	0	49	3	6.1	0	*
Burned or scalded child on purpose	191	0	0.0	0	49	1	2.0	0	*
Threatened child with a knife or gun	190	0	0.0	0	48	0	0.0	0	
Shook child (if child < 2 years old)	103	7	6.8	0	27	4	14.8	0	

Neglect

Left child home alone even when some adult should be with him or her	189	1	0.5	0	49	0	0.0	0
Not able to show or tell child you loved him or her due to being so caught up with own problems	190	15	7.8	0	49	3	6.1	0
Not able to make sure child was fed	190	7	3.7	0	50	3	6.0	0
Not able to make sure child got to a doctor or hospital	190	5	2.6	0	50	3	6.0	0
Problem taking care of child due to being drunk or high	190	2	1.1	0	50	0	0.0	0

Illegal Behavior and Criminal Justice System Involvement

Young men in the Midwest Study were more likely than young women to report that they had engaged in a variety of illegal behaviors during the 12 months prior to their interview, and many of these gender differences were statistically significant. Regardless of gender, the two most commonly reported illegal behaviors were taking part in a fight that involved one group against another and deliberately damaging someone else's property.

Generally speaking, young adults in the Midwest Study were more likely to report engaging in illegal behaviors than their Add Health Study counterparts, although only some of the differences were statistically significant. However, young men in the Midwest Study were *less* likely to report owning a handgun and young women in the Midwest Study were *less* likely to report belonging to a gang than their counterparts in the Add Health Study.

Table 61. Engagement in Illegal Behaviors during the Past 12 Months by Gender: Midwest Study Compared with Add Health Study

	Females				Males				P	
	Midwest Study		Add Health Study		Midwest Study		Add Health Study			
	(n = 319) ^a		(n = 762)		(n = 232) ^a		(n = 725)			
	#	%	#	%	#	%	#	%		
Deliberately damaged someone's property	25	7.8	23	3.0	*	30	12.9	73	10.1	
Stole something worth < \$50	14	4.4	28	3.7		21	9.1	56	7.7	
Entered a house or building to steal something	5	1.6	9	1.2		10	4.3	10	1.4	
Used or threatened to use a weapon to get something from someone	3	0.9	4	0.5		12	5.2	17	2.3	
Sold marijuana or other drugs	8	2.5	19	2.5		28	12.1	63	8.7	

Stole something worth > \$50	8	2.5	13	1.7	25	10.8	30	4.1	*
Took part in a fight involving one group against another	25	7.8	17	2.2	*	38	16.4	82	11.3
Bought, sold, or held stolen property	7	2.2	8	1		17	7.3	40	5.5
Used someone's credit card or bank card without their permission or knowledge	6	1.9	4	0.5	*	7	3.0	15	2.1
Deliberately wrote a bad check	14	4.4	37	4.9		12	5.2	28	3.9
Used a weapon in a fight	8	2.5	3	0.4	*	9	3.9	16	2.2
Carried a hand gun to school or work	3	0.9	4	0.5		10	4.3	15	2.1
Ever belonged to a named gang	19	6.0	114	15.0	*	43	18.5	104	14.3
Own a handgun	5	1.6	45	5.9	*	27	11.6	106	14.6
Became so injured in a fight that medical treatment was required	7	2.2	14	1.8		14	6.0	30	4.1
Hurt someone so badly in a fight that medical treatment was required	12	3.8	13	1.7	*	23	9.9	52	7.2
Pulled a knife or gun on someone	3	0.9	3	0.4		8	3.4	8	1.1
Shot or stabbed someone	0	0.0	4	0.5		1	0.4	3	0.4

^a Data were missing for the 9 Midwest Study respondents (6 male and 3 female) who did not complete the audio-CASI portion of the interview. Three of these respondents were incarcerated at the time the data were collected.

Overall, Midwest Study participants reported a high level of recent involvement with the criminal justice system. This was especially true of the young men. Forty-two percent reported that they had been arrested, 23 percent reported that they had been convicted of a crime, and 45 percent reported that they had been incarcerated since their most recent interview. Regardless of gender, the young adults who reported any criminal justice system involvement during the past year were most likely to attribute that involvement to something other than violent, property, or drug-related crime.²⁶ This could include violations of probation or serious traffic offenses.

²⁶ Respondents were asked about their involvement in violent crime, property crime, and drug-related crime. These three response categories were not mutually exclusive, so respondents could report being involved in more than one type of crime. The three response categories were also not exhaustive and respondents were assumed to have been involved in some other type of crime if they did not report involvement in any of the three types.

Table 62. Self-Report of Arrest, Conviction, and Incarceration since Last Interview by Gender

	Females			Males			p
	N	#	%	n	#	%	
Arrested since last interview	313	61	19.5	268	112	41.8	
Arrested for violent crime ^a	61	6	9.8	108	17	15.7	
Arrested for property crime ^a	61	4	6.6	107	11	10.3	
Arrested for drug related crime ^a	61	6	9.8	107	31	29.0	*
Only arrested for some other type of crime ^a	61	46	75.4	112	62	55.4	
Convicted of a crime since last interview	312	26	8.3	254	59	23.2	
Convicted of violent crime ^b	26	5	19.2	59	11	18.6	
Convicted of property crime ^b	26	3	11.5	59	11	18.6	
Convicted of drug related crime ^b	26	2	7.7	58	21	36.2	*
Only convicted of some other type of crime ^b	26	16	61.5	59	23	39.0	*
Spent at least one night in jail, prison, other correctional facility since last interview	308	55	17.9	254	114	44.9	
Incarcerated for violent crime ^c	55	8	14.5	107	26	24.3	
Incarcerated for property crime ^c	55	3	5.5	108	16	14.8	
Incarcerated for drug related crime ^c	55	9	16.4	109	32	29.4	
Only incarcerated for some other type of crime ^c	55	39	70.9	111	54	48.6	*

Data were missing for the nine respondents (6 males and 3 females) who did not complete the audio-CASI portion of the interview. Three of these male respondents were incarcerated at the time the data were collected. These three respondents are included in the number and percentage who spent at least one night in jail or prison since their last interview. However, we did not have any information about the reason for their incarceration.

^a Percentage of those who were arrested since last interview. Percentages sum to more than 100 because some respondents could report being arrested for more than one type of crime.

^b Percentage of those who were convicted since last interview. Percentages sum to more than 100 because some respondents could report being convicted for more than one type of crime

^c Percentage of those who were incarcerated since last interview. Percentages sum to more than 100 because some respondents could report being incarcerated for more than one type of crime

Compared with their Add Health Study counterparts, Midwest Study participants of both genders reported much higher levels of criminal justice system involvement over time.²⁷ In fact, cumulative levels of criminal justice system involvement were higher among the young women in the Midwest Study than among the young men in the Add Health Study.

²⁷ Because 440 of the Midwest Study respondents were 17 years old when the baseline data were collected, the Midwest Study percentages may include some arrests and convictions that occurred when respondents were still 17 years old. By contrast, the Add Health Study percentages only reflect arrests and convictions that occurred at age 18 and older.

Table 63. Cumulative Arrests and Convictions by Gender: Midwest Study Compared with Add Health Study

	Females						Males						p	
	Midwest Study			Add Health Study			p	Midwest Study			Add Health Study			
	(n = 322)	n	#	(n = 762)	#	%		(n = 280)	N	#	%	#	%	
Ever arrested ^a	320	183	57.2	33	4.3	*	277	225	81.2	126	17.4	*	*	
Arrested since age 18 ^b	315	122	38.7	2	0.3	*	272	174	64.0	21	2.9	*	*	
Ever convicted ^a	308	87	28.2	15	2.0	*	267	157	58.8	75	10.3	*	*	
Convicted since age 18 ^b	304	56	18.4	12	1.6	*	264	113	42.8	66	9.1	*	*	

^a Midwest Study respondents who reported being arrested/convicted prior to the baseline interview or between any of the subsequent interviews were counted as ever arrested/ever convicted. The figures exclude respondents who refused to answer or reported that they did not know the answer to the questions about arrests and convictions at any one of the four waves.

^b Midwest Study respondents were counted as having been arrested/convicted at age 18 or older if they reported an arrest or conviction since the last interview at any of the follow up waves (i.e., waves 2-4). Because 440 respondents were only 17 years old when the baseline data were collected, these percentages may include some arrests or convictions that occurred at age 17.

Victimization

Young men in the Midwest Study were more than twice as likely as young women to report that they had been the victim of a violent crime during the past 12 months. Young men were most likely to report having had a gun pulled on them whereas young women were most likely to report having been beaten up. Regardless of gender, Midwest Study participants were more likely to have been the victim of a violent crime during the past 12 months than their Add Health Study counterparts.

Table 64. Criminal Victimization by Gender: Midwest Study Compared with Add Health Study

	Females		Males		P	p
	Midwest Study	Add Health Study	Midwest Study	Add Health Study		
	(n = 319) ^a	(n = 762)	(n = 274) ^a	(n = 726)		
Saw someone being shot or stabbed	8	2.5	20	2.6	25	9.1
Someone pulled a knife on you	6	1.9	8	1.0	16	5.8
Someone pulled a gun on you	8	2.5	7	0.9	*	24
Shot by someone	1	0.3	0	0.0	4	1.5
Stabbed by someone	1	0.3	5	0.7	5	1.8
Beaten up with nothing stolen	12	3.8	8	1.0	*	21
Beaten up and belongings stolen	4	1.3	2	0.3	*	9
Any of the above	29	9.1	32	4.2	*	60
Any of the above except seeing someone shot or stabbed	24	7.5	17	2.2	*	44
					16.1	66
					9.2	*

^a Data were missing for the 9 Midwest Study respondents (6 male and 3 female) who did not complete the audio-CASI portion of the interview. Three of these respondents were incarcerated at the time the data were collected.

We used seven items adopted from the Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) to measure recent sexual victimization. Young women were more than twice as likely as young men to report that they had experienced at least one of seven types of sexual victimization since their last

interview. Although only a small percentage of Midwest Study participants reported experiencing any of these events, we do not have similar data from the Add Health Study to know how their risk of sexual victimization compares to the risk among young adults in the general population.

Table 65. Sexual Victimization by Gender

	Females			Males			p
	N	#	%	N	#	%	
Male inserted sexual body part inside private sexual part, anus, or mouth when not desired	310	14	4.5	267	5	1.9	
Individual inserted fingers or objects inside private parts or anus when not desired	313	6	1.9	265	2	0.8	
Individual put their mouth on private parts when not desired	314	4	1.3	263	4	1.5	
Individual touched private sexual parts when not desired	312	9	2.9	263	3	1.1	
Coerced to touch an individual's private sexual parts	311	7	2.3	263	4	1.5	
Individual touched other private sexual parts when not desired	312	8	2.6	263	4	1.5	
Female put private sexual part inside her body when not desired		—	—	261	6	2.3	
<i>Experienced any of the above</i>	<i>319</i>	<i>22</i>	<i>6.9</i>	<i>274</i>	<i>9</i>	<i>3.3</i>	*

Civic Participation

Young adults in the Midwest Study were less likely than their Add Health Study counterparts to report performing any unpaid volunteer or community service work during the past 12 months.²⁸ Midwest Study participants who did perform any unpaid volunteer or community service work were most likely to have done something involving church groups or community centers. Compared to their Add Health Study counterparts, young adults in the Midwest Study were also less likely to be registered to vote, to have voted in the most recent presidential election, or to have filed a tax return—which may reflect the fact that they were less likely to have been employed.²⁹ However, they were more likely than their Add Health Study counterparts to have attended a political rally or march.

Table 66. Civic Participation during Past 12 Months: Midwest Study Compared with Add Health Study

	Midwest Study ^a (N = 582)		Add Health Study (N = 1487)		p
	#	%	#	%	
Performed unpaid volunteer or community service	106	18.2	375	25.2	*
Type of service performed:		(n = 106)		(n = 375)	
Youth organizations (e.g., scouts)	18	17.0	100	26.7	
Service organizations (e.g., Big Brothers)	9	8.5	59	15.7	
Political clubs or organizations	7	6.6	19	5.1	
Ethnic-support groups (e.g., NAACP)	2	1.9	9	2.4	

²⁸ Respondents who were currently incarcerated and had been incarcerated for more than year were excluded from our analysis of civic participation.

²⁹ This comparison should be interpreted with caution because the two studies were not referring to the same presidential elections. The Midwest Study interviews were conducted between July 2008 and April 2009, so for some, the most recent presidential election was 2004 whereas for others it was 2008. The Add Health Study interviews were conducted between August 2001 and April 2002, so the most recent presidential election would have been 2000.

Church groups	42	39.6	139	37.1	
Community centers	35	33.0	117	31.2	
Hospitals or nursing homes	12	11.2	66	17.6	
Educational organizations	18	17.0	87	23.2	
Environmental groups (e.g., Sierra Club)	4	3.8	28	7.5	
Foster care or child welfare organizations	5	4.7	—	—	
Other	26	24.5	—	—	
Registered to vote	432	74.2	1149	77.3	*
Voted in most recent presidential election ^b	258	44.3	742	49.9	*
Contributed money to political party or candidate	15	2.6	25	1.7	
Contacted government official	22	3.8	55	3.7	
Run for a public office	2	0.3	1	0.1	
Attended a political rally or march	38	6.5	48	3.2	*
Filed a tax return	332	57.0	1288	86.6	*

^aRespondents who were currently incarcerated and had been incarcerated for more than year were excluded from our analysis of civic participation.

^bSome of the Midwest Study participants were interviewed before the 2008 election and some were interviewed after. So the most recent presidential election could have been 2004 or 2009. The 2000 election would have been the most recent presidential election for all of the Add Health Study participants.

With respect to their political beliefs and party identification, young adults in the Midwest Study were less likely to report trusting the government, less likely to report being “middle of the road” and more likely to report identifying with the Democratic Party than their Add Health Study counterparts.

Table 67. Political Beliefs and Party Identification: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)		Add Health Study (N = 1487)		p
	#	%	#	%	
Strongly agree or agree:					
I trust the federal government	194	32.2	644	43.3	*
I trust my state government	208	34.6	688	46.3	*
I trust my local government	220	36.5	681	45.8	*
Political ideology					
Very conservative	33	5.5	33	2.2	
Conservative	142	23.6	311	20.9	
Middle-of-the-road	226	37.5	751	50.5	
Liberal	74	12.3	241	16.2	
Very liberal	30	5.0	18	1.2	

Don't know/Refuse/NA	97	16.1	133	8.9	*
Political party identification ^a					
None	349	58.0	911	61.3	
Democrat	205	34.1	295	19.8	
Republican	24	4.0	244	16.4	
Other	10	1.7	24	1.6	

^aPercentages may not add up to 100 percent due to a small amount of missing data.

Religion

Despite being more likely to have never attended religious services during the past 12 months than their Add Health Study counterparts, young adults in the Midwest Study were as likely as their Add Health Study counterparts to report that their religious faith was *very important or more important than anything else*.

Table 68. Religious Participation and Faith: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)	Add Health Study (N = 1487)	p	
	#	%	#	%
Number of times attended religious services during the past year ^a				
Never	243	40.4	396	26.6
A few times	156	25.9	369	24.8
Several times	62	10.3	192	12.9
Once a month	29	4.8	111	7.5
Two or three times a month	42	7.0	155	10.4
Once a week	43	7.1	165	11.1
More than once a week	24	4.0	87	5.9
Refused/Don't know	3	0.5	12	0.8
Took part in religious activities during the past year ^a				
Never	440	73.1	1119	75.3
Once a month or less	128	21.3	250	16.8
More than once a month	30	5.0	107	7.2
Refused/Don't know	4	0.7	11	0.7
Importance of religious faith ^a				
Not important	75	12.5	222	14.9
Somewhat important	196	32.6	490	33.0
Very important	230	38.2	638	42.9
More important than anything else	96	15.9	123	8.3
Refused/Don't know	5	0.8	14	0.9

^aPercentages may not add up to 100 due to a small amount of missing data.

Feelings about the Transition to Adulthood

The transition from adolescence to adulthood has become longer, more complex, and less predictable (Furstenberg, Rumbaut & Settersten, 2005). Unfortunately, not much is known about how this transition is perceived by vulnerable populations such as young people who have aged out of foster care or how their perceptions compare to those of young people in the general population.

Approximately 70 percent of the young adults in the Midwest Study thought that they became socially mature and took on adult responsibilities faster than others their age. Another quarter thought that they became socially mature and took on adult responsibilities at about the same pace. By contrast, approximately one-third of the Add Health Study participants thought that they became socially mature and took on adult responsibilities at a slower pace than their peers. Midwest Study participants were also more likely than their Add Health Study counterparts to report thinking of themselves as being adults all of the time.

Table 69. Perceptions of the Transition to Adulthood: Midwest Study Compared with Add Health Study

	Midwest Study (N = 602)		Add Health Study (N = 1,488)		p
	#	%	#	%	
Became socially mature					*
Faster than others	418	69.4	870	58.5	
About the same rate as others	141	23.4	127	8.5	
Slower than others	39	6.5	488	32.8	
Missing	4	0.7	3	0.2	
Took on adult responsibilities					*
Faster than others	408	67.8	936	62.9	
About the same rate as others	153	25.4	126	8.5	
Slower than others	41	6.8	424	28.5	

Missing	-	2	0.1	
How old do you feel compared to peers				*
Older all of the time	142	23.6	241	16.2
Older most of the time	244	40.5	615	41.3
Neither older nor younger	158	26.2	526	35.3
Younger most of the time	45	7.5	93	6.3
Younger all of the time	12	2.0	10	0.7
Missing	1	0.2	3	0.2
Think of self as an adult				*
Never or seldom	26	4.3	30	2.0
Sometimes	44	7.3	86	5.8
Most of the time	109	18.1	493	33.1
All of the time	422	70.1	666	44.8
Missing	1	0.2	2	0.1

Life Satisfaction and Future Orientation

Two-thirds of the young adults in the Midwest Study reported feeling satisfied or very satisfied with their lives as a whole, and more than half reported that lives have been better or much better since they exited foster care. Only 4 percent reported that their lives have gotten worse or much worse. This might also explain why most reported feeling fairly to very optimistic about their futures.

Table 70. Life Satisfaction

	N	#	%
Satisfaction with life as a whole	602		
Satisfied or very satisfied		400	66.4
Neither satisfied nor dissatisfied		120	19.9
Dissatisfied or very dissatisfied		82	13.6
Life since exiting foster care	600		
Better or much better		321	53.5
Sometimes better/sometimes worse		257	42.8
Worse or much worse		22	3.7
Optimism about the future	595		
Very optimistic		330	55.5
Fairly optimistic		200	33.6
Not very or not at all optimistic		65	10.9
Missing		7	

Another way of looking at the direction in which these young adults perceive their lives to be headed is to consider how they rated their chances of experiencing a number of different events using a five-point scale that ranged from *almost no chance* (1) to *almost certain* (5).³⁰ In general, Midwest Study

³⁰ On this 5-point scale, 3.0 would represent a 50-50 chance.

participants expressed a fair amount of optimism about their prospects for the future. On average, they perceived themselves as having more than a 50-50 chance of living to age 35, getting married in the next 10 years, and having at least a middle class income by age 30. They also thought they had relatively little chance of divorcing by age 35 (if they were not already divorced).

That said, Midwest Study participants were consistently less optimistic about their prospects for the future than their Add Health Study counterparts. Add Health Study ratings were significantly higher for positive events and significantly lower for the one negative event (i.e., divorcing).

Table 71. Orientation Toward the Future: Midwest Study Compared with Add Health Study

	Midwest Study			Add Health Study			p
	N	Mean	S.D.	N	Mean	S.D.	
Live to 35	599	4.49	0.73	1,481	4.66	0.62	*
Divorced by 35	568	1.80	1.16	1,427	1.51	0.87	*
Already happened	13	—	—	29	—	—	
Married within the next 10 years	510	3.40	1.34	1,100	3.96	1.11	*
Already happened	77	—	—	377	—	—	
Middle class income by age 30	588	3.66	1.12	1,424	4.17	2.00	*
Already happened	5	—	—	55	—	—	
More than middle class income by age 30	586	3.23	1.24	1,469	3.54	2.00	*
Already happened	5	—	—	8	—	—	

Mentoring

Although a majority of the young adults in the Midwest Study reported that they had maintained a positive relationship with a caring adult since age 14, they were less likely to have done so than their Add Health Study counterparts. Midwest Study participants were most likely to describe their mentor as a family member or friend whereas Add Health Study participants were most likely to describe their mentor as a teacher/counselor/coach or a family member. Half of the young adults in the Midwest Study who had a mentor reported that they still had telephone or email contact with their mentor at least once a week, and one-third had in-person contact that frequently. Overall, Midwest Study participants reported more frequent email or telephone contact with their mentors, but less frequent in-person contact. As far as their relationship with their mentor was concerned, two-thirds felt *very or quite close* to him or her.

Table 72. Mentoring Relationships: Midwest Study Compared with Add Health Study

	Midwest Study (n = 598)		Add Health Study (n = 1483)		p
	#	%	#	%	
Maintained a positive relationship with a caring adult since age 14	397	66.4	1,130	76.2	*
Relationship to mentor	395		1,128		*
Sibling	22	5.6	141	12.5	
Grandparent or uncle/aunt	102	25.8	227	20.1	
Teacher, counselor, coach	48	12.2	258	22.9	
Clergy member	9	2.3	51	4.5	
Employer or co-worker	3	0.8	87	7.7	
Friend	84	21.3	206	18.3	
Neighbor or parent of friend	11	2.8	51	4.5	
Volunteer (e.g., Big Brothers/Sisters)	16	4.1	—	—	
Social worker	16	4.1	2	0.2	
Other	84	21.3	105	9.3	
Email or telephone contact with mentor	396		1,048		*
Not at all	72	18.2	242	21.5	

Once a year or less	30	7.6	78	6.9	
Every few months	35	8.8	129	11.4	
Monthly or every few weeks	50	12.6	295	26.2	
Weekly or more	199	50.3	489	43.4	
In person contact with mentor	397		1,050		*
Not at all	99	24.9	136	13.0	
Once a year or less	53	13.4	190	18.1	
Every few months	46	11.6	184	17.5	
Monthly or every few weeks	47	11.8	152	14.5	
Weekly or more	152	32.3	425	40.5	
Closeness to mentor	396		1,050		
Not at all close	37	9.3	112	10.7	
A little to somewhat close	105	26.5	331	31.5	
Very or quite close	254	64.1	607	57.8	

Percentages may not add up to 100 percent due to a small amount of missing data.

Connectedness

Finally, youth aging out of foster care have been identified as being at high risk of becoming disconnected young adults (Levin-Epstein & Greenberg, 2003; Wald& Martinez, 2003; Youth Transition Funders Group, 2004)—that is, young adults who are neither working nor enrolled in school (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy, Oldham, Zanghi, Ansell, Correia, & Copeland, 2002; Sum, Khatiwada, Pond, Trub'skyy, Fogg, & Palma, 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004). Thus, we looked at the percentage of males and females in the Midwest Study who were connected to employment or to education. In addition, although many people who are parents work or go to school, some forego education or employment to focus on parenting. Thus, we also adopted a more expansive definition of connectedness that counted study participants as being connected if they were living with one or more of their own children.

Female and male study participants were equally likely to be connected (i.e., working or enrolled in school) at age 23 or 24. Using the more inclusive definition of connectedness had a noticeable effect on the percentage of young women who were connected but only a small effect on the percentage of young men. This reflects the fact that males were much less likely than females to be custodial parents even if they had a child.

Table 73. Connectedness

	Females (n = 322)	Males (n = 280)	p
Employed or enrolled in school	193	59.9	162
Employed, enrolled in school or parenting	279	86.6	177

Trends over Time

We have been tracking the outcomes of the Midwest Study participants since they were 17 or 18 years old. As they move into their mid-twenties, we can begin to identify trends in the directions that their lives have taken across different domains. Figures 1 through 12 show these trends in educational attainment, employment, family formation, criminal justice system involvement, and connectedness. We restricted our analysis to the 472 young adults (64% of the original sample) who were interviewed at all four waves and examined the trends for males and females separately.

Trends in Educational Attainment and School Enrollment

The percentage of study participants who had a high school diploma or GED rose substantially between age 17 or 18 and age 21, but remained stable after that. Although males and females began at about the same starting point (i.e., 15%), females experienced a larger increase over time. By the time they were interviewed at age 23 or 24, 81 percent of the young women and close to three-quarters of the young men had a high school diploma or a GED.

We see a somewhat similar trend in the percentage of study participants who had ever attended college. Following a substantial increase between age 17 or 18 and age 21, the percentage of young women who ever attended college leveled off and the percentage of young men who ever attended college rose modestly. Nevertheless, 38 percent of the young women had ever attended college by age 23 or 24 compared with only 28 percent of the young men.

A very different picture emerges if we look at the percentage of study participants who had a college degree. Only a handful of study participants had either an associate's or bachelor's degree by the age of 21. That had risen to a mere 8 percent of the young women and 5 percent of the young men at age 23 or 24. These college graduates represent just 21 percent of the young women and 18 percent of the young men who ever attended college.

Figure 1. Trends in Young Women's Educational Attainment

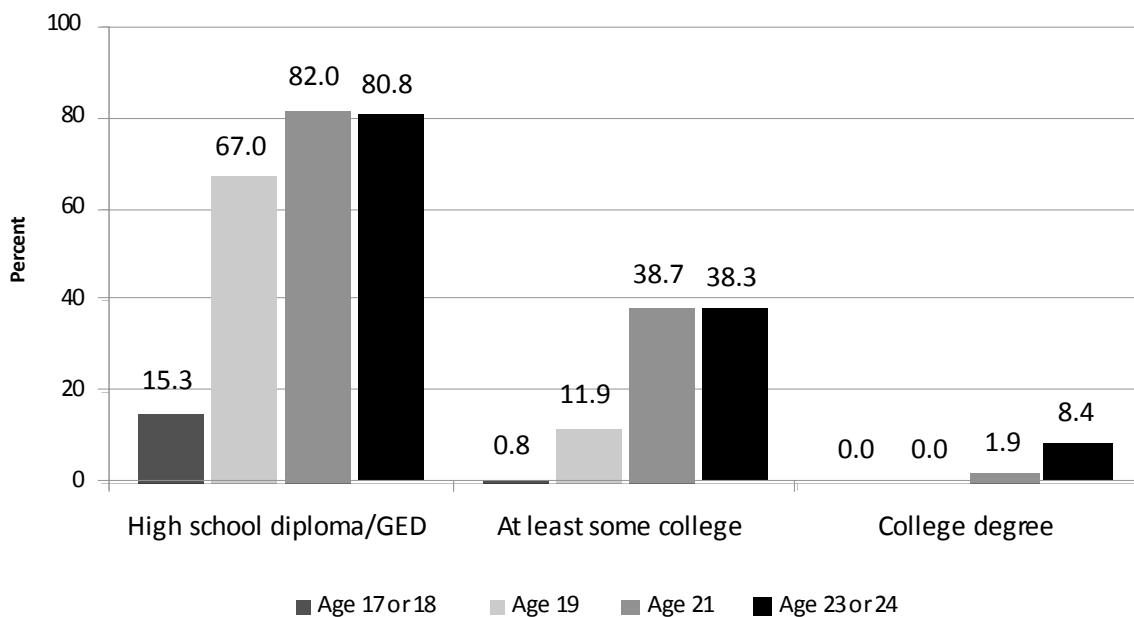
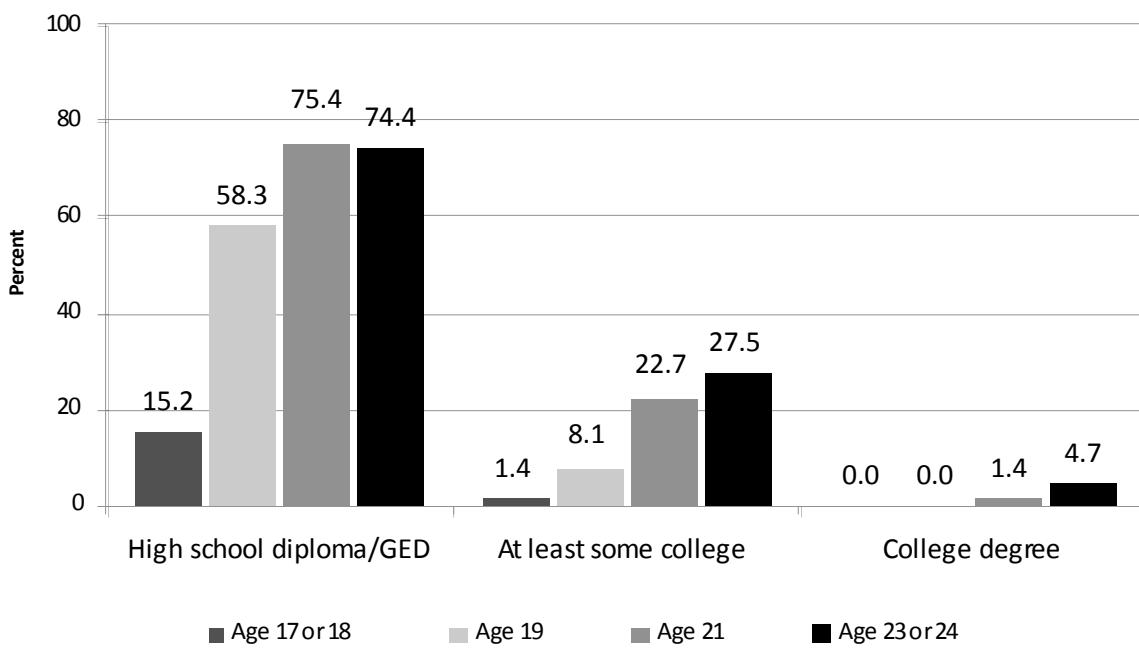


Figure 2. Trends in Young Men's Educational Attainment



Enrollment in school or training programs declined steadily over the four waves of data collection, with the biggest drop occurring between age 17 or 18 and age 19. This trend was evident among both males and females and reflects the fact that a majority of study participants did not study beyond high school. Moreover, after an initial bump in college enrollment between age 17 or 18 and 19, the percentage of study participants who were enrolled in college began to decline. Females experienced an even larger decline than males, in part because the peak enrollment for young women (28%) was higher than the peak enrollment for young men (17%).

Figure 3. Trends in Young Women's School Enrollment

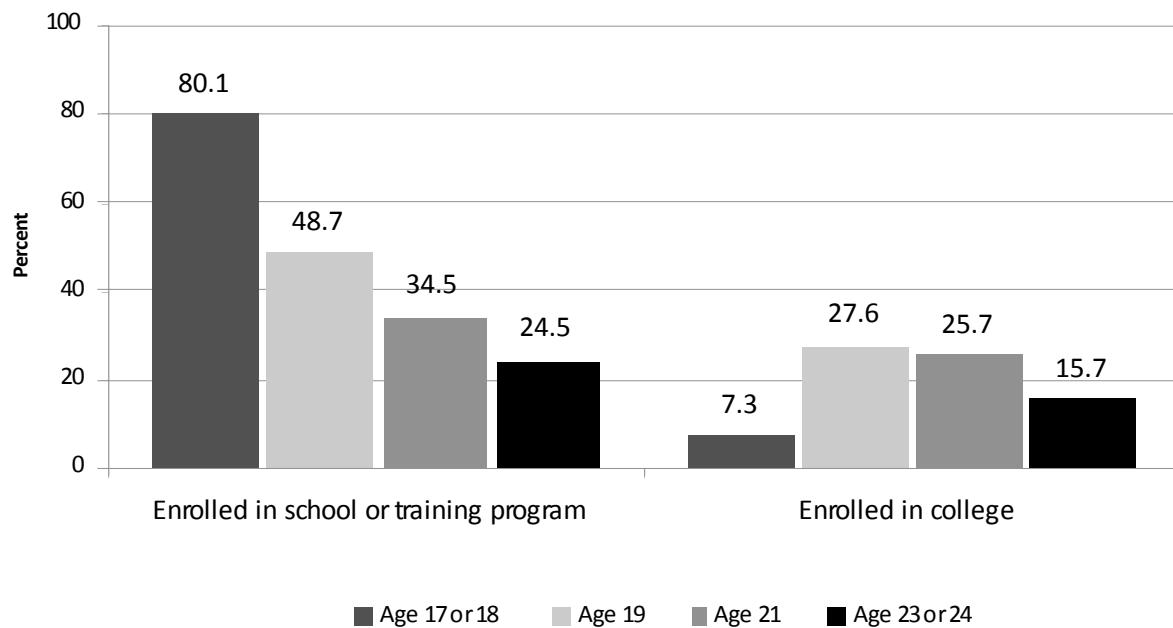
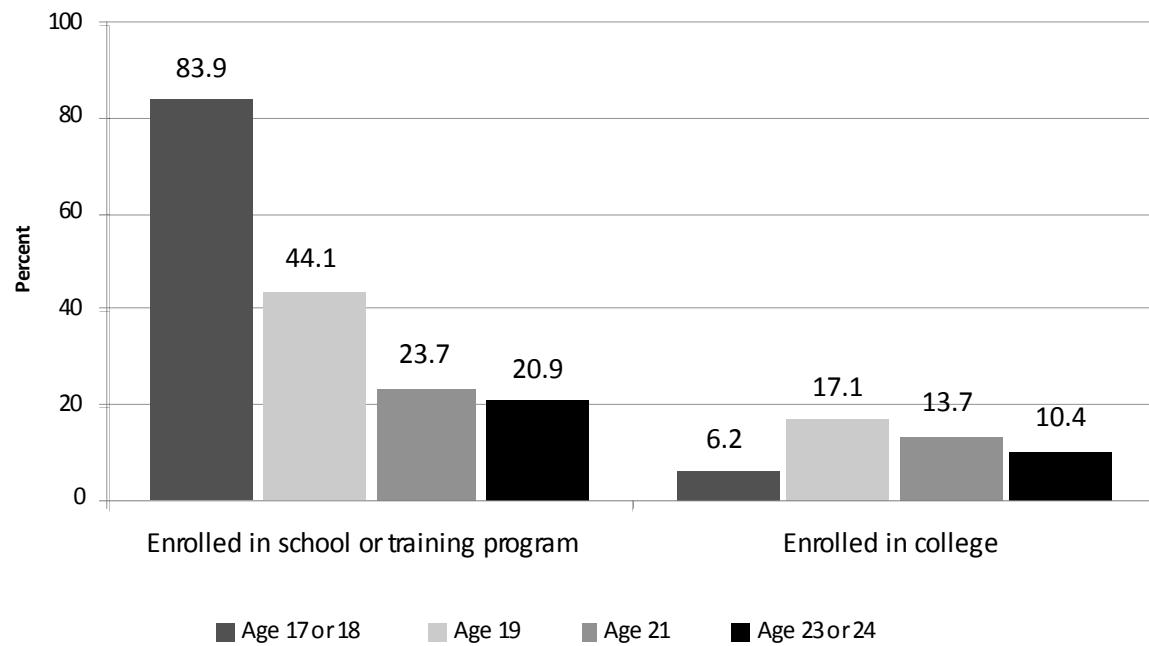


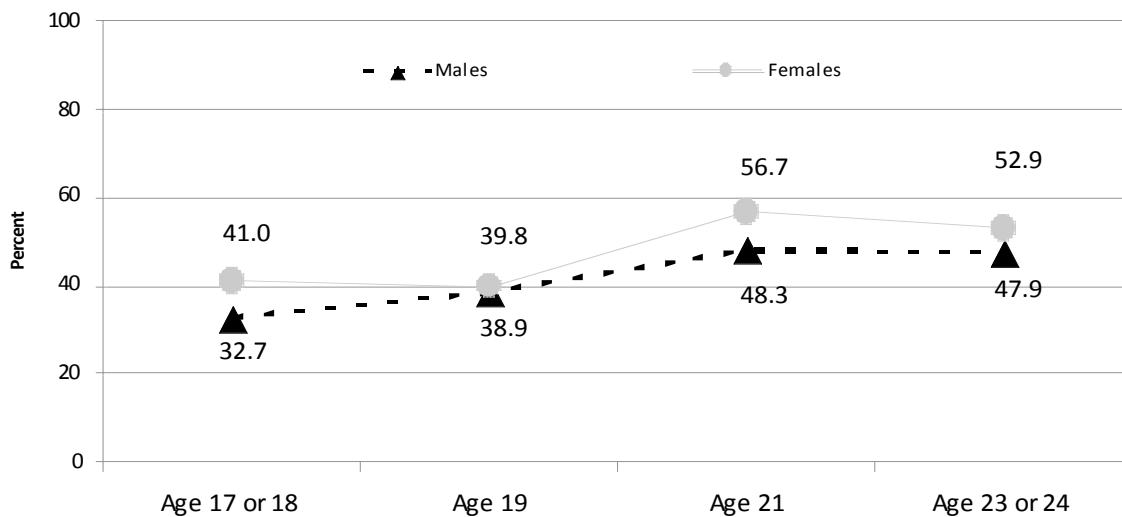
Figure 4. Trends in Young Men's School Enrollment



Trends in Current Employment

The percentage of young men who were currently employed grew steadily from age 17 or 18 to age 21, but did not increase thereafter. By contrast, the percentage of young women who were currently employed increased between age 19 and age 21 but fell between age 21 and age 23 or 24. Although there was no point at which even half of the males had jobs, female employment peaked at 57 percent.

Figure 5. Trends in Current Employment by Gender



Trends in Family Formation

Because most of the study respondents were still in foster care at age 17 or 18 and none reported being married, our analysis of marriage and cohabitation focuses on trends since age 19.³¹ The percentage of young women who were married or cohabiting rose to 40 percent by age 23 or 24. However, most of this growth was due to an increase in cohabitation. The trend was similar among young men, although young women were consistently more likely to be married or cohabiting.

³¹ We do not have information about cohabitation at wave 1. However, the percentage of study participants who were cohabiting at age 17 or 18 was probably very low because most of the young people were still in foster care.

Figure 6. Trends in Marriage and Cohabitation among Females

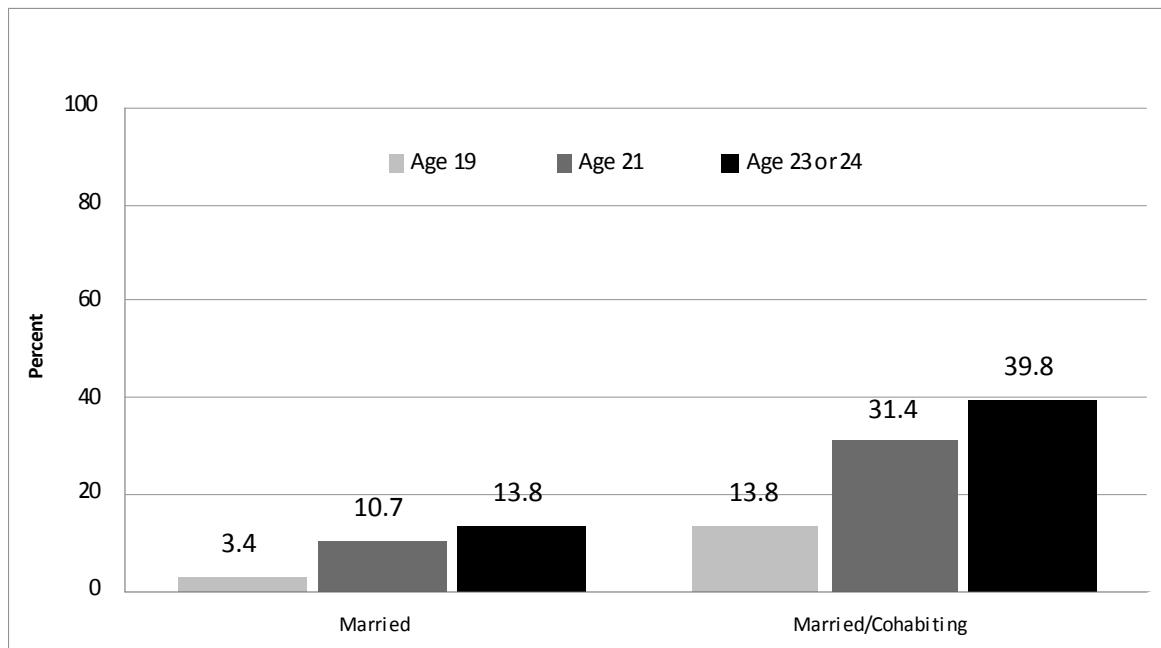
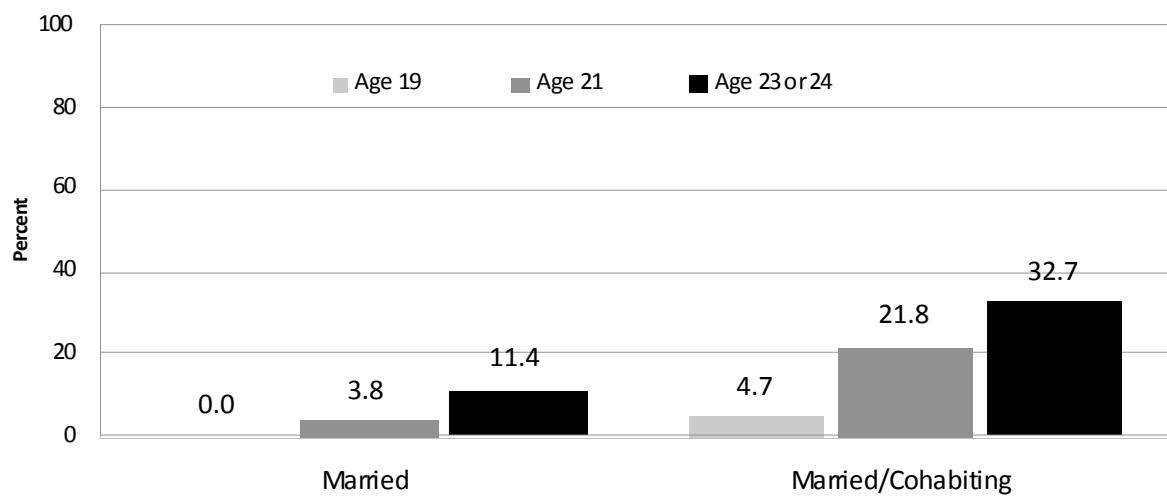


Figure 7. Trends in Marriage and Cohabitation among Males

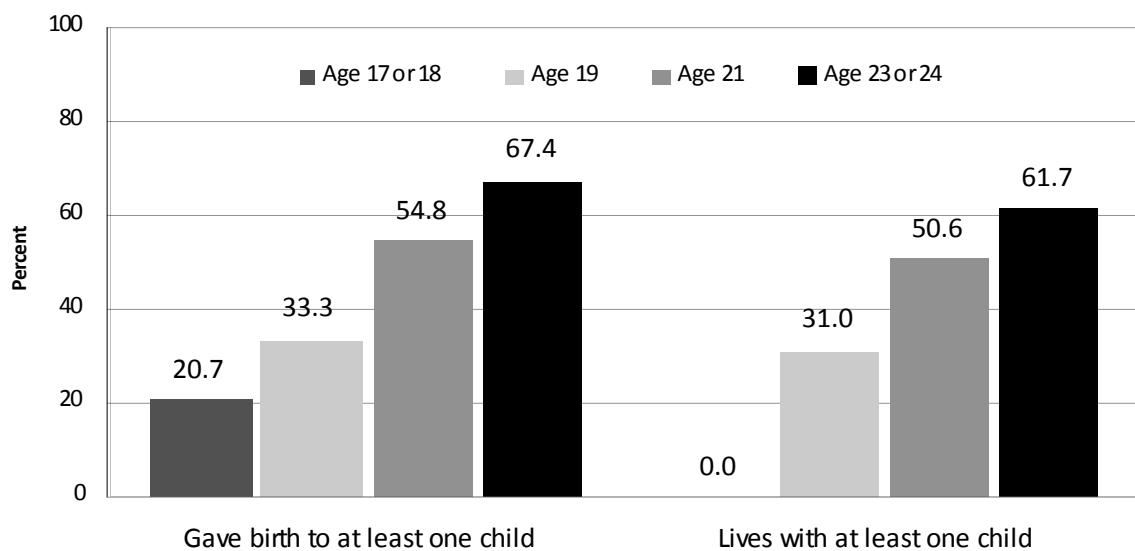


Although the percentage of study participants who were parents increased steadily over time regardless of gender, parenthood was much more common among young women than among young men at every wave

of data collection. In fact, the young women were more likely to have given birth to child by age 21 than young men were to have fathered a child by age 23 or 24.

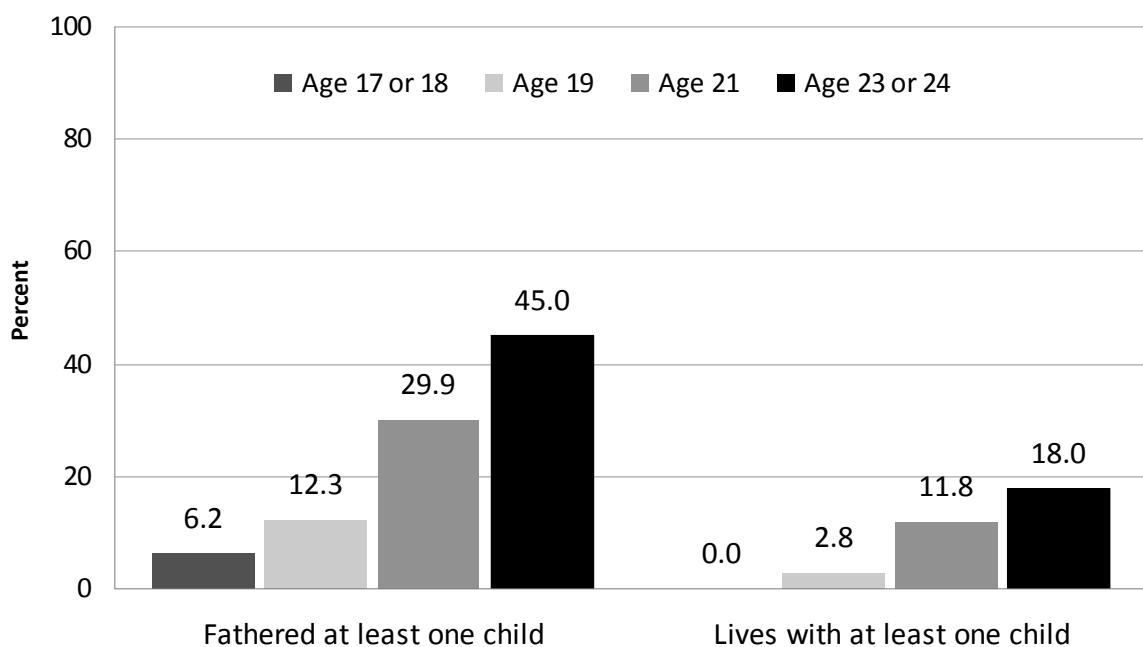
The gender difference is even starker if we look at the percentage of study participants who were living with one or more of their biological children.³² At each wave of data collection, the vast majority of young women who had given birth to at least one child were living with one or more of their children compared with only one-third to one-half of the young men who had fathered a child.

Figure 8. Trends in Parenthood among Females



³² Midwest Study participants were not asked if they were living with one or more of their own children at wave 1.

Figure 9. Trends in Parenthood among Males



Trends in Criminal Justice System Involvement

Examining trends in criminal justice system involvement is complicated by changes in the questions that were asked. At the time of their baseline interview, when they were 17 or 18 years old, study participants were asked whether they had *ever* been arrested, convicted, or incarcerated. By contrast, at each of the subsequent waves of data collection, study participants were asked whether they had been arrested, convicted, or incarcerated since their most recent interview. For this reason, we focus on trends in criminal justice system involvement since age 19. However, as shown in Figures 10 and 11, many of these young people had already been involved with the juvenile or criminal justice system prior to their baseline interview. In fact, they were more likely to have been arrested, convicted, or incarcerated prior to their baseline interview than during any of the follow-up periods.

The percentage of study participants who reported that they had been arrested since their most recent interview was relatively stable over time, although males were always nearly twice as likely as their female counterparts to report an arrest. Similarly, the percentage of study participants who reported that they had been convicted of a crime since their most recent interview remained fairly constant and males were consistently more than twice as likely to report a conviction as their female counterparts.

A different pattern emerges when we turn to incarceration. The percentage of young men who reported that they had been incarcerated since their most recent interview was higher at each subsequent wave of data collection. Although the percentage of young women who reported that they had been incarcerated since their most recent interview increased between age 19 and age 21, it remained about the same through age 23 or 24.

Figure 10. Trends in Criminal Justice System Involvement among Females

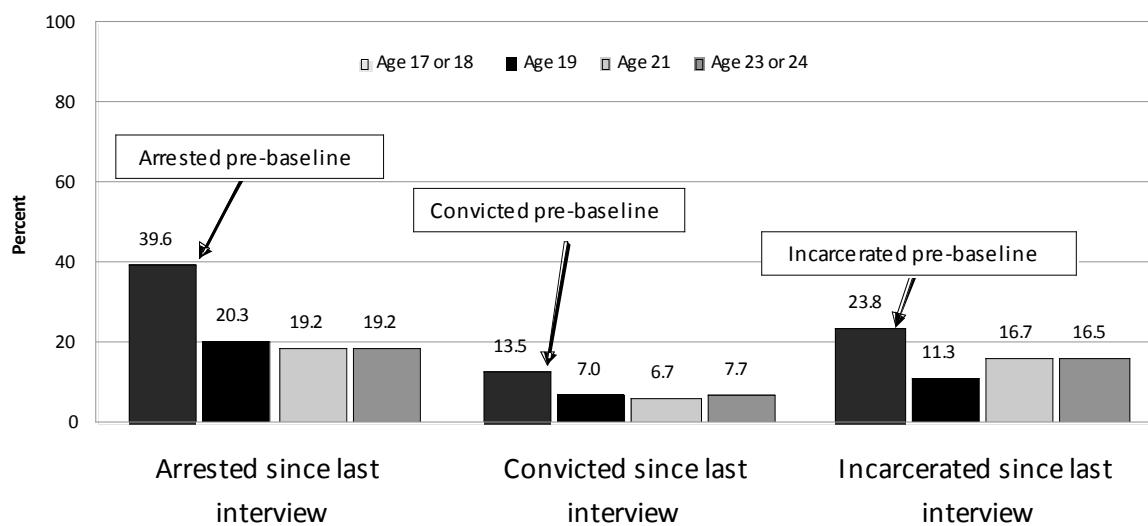
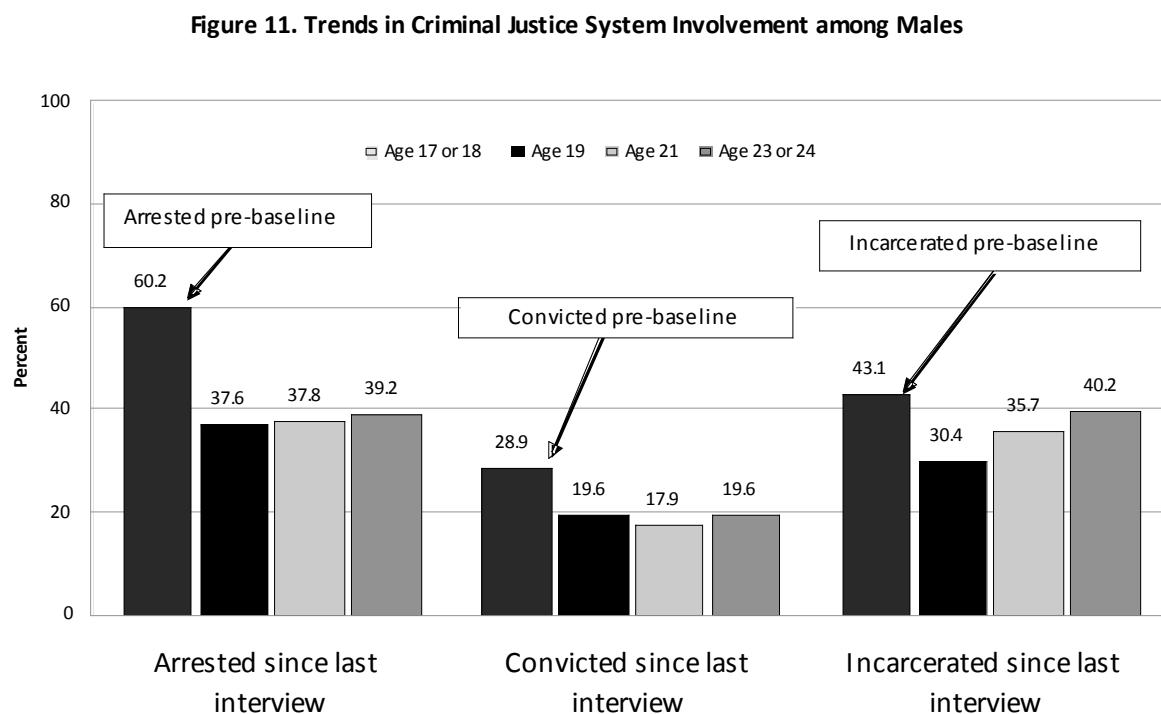


Figure 11. Trends in Criminal Justice System Involvement among Males

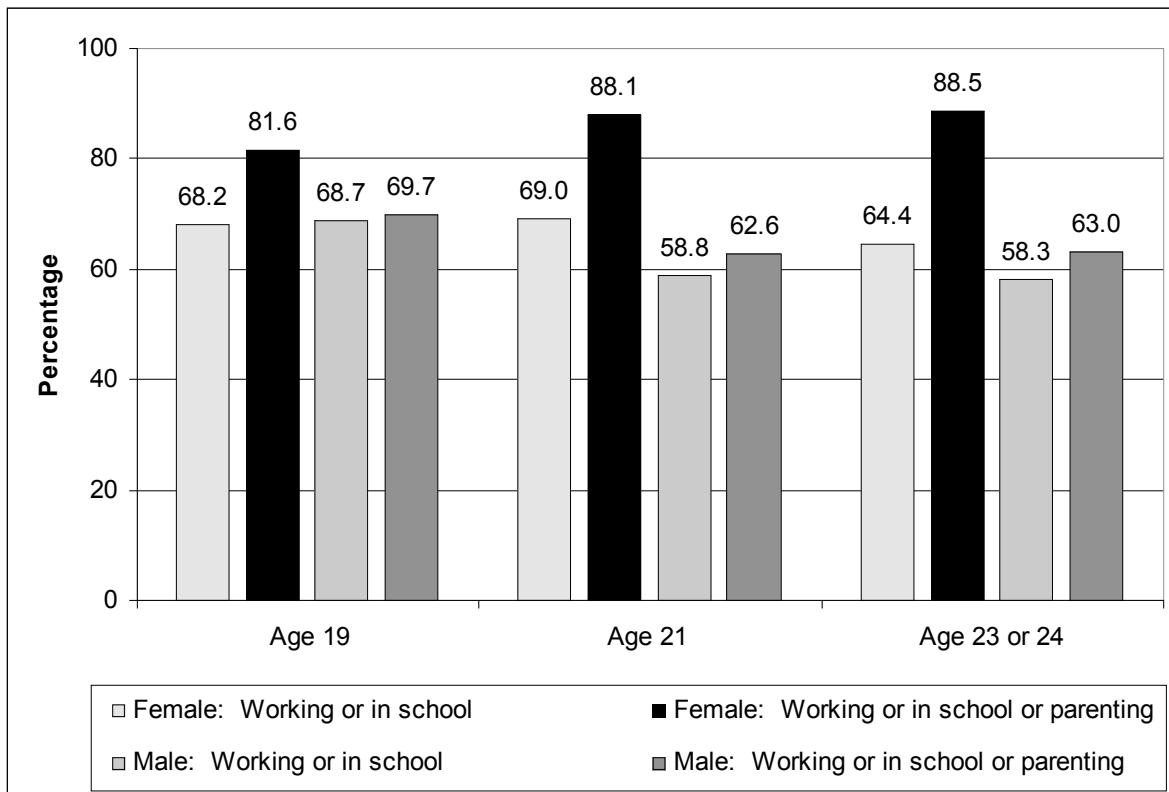


Trends in Connectedness

Finally, we looked at connectedness to education or employment and found that males and females initially experienced similar trends, which begin to diverge at age 21 and ages 23 or 24. There was no gender difference at age 17, as study participants were preparing to leave foster care. At age 19, both males and females experienced comparable drops in connectedness, but at ages 21 and ages 23 or 24, females are more likely to be connected than males. Using the more inclusive definition of connectedness that includes parenting markedly increased the percentage of young women who were connected at ages 19 through 23 or 24, but had relatively little impact on the percentage of young men.³³ Again, this reflects the fact that males were much less likely to be parenting than females even if they had a child.

³³ Midwest Study participants were not asked if they were living with one or more of their own children at wave 1. Consequently, the second measure of connectedness was not calculated when participants were age 17.

Figure 12. Trends in Connectedness by Gender



Discussion and Next Steps

We began following this sample of young adults when they were just 17 or 18 years old and still in foster care. We wanted to know what would happen as they transitioned out of foster care and into early adulthood. Would they become economically self-sufficient or struggle to support themselves? Would they be able to overcome the challenges often faced by former foster youth? And how would their outcomes compare to those of their peers who had never been in foster care?

Although these 23- or 24-year-olds still have much of their lives ahead of them and their circumstances could change in significant ways, some answers to these questions are starting to emerge. Unfortunately, to the extent that self-sufficiency is a marker of a successful transition to adulthood, these young people, as a group, are not faring well.

Although 79 percent of the young women and nearly three-quarters of the young men had a high school diploma or a GED, only 7 percent of the young women and 5 percent of the young men had even an associate's degree. This considerably lower than the percentage of young people in the general population who are college graduates. It also represents only a small fraction of the Midwest Study participants who had pursued postsecondary education. Moreover, it seems unlikely that significantly more Midwest Study participants will graduate from college in the near future given that only 17 percent of the sample was still enrolled in school.

Equally troubling was their lack of economic well-being. Fewer than half of the these 23- and 24-year-olds currently had a job, and most of those who were working were not earning a living wage. In fact, more than one-quarter of these young people had had no income from employment during the past year, and half of those who had worked reported annual earnings of \$8,000 or less. This probably explains why nearly half the sample had experienced at least one economic hardship during the past year and why nearly 30 percent experienced food insecurity. Their lack of self-sufficiency was also reflected in their receipt of means-tested benefits. Most notably, two-thirds of the females and more than one-quarter of the males had been recipients of food stamps during the past year.

No less disconcerting were some of the other outcomes we observed. Far too many of these young men have been incarcerated and far too many of the young women are raising children alone. Lack of stable housing also remains a significant problem. Nearly 40 percent of these young people have been homeless or couch surfed since leaving foster care.

This is not to say that the outcomes of these young people are uniformly poor and that youth aging out of care have no reason to be hopeful. On the contrary, despite whatever obstacles and setbacks they may have faced, some have managed to make significant progress toward self-sufficiency. They have graduated from college or are still pursuing a degree. They have adequate earnings from a steady job that provides employee benefits. They have stable housing and are beginning to form families that they are able to support. They have stayed out of trouble with the criminal justice system. And they have maintained good physical and mental health.

In addition to these seemingly “objective” measures of success, we also find less tangible evidence of resiliency among this sample of former foster youth. Many expressed satisfaction with their lives and optimism about their futures. Moreover, although the child welfare system failed to find them permanent homes, most of these young people continue to have close ties to members of their family.

What, then, should we conclude from the outcomes of these young adults at ages 23 and 24 about current efforts to prepare youth aging out of foster care for a successful transition to adulthood? Our data provide compelling evidence that current efforts are not enough. A decade after the Foster Care Independence Act of 1999 created the Chafee Independent Living Program far too many foster youth are not acquiring the life skills they will need if they are to become productive young adults. Although there is little research demonstrating that providing independent living services significantly improves the outcomes of young people transitioning out of foster care (Montgomery, Donkoh, & Underhill, 2006), more than one-third of the young people in our study wished that they had received more training or assistance while they were in foster care or that the training and assistance they did receive had begun at a younger age.

Our data also continue to raise questions about the advantages to foster youth of extending state care and supervision until age 21. Comparisons we made in our earlier reports between the outcomes of young people in a state where foster youth can remain in the child welfare system until age 21 (i.e., Illinois) and those of young people in states where that has not been an option (i.e., Iowa and Wisconsin) suggested that extending foster care does have benefits—particularly with respect to increasing postsecondary educational attainment. However, only a minority of Midwest Study participants who had pursued postsecondary education actually graduated from college. Although this could be interpreted as evidence that allowing foster youth to remain in care is simply prolonging the inevitable, it could also mean that extending foster care is not enough. We should consider the possibility that it is unrealistic to expect youth aging out of foster care to make it on their own when many young people in the general population continue to receive financial and emotional support from their families well into their early adult years.

This question has assumed even greater importance now that the Fostering Connections and Increasing Adoptions Act of 2008 will allow states to claim federal reimbursement for Title IV-eligible foster youth until their 21st birthday.

Moving forward, we will continue to analyze these data to identify factors that predict which young people are likely to experience a successful transition to adulthood and which young people are likely to struggle just to make it on their own. Moreover, we have an unprecedented opportunity to follow these young people for another 2 years. This will allow us to draw more definitive conclusions not only about current efforts to prepare youth aging out of foster care for a successful transition to adulthood but also about the benefits of extending foster care.

References

- Allen, M., Bonner, K., & Greenan, L. (1988). Federal legislative support for independent living. *Child Welfare*, 67, 19-32.
- Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work*, 7, 419-440.
- Bickel, G., Nord, M., Price, C., Hamilton, W., & Cook, J. (2000). *Guide to measuring household food security*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service, Office of Nutrition, Analysis and Evaluation.
- Blumberg, S., Bialostosky, K., Hamilton, W., & Briefel, R. (1999). The effectiveness of a short form of the household food security scale. *American Journal of Public Health*, 89, 1231-34.
- Bos, J., Polit, D. & Quint, J. (1997). *New Chance: Final report on a comprehensive program for young mothers in poverty and their children*. New York: MDRC.
- Cicchetti, D. 1989. How research on child maltreatment has informed the study of child development: Perspectives from developmental psychopathology. In D. Cicchetti and V. Carlson (eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge, MA: Harvard University Press. Cicchetti, D., and D. Barnett.
- Clayden, J. & Stein, M. (2005). *Mentoring young people leaving care: 'Someone for me'*. York: Joseph Rowntree Foundation.
- Courtney, M., Dworsky, A., Ruth, G., Havliceck, J., & Perez, A. (2007). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M., Dworsky, A., Ruth, G., Tom Keller, Havliceck, J., & Bost, N. (2005). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

- Courtney, M., Piliavin, I., Grogan-Kaylor, A. & Nesmith, A. (2001). Foster youth in transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare*, 80(6), 685-717.
- Courtney, M., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of the youth preparing to leave state care*. Chapin Hall at the University of Chicago.
- Furstenberg, F. F., Rumbaut, R. G., & Settersten, R. A. (2005). On the frontier of adulthood: Emerging themes and new directions. In R. A. Settersten, F. F. Furstenberg & R. G. Rumbaut (Eds.), *On The Frontier of Adulthood: Theory, Research, and Public Policy* (pp. 3-25). Chicago: The University of Chicago Press.
- Gibb, B., Alloy, L., Abramson, L., Rose, D., Whitehouse, W., Donovan, P., Hogan, M., Cronholm, J., & Tierney, S. (2001). History of childhood maltreatment, negative cognitive styles, and episodes of depression in adulthood. *Cognitive Therapy and Research*, 25, 425-446.
- Haveman, R., & Wolfe, B. (1994). *Succeeding generations: On the effects of investing in children*. New York: Russell Sage Foundation.
- Huston, A., Miller, C., Richburg-Hayes, L., Duncan, G., Eldred, C., Weisner, T., Lowe, E., McLoyd, E., Crosby, D., Ripke, M., & Redcross C. (2003). *New Hope for families and children: Five-year results of a program to reduce poverty and reform welfare*. New York: MDRC.
- Levin-Epstein, J., & Greenberg, M. (2003). *Leave no youth behind: Opportunities for Congress to reach disconnected youth*. Washington, DC: Center for Law and Social Policy.
- Leslie, L., Landsverk, J., Ezzet-Loftstrom, R., Tschan, J.M., Slymen, D., & Garland, A. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse and Neglect*, 24 (4), 465-476.
- Mech, E. V., Pryde, J. A. & Rycraft, J. R. (1995). Mentors for adolescents in foster care. *Child and Adolescent Social Work Journal*, 12, 317-328.
- Osterling, K. & Hines, A. (2006). Mentoring adolescent foster youth: promoting resilience during developmental transitions. *Child and Family Social Work*, 11 (3), 242-253.
- Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research*, 7, 156-176.
- Rhodes, J. E. & Roffman, J. G. (2003). Nonparental adults as asset builders in the lives of youth. In: *Developmental Assets and Asset-Building Communities* (eds R.M. Lerner & P.L. Benson), pp. 195-209. New York: Plenum.

- Rose, D. T., Abramson, L. Y., & Kaupie, C. A. (2000). *The Lifetime Experiences Questionnaire: A measure of history of emotional, physical, and sexual maltreatment*. Manuscript in Preparation, University of Wisconsin-Madison, Madison, Wisconsin.
- Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Crreia, P., & Copeland, R. (2001). *Promising practices: Supporting transition of youth served by the foster care system*. National Foster Care Awareness Project.
- Sherbourne, C., & Stewart, A. (1991). The MOS Social Support Survey. *Social ScienceMedicine*, 32 (6), 705-714.
- Social Security Administration. (2001). *Desktop guide to SSI eligibility requirements. SSA Publication No. 05-11001*. Retrieved on May 25, 2007 from <http://permanent.access.gpo.gov/lps4345/11001.html>
- Straus, M. A., S. L. Hamby, D. Finkelhor, D. W. Moore, & D. Runyan. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse and Neglect*, 22(4), 249-270.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. (1996). Revised Conflict Tactics Scale. *Journal of Family Issues*, 17(2), 283-316
- Sum, A. Khatiwada, I., Pond, N., Trub'skyy, M., Fogg, N., & Palma, S. (2002). *Left behind in the labor market: Labor market problems of the nation's out-of-school young adult populations*. Center for Labor Market Studies at Northeastern University.
- U. S. Department of Health and Human Services (2009). *The AFCARS Report: Preliminary Estimates for FY 2008 as of October 2009*. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved March 1, 2010 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report16.htm
- U. S. Department of Health and Human Services. (2007). Temporary Assistance for Needy Families Separate State Program-Maintenance of Effort Aid to Families with Dependent Children Caseload Data. Washington, DC: Office of Family Assistance. Retrieved May 21, 2007 from <http://www.acf.hhs.gov/programs/ofa/caseload/caseloadindex.htm#2006>
- U. S. Department of Health and Human Services. (1999). *Title IV-E Independent living programs: A decade in review*. Washington, DC: U.S. Government Printing Office.
- U. S. General Accounting Office. (1999). *Foster care: Effectiveness of independent living services unknown*. (HEHS-00-13). Washington, DC: U.S. General Accounting Office.
- Wald, M., & Martinez, T. (2003). *Connected by 25: Improving the life chances of the country's most vulnerable 14 – 24 year olds*. Hewlett Foundation Working Paper.

World Health Organization (1998). *The Composite International Diagnostic Interview* (CIDI). Geneva, Switzerland.

Youth Transition Funders Group. (2004). *Connected by 25: A plan for investing in successful futures for foster youth*. Takoma Park, MD: Youth Transition Funders Group.

About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

1313 East 60th Street **T: 773.256.5100** www.chapinhall.org
Chicago, IL 60637 **F: 773.753.5940**

partners for our children™

Building a Case for Change

W SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities