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CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO



Midwest Evaluation of the Adult Functioning of Former Foster Youth: *Outcomes at Age 21*

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INTRODUCTION

For most young people, the transition to adulthood is a gradual process (Goldschieder & Goldscheider, 1999; Settersten, Furstenberg, & Rumbaut, 2005), and many continue to receive financial and emotional support from their parents well past age 18. Approximately 55 percent of young men and 46 percent of young women between 18 and 24 years old were living at home with one or both of their parents in 2003 (Fields, 2003). Recent estimates also suggest that parents provide their young adult children with material assistance totaling approximately \$38,000 between the ages of 18 and 34 (Schoeni & Ross, 2004).

A very different situation is faced by young people for whom the state has been their parent. Too old for the child welfare system, but often not yet ready to live as independent young adults, the approximately 24,000 foster youth who “age out” of care each year (U.S. Department of Health and Human Services, 2006) are expected to make it on their own long before the vast majority of their peers.

The federal government has been providing states with money specifically to help prepare their 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. The Foster Care Independence Act of 1999, which created the John Chafee Foster Care Independence Program, doubled available funding to \$140 million per year, expanded eligibility for services, broadened the purposes for which the funds can be used to include room and board, and granted states the option of extending Medicaid coverage for youth who age out of foster care until age 21. It was subsequently amended to include vouchers for post-secondary education and training.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the “Midwest Study”) is a prospective study that was designed, in part, to provide a comprehensive picture of how foster youth as they transition to adulthood since the John Chafee Foster Care Independence Act of 1999 became law. Two earlier reports from the Midwest Study (Courtney, Terao, & Bost, 2004; Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005) described what was learned from survey data collected from young people in Wisconsin, Iowa, and Illinois, first at the age of 17 or 18 and then again at age 19. This third report is based on interviews conducted with the young people when they were 21 years old.

BACKGROUND AND OVERVIEW OF STUDY

The Midwest Study is a collaborative effort among the public child welfare agencies in Illinois, Iowa, and Wisconsin, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. Planning for this project began in early 2001 when the public child welfare agencies agreed to use some of their federal Chafee funds to study the outcomes for youth who age out of care. Chapin Hall Center for Children at the University of Chicago assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. The University of Wisconsin Survey Center was contracted to conduct the in-person interviews.

Each state provided Chapin Hall with a list of 17-year-olds currently in care who had entered care prior to their sixteenth birthday and whose primary reason for placement was abuse and/or neglect. The sample included all of the Iowa and Wisconsin youth who fit these

criteria as well as two-thirds of the youth in Illinois, which has a larger out-of-home care population. 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. This resulted in a sample of 758 eligible youth.¹

Baseline interviews were conducted with 732 of these youth, including 63 from Iowa, 474 from Illinois, and 195 from Wisconsin, between May 2002 and March 2003. That translates into a response rate of almost 97 percent. 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. They were asked about their education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, foster care experiences, and receipt of independent living services.

Eighty-two percent ($n = 603$) of these 732 youth were re-interviewed between March and December 2004. This included 386 young adults from Illinois, 54 from Iowa, and 163 from Wisconsin. Most of these young adults ($n = 575$) were now 19 years old. Forty-seven percent ($n = 282$) (all but 2 from Illinois) were still in foster care when they completed their second interview; the other 53 percent ($n = 321$) had already exited the child welfare system. This

¹ Appendix A provides state-specific information about the reasons youth were not interviewed.

reflects the fact that court supervision of foster youth in Iowa and Wisconsin generally ends once youth turn 18 or in some cases 19 years old, whereas Illinois foster youth can remain under the supervision of the court until their twenty-first birthday. The second interview covered many of the same domains as the first but focused on the period since the baseline interview.

A third wave of survey data was collected between March 2006 and January 2007. Eighty-one percent ($n = 591$) of the 732 study participants were re-interviewed over the course of those 11 months.² Nearly all were 21 years old at the time. Eighty-seven percent ($n = 513$) of these young adults had been interviewed at age 19. The other 13 percent ($n = 78$) were last interviewed when the baseline data were collected.

Because some of the questions dealt with sensitive topics that study participants might not have felt comfortable talking with the interviewer about, a portion of the survey was administered using Audio Computer Aided Self Interviewing (ACASI).³ Study participants listened to a recording of these questions through headphones and entered their responses into a computer.⁴ The use of this technology has been found to increase reporting of highly personal behaviors (Gribble et al., 1999; Turner et al., 1998).

² Data for one of the young adults were not discovered until after all of the analyses for this report had been completed. Thus, we only report outcomes for 590.

³ Fifty-two study participants did not complete the ACASI portion of the interview, including thirty-six who were interviewed by telephone, four who were incarcerated, and twelve who refused. These study participants are missing data for all of the ACASI questions.

⁴ ACASI was also used during the first and second waves of survey interviews.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21 describes what these young adults told us about themselves and their experiences at age 21 across a variety of domains, including living arrangements, relationships with family of origin, social support, receipt of independent living services, 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.

Like the two previous reports, this report is meant to be descriptive. It does not examine causal relationships between the outcomes they experienced and either individual characteristics or out-of-home care histories. Nor does it attempt to explain differences among study participants in the outcomes we observed. Our analysis of those causal relationships and the predictors of various outcomes is ongoing and will be the focus of future reports.

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 21-year-olds who participated in the National Longitudinal Study of Adolescent Health (henceforth referred to as “Add Health”). 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 (Harris et al., 2003). 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. The purpose of these interviews was to explore the relationship between adolescent health behaviors and young adult outcomes.

Comparisons between the two samples were made whenever our wave 3 survey instrument contained a question that had been taken directly from Add Health. The Add Health data used in the comparisons were collected during the third wave of interviews. Our comparison group includes the 744 young adults in the core sample who were 21 years old.⁵

We tested whether any differences we observed between the two samples were statistically significant. For categorical variables we used chi-square 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.

Although these Add Health comparisons provide a sense of how the former foster youth in the Midwest Study were faring during the transition to adulthood relative to a nationally representative sample of their peers, they do have several limitations. First, the Add Health sample includes young adults from many different states—not just Wisconsin, Iowa, and Illinois. Second, the third wave of Add Health data were collected 4 to 5 years before the third wave of Midwest Study data; so policy or economic factors that affect the transition to adulthood may have changed. Third, the two samples were quite different demographically. For example, approximately three-quarters of the Add Health 21-year-olds identified

⁵ Several groups were oversampled (e.g., African American youth from highly educated families or with a parent with a college degree), but only youth in the core sample were included in our analyses.

themselves as White compared with only one-third of the Midwest Study young adults. Similarly, given that approximately half the children in foster care are Title IV-E eligible (U.S. House of Representatives, 2004), it is probably safe to assume that the young adults in the Midwest Study were removed from families that were disproportionately poor, and thus they had a much lower socioeconomic background than the young adults in Add Health.

We also made comparisons between the young men and the young women in the Midwest Study for most of the outcomes we examined. In general, those comparisons are only shown where statistically significant gender differences were found.

DEMOGRAPHIC CHARACTERISTICS

Table 1 shows the demographic characteristics of the 590 young adults who completed an interview at wave 3.⁶ Nearly all of these young adults were 21 years old, and the young women outnumbered the young men. Approximately two-thirds of these young adults identified themselves as belonging to a racial or ethnic minority group, primarily African American.

Table 1. Demographic Characteristics of Midwest Study Participants Interviewed at Wave 3

	#	%
Age		
21	524	88.8
22	66	11.2
Gender		
Male	276	46.8
Female	314	53.2
Race		

⁶ 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.

White	192	32.5
African American	328	55.6
Asian or Pacific Islander	4	0.7
Native American	7	1.2
Multiracial	56	9.5
Don't know/refused	3	0.5
Hispanic Identity		
Yes	46	7.8
No	541	91.7
Don't know/refused	3	0.5
State		
Illinois	364	61.7
Wisconsin	176	29.8
Iowa	50	8.5

These 590 young adults represent 81 percent of the 732 foster youth who completed a baseline interview. Table 2 compares their demographic characteristics with the demographic characteristics of the full baseline sample of 732. None of the differences between the young adults who were interviewed at wave 3 and the full sample was statistically significant.

Table 2. Midwest Study Young Adults Interviewed and Not Interviewed at Wave 3

	Full Baseline Sample (N = 732)		Wave 3 Sample (N = 590)	
	#	%	#	%
Gender				
Female	378	51.6	314	53.2
Male	354	48.4	276	46.8
Race				
White	226	30.9	192	32.5
African American	417	57.0	328	55.6
Multiracial	71	9.7	56	9.5
Other	14	1.9	11	1.9
Don't know/refused	4	0.5	3	0.5

Hispanic Origin

Non-Hispanic	666	91.0	541	91.7
Hispanic	63	8.6	46	7.8
Don't know/refused	3	0.4	3	0.5
State				
Illinois	474	64.8	364	61.7
Iowa	63	8.6	50	8.5
Wisconsin	195	26.6	176	29.8

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.⁷ On average, these young adults had been “out of care” for a mean of 26 months and a median of 30 months when they completed the wave 3 interview. However, this varied considerably by state. In particular, young adults from Illinois had been out of care for significantly fewer months than young adults from either Iowa or Wisconsin. It is also worth noting that although one-third of the total sample had been out of care for 12 months or less, all of the young adults who had exited recently were from Illinois. Conversely, 82 percent of the young adults from Wisconsin and 72 percent of the young adults from Iowa had been out care for 3 years or more compared with just 16 percent of the young adults from Illinois. These differences reflect the fact that Illinois is the only one of the three states that allows foster youth to remain under the supervision of the courts until age 21.

⁷ Discharge dates were not yet available for fifty-seven of the young adults from Illinois. The vast majority of these young adults were recorded as being in an independent living placement. There were also 191 young adults from Illinois whose twenty-first 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 twenty-first birthday.

Table 3. Number of Months Since Exiting Foster Care at Time of Wave 3 Interview

	Total		Wisconsin		Illinois		Iowa	
	<i>N</i> = 590		<i>n</i> = 176		<i>n</i> = 364		<i>n</i> = 50	
	#	%	#	%	#	%	#	%
12 months or less	205	34.7	0	0.0	205	56.3	0	0.0
12 to 24 months	56	9.5	0	0.0	54	14.8	2	4.0
24 to 36 months	91	15.4	31	17.6	48	13.2	12	24.0
36 to 48 months	196	33.2	117	66.5	45	12.4	34	68.0
More than 48 months	42	7.1	28	15.9	12	3.3	2	4.0
Mean	26.2		41.5		17.2		38.4	
Median	29.6		41.7		10.0		39.5	

LIVING ARRANGEMENTS

We asked the young adults in the Midwest Study about their current living arrangements and compared their living arrangements with the living arrangements reported by their Add Health counterparts. The largest percentage were living in their “own place.” In fact, these young adults were as likely to be living in their own place as young adults in Add Health. Where the two samples differ is in the percentage who reported living with their biological parents or other relatives. Young adults in the Midwest Study were much less likely to be living with their biological parents but much more likely to be living with other relatives than young adults in Add Health.

Altogether, the percentage living with their biological parents or other relatives was still significantly higher among the Add Health young adults (44 percent) than among the young adults in the Midwest Study (24 percent). Even if the definition of parent is broadened to include former foster parents, the percentage living with their parents or other relatives was still significantly higher among the Add Health young adults (44 percent) than among the young adults in the Midwest Study (30 percent).

Importantly, 7 percent of the total sample, including 14 percent of the males but just 1 percent of the females, were incarcerated when they completed their wave three interview.

Table 4. Current Living Arrangements: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)	
	#	%		
Own place	261	44.3	349	46.9
With biological parent(s)	45	7.6	305	41.0
With other relative	99	16.8	22	3.0
With nonrelative foster parent(s)	33	5.6	0	0.0
With spouse/partner	39	6.6	3	0.4
With a friend	38	6.5	9	1.2
Group quarters (e.g., dormitories; barracks)	18	3.1	50	6.7
Jail or prison	42	7.1		
Other	14	2.4	6	0.8
Missing	1		0	

Most of the young adults in the Midwest Study had been in fairly stable living arrangements since their discharge from care. Nevertheless, one-third had lived in at least three different places, including 20 percent who had lived in four or more.

Table 5. Number of Living Situations Since Exiting Foster Care (*N* = 590)

	#	%
One ^a	273	46.9
Two	116	19.9
Three	74	12.7
Four	56	9.6
Five or more	63	10.8
Missing	8	

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

Although less than 1 percent of these young adults were currently homeless at the time of their interview, 18 percent had been homeless at least once since exiting care. Unfortunately,

homelessness was often not a one-time event. Over half of the ever homeless young adults had been homeless more than once.

Table 6. Homelessness Since Exiting Foster Care (N = 577)

	#	%
Ever homeless since exiting	102	17.7
Number of times homeless		
1	45	46.4
2	20	20.6
3	10	10.3
4 or more	22	22.7
Missing	5	
Length of longest homeless spell		
1 night	18	17.6
2 to 7 nights	31	30.4
8 to 30 nights	23	22.5
31 to 90 nights	18	17.6
More than 90 nights	12	11.8

RELATIONSHIPS WITH FAMILY OF ORIGIN

Despite the fact that the young adults in the Midwest Study had been removed from home after being maltreated by their parents or other caregivers, almost all had maintained at least some family ties, and in many cases those ties were quite strong. Altogether, 94 percent reported feeling somewhat or very close to at least one biological family member, and 77 percent reported feeling very close. They were most likely to report feeling close to siblings and least likely to report feeling close to their fathers.

Table 7. Closeness to Biological Family Members (N = 590)

	#	%
Biological mother		
Very close	172	29.2
Somewhat close	152	25.8
Not very close	58	9.8
Not at all close	105	17.8
Not living	81	13.7
Don't know if alive	22	3.7
Biological father		
Very close	74	12.5
Somewhat close	107	18.1
Not very close	44	7.5
Not at all close	170	28.8
Not living	87	14.7
Don't know if alive	108	18.3
Grandparents		
Very close	210	35.6
Somewhat close	91	15.4
Not very close	39	6.6
Not at all close	80	13.6
Not living	137	23.2
Don't know if alive	33	5.6
Siblings		
Very close	334	56.6
Somewhat close	139	23.6
Not very close	41	6.9
Not at all close	60	10.2
Not living	15	2.5
Don't know if alive	1	0.2
Close to any other relative	265	44.9
Aunt/uncle	160	27.1
Cousin	79	13.4
Other	26	4.4

Another measure of family ties is frequency of contact. Eighty-three percent of these young adults reported having contact with one or more biological family members 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 8. Frequency of Contact with Biological Family Members (N = 590)

	#	%
Biological mother		
Every day	162	27.5
At least once a week but not every day	106	18.0
At least once a month but not once a week	91	15.4
At least once a year but not once a month	60	10.2
Less than once a year	18	3.1
Never	49	8.3
Not living	81	13.7
Don't know if alive	22	3.7
Biological father		
Every day	54	9.2
At least once a week but not every day	65	11.0
At least once a month but not once a week	66	11.2
At least once a year but not once a month	57	9.7
Less than once a year	27	4.6
Never	126	21.4
Not living	87	14.7
Don't know if alive	108	18.3
Grandparents		
Every day	107	18.1
At least once a week but not every day	87	14.7
At least once a month but not once a week	78	13.2
At least once a year but not once a month	73	12.4
Less than once a year	22	3.7
Never	52	8.8
Not living	137	23.2
Don't know if alive	33	5.6
Siblings		
Every day	198	33.6
At least once a week but not every day	168	28.5
At least once a month but not once a week	104	17.6
At least once a year but not once a month	49	8.3
Less than once a year	8	1.4
Never	46	7.8
Not living	15	2.5
Don't know if alive	1	0.2
Other relative^a		
Every day	105	17.8
At least once a week but not every day	100	16.9
At least once a month but not once a week	43	7.3
At least once a year but not once a month	15	2.5
Less than once a year	1	0.2
Never	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 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 9 shows the mean scores for each of the four subscales as well as mean scores for each of the individual items.⁸ 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 the young adults in the Midwest Study perceived themselves as having social support some or most of the time.

Table 9. Perceived Social Support

	<i>N</i>	Mean	S.D.
Emotional/Informational Support			
Someone to listen to you when you need to talk	589	3.85	1.19
Someone to give you information to help you understand a situation	589	3.90	1.11
Someone to give you good advice about a crisis	588	3.85	1.19
Someone to confide in or talk to about yourself or your problems	589	3.88	1.26
Someone to give you advice you really want	588	3.59	1.23
Someone to share your most private worries and fears with	588	3.54	1.46
Someone to turn to for suggestions about how to deal with a personal problem	588	3.77	1.24
Someone who understands your problems	589	3.57	1.32
Emotional/Informational Scale Score	589	3.75	1.05

⁸ The mean subscale score was imputed for missing subscale items to compute the total score.

Tangible Support Items			
Someone to help you if you were confined to a bed	586	3.43	1.34
Someone to take you to the doctor	589	3.83	1.30
Someone to prepare your meals if you were unable to do it yourself	589	3.71	1.35
Someone to help you with daily chores if you were sick	587	3.60	1.38
Tangible Support Scale Score	589	3.64	1.10
Positive Social Interaction Support Items			
Someone to have a good time with	589	4.14	1.12
Someone to get together with for relaxation	588	3.75	1.31
Someone to do something enjoyable with	589	3.99	1.16
Positive Social Interaction Scale Score	589	3.96	1.08
Affectionate Support Items			
Someone to show you love and affection	589	4.15	1.19
Someone to love and make you feel wanted	589	4.07	1.21
Someone who hugs you	589	3.82	1.42
Affectionate Support Scale Score	589	4.01	1.34
Total MOS Scale Score	589	3.80	.982

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 different types of needs? Depending on the specific need, between one-half and two-thirds of the young adults in the Midwest Study reported that they had enough people to whom they could turn.

Table 10: Adequacy of Social Support Network (N = 590)

	N	Enough		Too few		No one	
		#	%	#	%	#	%
People to listen to you	590	390	66.1	156	26.4	44	7.5
People to help with favors	590	349	59.2	183	31.0	58	9.8
People to loan money	586	295	50.3	192	32.8	99	16.9
People to encourage goals	590	375	53.6	170	28.8	45	7.6

FOSTER CARE EXPERIENCES

We asked the young adults in the Midwest Study to look back on their experiences while in foster care. Almost two-thirds agreed that they were lucky to have been placed, and nearly as many reported feeling satisfied with their foster care experience.

Table 11. Feelings about Foster Care

	<i>N</i>	#	%
Feel lucky to have been placed in foster care	588		
Agree or agree strongly		378	64.3
Neither agree nor disagree		57	9.7
Disagree or disagree strongly		153	26.0
Satisfied with experience in foster care	590		
Agree or agree strongly		367	62.2
Neither agree nor disagree		47	8.0
Disagree or disagree strongly		176	29.8

Adoption is generally regarded as the most desirable permanency outcome for foster youth who cannot be reunified with their family. However, it was a relatively rare outcome among the young adults in the Midwest Study. Only 9 percent reported that they had been adopted. Another 21 percent wished that they had been.

The Adoption and Safe Families Act (ASFA) of 1997 requires state child welfare agencies to seek the termination of parental rights if a child has been in foster care for 15 of the most recent 22 months. There are also some exceptions to this requirement, including if the child has been placed with kin, if there is a compelling reason to believe that termination would not be in the child's best interest, or if the parent has not been provided with the services outlined in the reunification plan. All of the young adults in the Midwest Study had been in foster care for at

least 1 year, and all but one had been in care for at least 15 months. This may explain why nearly half of the young adults reported that their parents' rights had been terminated.

Table 12. Adoption and Termination of Parental Rights

	<i>N</i>	#	%
Adopted	589	54	9.2
Wanted to be adopted (if not adopted)	524	113	21.2
Biological parents' rights terminated	590		
Yes		280	47.5
No		256	43.4
Don't know		54	9.2

INDEPENDENT LIVING SERVICES

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

Table 13 shows the percentage of young adults in the Midwest Study who reported that they had received at least one service in a particular domain since their last interview. There was no domain in which even one third of these young adults had received any services. It is also worth noting that although *former* foster youth are eligible for Chafee-funded services until the age of 21, most of the young adults who received services did so before exiting foster care.

Table 13. Receipt of Independent Living Services Since Last Interview by Domain

Service Domains	Received Any Service in Domain Since Last Interview			Recipients Who Received Services after Discharge		
	<i>N</i>	#	%	<i>N</i>	#	%
Education	590	186	31.5	185	54	29.2
Employment and vocational	590	171	29.0	171	63	36.8
Health education	590	159	26.9	157	52	33.1
Budgeting and financial management	590	145	24.6	145	37	25.5
Housing	590	143	24.2	143	43	30.1
Youth development	590	54	9.2	51	16	31.4

Table 14 lists the specific independent living services the young adults were asked about as well as the percentage who reported receipt of each. In most cases, less than one-quarter of the young adults reported receiving a specific service.

Table 14. Receipt of Specific Independent Living Services Since Last Interview

	<i>N</i>	#	%
Education Services			
Financial aid/loan application assistance	589	109	18.5
College application assistance	590	97	16.4
Career counseling	587	91	15.5
School to work support	587	68	11.6
Study skills training	587	65	11.1
GED preparation	590	47	8.0
Attend university/college fair	590	47	8.0
SAT preparation	588	29	4.9
Employment/Vocational Services			
Help developing interviewing skills	589	123	20.9
Help with completing job applications	590	109	18.5
Help with job referral/placement	589	78	13.2
Given an explanation of workplace values	589	76	12.9
Assistance identifying employers	588	75	12.8
Resume writing workshop	589	75	12.7
Vocational counseling	590	64	10.8
Help securing work permits/Social Security card	586	62	10.6
Explanation of benefits coverage	589	59	10
Help with use of career resources library	590	56	9.5
Summer employment programs	590	42	7.1
Received an internship	588	23	3.9

Health Education Services			
Information on birth control and family planning	590	117	19.8
Education on substance abuse	589	96	16.3
Training on nutritional needs	589	79	13.4
Training on health/fitness	589	71	12.1
Training on personal care needs (basic hygiene)	590	69	11.7
Training on preventive and routine health care	590	63	10.7
Courses on first aid	590	60	10.2
Accessing health/dental insurance information	588	58	9.9
Maintaining personal health records	588	58	9.9
Budgeting and Financial Management Services			
Training on use of a budget	589	104	17.7
Training on opening a checking/savings account	590	100	16.9
Training on balancing a checkbook	590	94	15.9
Money management courses	589	88	14.9
Assistance with tax returns	590	56	9.5
Accessing information on credit	589	55	9.3
Developing consumer awareness	582	49	8.4
Housing Services			
Assistance with finding an apartment	590	107	18.1
Learning about security deposits and utilities	589	91	15.4
Tenants' rights and responsibilities training	589	84	14.3
Help with completing apartment application	590	84	14.2
Training on health and safety standards	590	79	13.4
Meal planning and preparation training	590	75	12.7
Handling landlord complaints	590	72	12.2
Cleaning classes	590	49	8.3
Courses on home maintenance and repairs	590	41	6.9
Youth Development Services			
Youth conferences	586	34	5.8
Mentoring	590	32	5.4
Youth leadership activities	590	29	4.9

Because the goal of independent living services is to prepare current and former foster youth for the transition to adulthood, young adults in the Midwest Study were asked to rate the helpfulness of the services they received in each domain on a 4-point scale, where 1 = not at all helpful, and 4 = very helpful. In general, the young adults who received independent living services perceived these services as being somewhat to very helpful.

Table 15. Perceived Helpfulness of Independent Living Services by Domain

Service Domains	<i>N</i>	%				Mean	S.D.
		Not at all	Not very	Somewhat	Very		
Education	185	8.6	8.1	45.9	37.3	3.12	0.89
Employment and vocational	171	8.8	12.9	45	33.3	3.03	0.90
Health education	159	6.3	4.4	41.5	47.8	3.31	0.83
Budgeting and financial management	145	5.5	6.2	45.5	42.8	3.26	0.81
Housing	143	7	7.7	37.1	48.3	3.27	0.88
Youth development	52	13.5	5.8	28.8	51.9	3.19	1.05

We don't know why so many of these young adults did not receive independent living services. One possibility is that services were available but the young adults did not perceive a need. Another is that they needed services but access was a problem. Consistent with the latter, 39 percent of these young adults reported that there was "training or assistance that would have helped [them] learn to live on [their] own that [they] did not receive."

Regardless of their service receipt, young adults in the Midwest Study were asked how prepared for self-sufficiency they perceived themselves to be in each of the service domains. Overall, they reported feeling not very to somewhat prepared for self-sufficiency when they exited foster care. However, their sense of preparedness seemed to increase over time. By the time they were interviewed, they generally reported feeling somewhat to very prepared. There was also some variation in their sense of preparedness across domains. They reported feeling most prepared to meet their health needs and least prepared to achieve their educational goals.

Table 16. Perceived Preparedness for Self-Sufficiency by Domain

	<i>N</i>	Not at all	Not very %	Somewhat	Very	Mean	S.D.
Prepared to achieve educational goals	589	8.5	9.7	47.4	34.5	3.08	.88
Prepared for employment	587	3.2	6.5	45.1	45.1	3.32	.74
Prepared to manage health needs	588	3.2	4.8	30.1	61.9	3.51	.74
Prepared to manage finances	589	7.5	11.0	44.0	37.5	3.12	.88
Prepared to secure housing	589	4.1	6.1	34.5	55.3	3.41	.78
Prepared for self-sufficiency at exit	586	17.2	11.4	42.3	29.0	2.83	1.03
Prepared for self-sufficiency at interview	588	5.1	4.6	34.4	56.0	3.41	.80

EDUCATION

Previous research suggests foster youth approach the transition to adulthood with significant educational deficits (Blome, 1997; Courtney et al., 2001; McMillan & Tucker, 1999). Our data suggest that these deficits continue into the early adult years. Nearly one-quarter of the young adults in the Midwest Study had not obtained a high school diploma or a GED by age 21. In fact, these young adults were more than twice as likely not to have a high school diploma or GED as their Add Health peers. Conversely, only 30 percent of the young adults in the Midwest Study had completed any college compared with 53 percent of the young adults in Add Health.

Table 17. Highest Completed Grade: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)	
	#	%	#	%
No high school diploma or GED	135	23.0	80	10.8
High school diploma only	221	37.6	221	29.7
GED only	57	9.7	49	6.6
One or more years of college, but no degree	164	27.9	320	43.0
Two-year college degree	11	1.9	60	8.1
Four-year college degree	-	-	13	1.7
Graduate school	-	-	1	0.1
Missing	2	-	-	-

Although very few of the young adults in the Midwest Study had even a 2-year degree, only one-quarter were currently enrolled in an educational program compared with 44 percent of their Add Health counterparts. Among those who were enrolled, the young adults in the Midwest Study were more likely to be enrolled in a 2-year college but less likely to be enrolled in a 4-year college than the young adults in Add Health.

Table 18. Current School Enrollment: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (N = 590)		Add Health (N = 744)		P
	#	%	#	%	
Currently enrolled in school	141	24.0	328	44.1	*
Full-time	95	16.2	269	36.2	*
Part-time	46	7.8	59	7.9	
Not enrolled	447	76.0	415	55.8	
Missing	2	-	1	-	
Type of school or program					
High school	4	2.9	5	1.5	*
GED program	19	13.6	-	-	
Two-year college	78	55.7	82	25.2	*
Four-year college	39	27.9	232	71.2	*
Graduate school	-	-	7	2.1	
Total	141	-	326	-	
Missing	1	-	2	-	

There were a number of gender differences in educational attainment and school enrollment among young adults in the Midwest Study. Young women were significantly more likely than young men to have completed at least some college.

Table 19. Highest Completed Grade by Gender

	Males (<i>n</i> = 276)		Females (<i>n</i> = 314)		<i>p</i>
	#	%	#	%	
No high school diploma or GED	70	25.5	65	20.7	
High school diploma only	109	39.8	112	35.7	
GED only	31	11.3	26	8.3	
One or more years of college, but no degree	59	21.5	105	33.4	*
Two-year college degree	5	1.8	6	1.9	
Missing	2	-	-	-	

Young women were also more likely than young men enrolled in school, and to be enrolled in a 2-year college if they were enrolled.

Table 20. Current School Enrollment by Gender

	Male (<i>n</i> = 274)		Female (<i>n</i> = 314)		<i>P</i>
	#	%	#	%	
Currently enrolled	54	19.7	87	27.7	*
Part-time	25	9.1	21	6.7	
Full-time	29	10.6	66	21.0	*
Not enrolled	220	80.3	227	72.3	
Type of school or program					
High school	2	3.7	2	2.3	
GED program	12	22.2	7	8.1	
Two-year college	25	46.3	53	61.6	*
Four-year college	15	27.8	24	27.9	

Almost three-quarters of the young adults who were enrolled in a 2- or 4-year college reported that they had a scholarship to help them pay for school. The next most commonly cited sources of funding for college were student loans and earnings from employment.

Table 21. Funding for College among Those Enrolled in a 2-or 4-Year School (N = 117)

	#	%
Scholarship	85	72.6
Partner/spouse	3	2.6
Birth parent/relative	4	3.4
Foster or adoptive parent	3	2.6
Loans	52	44.4
Employment	30	25.6
Savings	8	6.8
Independent living funds	11	9.4
Other	12	10.3

More than half of the young adults who were not currently enrolled in school reported that they had been enrolled at some point since their last interview. One-quarter of these young adults reported graduating from the program they had been in. Among the other reasons cited for no longer being enrolled were becoming employed, becoming a parent, not being able to afford school, and losing interest. Thirty-eight percent of the young adults who were not currently enrolled reported that at least one barrier was preventing them from continuing their education. By far, the most commonly cited barrier was not having money to pay for school.

Table 22. Enrollment Since Last Interview and Barriers to Enrollment (N=590)

	#	%
Currently enrolled	141	24.0
Enrolled since last interview, but not currently enrolled	245	41.7
Not enrolled since last interview	201	34.2
Missing	3	-
Type of school or program previously enrolled in		
High school	32	13.3
GED program	39	16.3
Two-year college	148	61.7
Four-year college	21	8.8

Reasons not enrolled		
Graduated	110	24.9
Could not afford	47	10.7
Academic problems	12	2.7
Lost interest	47	10.7
Became employed	53	12.0
Became a parent	53	12.0
No transportation	7	1.6
Discouraged by significant others	5	1.1
Other	107	24.3
Total	441	100.0
Missing	5	-
Any barrier to continuing education	168	37.7
Biggest barrier to continuing education		
Could not pay	82	48.8
Need to work full-time	20	11.9
Need to care for child(ren)	25	14.9
No transportation	3	1.8
Other	38	22.6
Missing	2	-

Thirty-seven percent of these young adults had received some job training since their last interview, including 9.5 percent who were currently enrolled in a job training program. Forty-three percent of those who had previously received training had obtained a license or certificate.

Table 23. Vocational/Job Training (N = 590)

	#	%
Currently receiving job training	56	9.5
Not currently receiving training, but received training since last interview	148	27.8
Certificate or license completed, if received job training	88	43.1

EMPLOYMENT AND EARNINGS

Nearly all of the young adults in the Midwest Study reported that they had ever held a job, and 70 percent reported that they had been employed at some point since their last interview. However, only half were currently working. Excluding the incarcerated young adults increases this figure to 56 percent, which is still lower than the 64 percent of Add Health young adults who were employed.

Table 24. Employment: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)		<i>P</i>
	#	%	#	%	
Ever held a job	561	95.1	721	96.9	
Ever worked since last interview	504	85.4			
Currently employed	303	51.5	473	63.9	*
Currently employed (nonincarcerated only)	303	55.5	473	63.9	*

Although a larger percentage of the young women than the young men reported being employed, this difference was not statistically significant and was almost entirely driven by the gender difference in incarceration. Once the incarcerated young adults were excluded from the calculation, the gap between young women and young men disappeared.

Table 25. Employment by Gender

	Males (<i>n</i> = 274)		Females (<i>n</i> = 314)	
	#	%	#	%
Ever held a job	258	93.5	303	96.5
Ever worked since last interview	226	88.3	274	90.4
Currently employed	132	48.0	171	54.6
Currently employed (nonincarcerated)	132	55.9	171	55.2

Young adults who were currently employed reported working a mean of 35.4 and a median of 35 hours per week. Their mean and median hourly wages were \$8.85 and \$8.00, respectively. Although these young adults worked about the same number of hours per week as their Add Health counterparts, the latter earned about \$1.00 more per hour.

Table 26. Hours Worked per Week and Hourly Wages at Current Job

	Midwest Study (N = 303)		Add Health ^b (N = 472)		P
	#	%	#	%	
Hours worked per week					
Less than 20 hours	20	6.6	58	12.3	
20-35 hours	126	41.9	167	35.4	
40 hours	114	37.9	150	31.7	
More than 40 hours	41	13.6	97	20.6	
Missing	2				
Mean	35.4	-	35.2	-	
Median	40.0		40.0		
Hourly wages					
Less than \$5.15	3	1.1	11	2.9	
\$5.15 to \$5.99	8	3.0	11	2.9	
\$6.00 to \$6.99	38	14.4	33	8.8	
\$7.00 to \$7.99	62	23.5	74	19.8	
\$8.00 to \$8.99	54	20.5	42	11.3	
\$9.00 to \$9.99	31	11.7	47	12.6	
\$10.00 to \$10.99	27	10.2	33	8.8	
\$11.00 to \$11.99	10	3.8	43	11.5	
\$12.00 or more	31	11.7	79	21.9	
Missing ^a	37		4		
Mean	8.85	-	9.99	-	*
Median	8.00	-	9.12	-	

^aData on wages were missing for thirty-four young adults who were not paid by the hour.

^b Because the third wave of Add Health data were collected in 2001-2002, the hourly wages were adjusted for inflation using the CPI. The values shown are in real 2006 dollars.

Although there were no gender differences in the likelihood of being employed, young women who were employed worked fewer hours, on average, and were paid less for each hour that they worked than employed young men.

Table 27. Hours Worked per Week and Hourly Wages at Current Job by Gender

	Males (<i>n</i> = 132)		Females (<i>n</i> = 171)		<i>P</i>
	#	%	#	%	
Hours worked per week					
Less than 20 hours	6	4.5	14	8.3	
20-35 hours	48	36.4	78	46.2	
40 hours	50	37.9	64	37.9	
More than 40 hours	28	21.2	13	7.7	
Missing	0		2		
Mean	37.8	-	33.5	-	*
Median	40.0		35.0		
Hourly wages	#	%	#	%	
Less than \$5.15	0	-	3	1.9	
\$5.15 to \$5.99	3	2.8	5	3.2	
\$6.00 to \$6.99	5	4.6	33	21.2	
\$7.00 to \$7.99	24	22.2	38	24.4	
\$8.00 to \$8.99	21	19.4	33	21.2	
\$9.00 to \$9.99	13	11.2	18	11.5	
\$10.00 to \$10.99	14	13.0	13	8.3	
\$11.00 to \$11.99	6	5.6	4	2.6	
\$12.00 or more	22	20.4	9	5.7	
Missing ^a	24		15		
Mean	9.92	-	8.10	-	*
Median	9.00	-	7.90	-	

^aData on wages were missing for twenty males and fourteen females who were not paid by the hour.

Nearly two-thirds of the young adults in the Midwest Study who were currently employed received at least one of the seven employer-provided benefits listed in Table 28. Just over half of their employers provided paid vacation days, and almost half provided health insurance.

Table 28. Benefits Provided by Current Employer (N = 305)

	#	%	Missing
Health insurance	144	48.2	6
Dental insurance	129	43.4	8
Retirement fund	98	34.1	18
Paid vacation days	158	52.7	5
Paid sick days	117	39.5	9
Child care	33	11.8	26
Maternity leave	99	35.2	24
Provided with at least one	300	64.0	5

Most of the young adults who were not currently employed reported that they were physically able to work, and more than 90 percent of those able to work reported wanting to do so. Nearly three-quarters of the young adults who reported wanting to work had actively looked for a job during the past 4 weeks.

Table 29. Employability and Job Search Activities (N = 256)

	#	%
Ability to work		
Able to work	206	80.5
Not able to work because of a disability	22	8.6
Not able to work because of another reason	28	10.9
Want to work (if able to work)	187	90.8
Actively sought work during the past 4 weeks	153	74.3
Job search activities during the past 4 weeks		
Contacted employers	115	75.2
Contacted employment agency	73	47.7
Solicited help from friends	103	67.3
Contacted school employment center	35	22.9
Sent resume	72	47.1
Completed job application	143	93.5
Responded to a help-wanted sign	110	71.9
Job interview	67	43.8
Attended job training	27	17.6
Other	11	7.2

INCOME

Although more than three-quarters of these young adults reported having any income from employment during the past year, their earnings were very low. Median earnings among those who had been employed were just \$5,450 compared with \$9,120 among their employed Add Health peers.

Table 30. Income from Employment During the Past Year: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study			Add Health ^b			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Any income from employment during the past year	575	440	76.5	740	642	86.8	*
Amount of income from employment (if any) ^a	430			616			
\$5,000 or less		211	49.2		175	28.5	
\$5,001 to \$10,000		105	24.5		147	23.9	
\$10,001 to \$25,000		89	20.7		218	35.4	
\$25,001 to \$50,000		21	4.9		68	11.1	
More than \$50,000		3	0.7		7	1.1	
Missing		10			26		
Mean		\$8,914			\$12,728		*
Standard deviation		\$12,142			\$16,511		
Median		\$5,450			\$9,120		

^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

^b Because the third wave of Add Health data were collected in 2001 and 2002, earnings were adjusted for inflation using the CPI. The values shown are in 2006 real dollars.

Many of these young adults reported income from sources other than their own employment, including family and friends. This suggests that at least some of these young adults relied on informal income sources to help them “get by.” Although nearly two-thirds of those who had a spouse had income from his or her employment, only a small percentage of the sample were married. In addition, only 10 percent of the young parents who were living with their child(ren) had received any child support.

Table 31. Income from Other Sources during the Past Year

	<i>N</i>	#	%
Any income from spouse's employment ^a	44	29	65.9
Any income from child support ^b	190	20	10.5
Any income from EITC ^c	146	80	54.8
Reason did not receive EITC	66		
Not eligible		23	35.4
Not aware		19	29.2
Other		23	35.4
Received money from a family member	555	208	37.4
Received money from a friend	556	143	25.7
Received money from a social service agency	555	39	7.0

^a Limited to young adults who were currently married

^b Limited to young adults who were living with at least one child

^c Limited to young adults who had earnings from their own or their spouse/partner's employment and were living with a child

Asset accumulation is an important part of becoming a self-sufficient adult. This may be especially true for youth aging out of foster care, who are less likely than other young adults to have families on whom they can depend for financial support in times of need. However, only half of the young adults in the Midwest Study had something as basic as a checking or savings account, compared with 81 percent of their Add Health peers.

Table 32. Asset Accumulation: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Any savings/checking account	554	287	51.9	741	598	80.7	*
Owens a residence	557	17	3.1	741	67	9.0	*
Owens a vehicle	556	217	39.1	742	542	73.0	*

Not only did many of the Midwest Study young adults lack assets, but a significant minority also had outstanding debts. Nearly 1 in 10 ($n = 54$) had borrowed at least \$200 from family or friends since their last interview. More than half of these young adults ($n = 38$) still owed at

least some of the money that they borrowed. Two-fifths ($n = 226$) reported having “other” debt, excluding student, auto, and real estate loans.

ECONOMIC HARDSHIPS

The precarious economic situation of these young adults was further reflected in the material hardships they reported. Half reported experiencing at least one of the five material hardships listed in Table 33 during the past year. They were also much more likely to experience one or more hardships than their Add Health peers.

Table 33. Economic Hardships during the Past Year

	Midwest Study ^a			Add Health			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
(1) Not enough money to pay rent	555	147	26.5	734	63	8.6	*
(2) Not enough money to pay utility bill	555	147	26.5	736	80	10.9	*
(3) Gas or electricity shut off	556	46	8.3	737	45	6.1	
(4) Phone service disconnected ^b	555	182	32.8	740	141	19.1	*
(5) Evicted	556	46	8.3	738	10	1.4	*
At least one hardship	556	275	49.5	741	204	27.5	*
Mean number of hardships		1.02			.46		*

^a Data on economic hardships were not collected from the thirty-four Midwest Study young adults who had been incarcerated for at least 3 months at the time of their wave 3 interview.

^b Add Health asked if without phone service for any reason.

Another indicator of economic hardship is food insecurity. Table 34 shows the frequency of affirmative responses to a series of questions taken from the USDA’s measure of food insecurity (Bickel et al., 2000) as well as one additional question about household food consumption. The young adults in the Midwest Study were most likely to report getting food or borrowing money for food from family or friends.

Six of these items (shown in boldface) were used to compute a food security composite score for each young adult. This 6-item measure was developed by researchers at the National Center for Health Statistics in collaboration with Abt Associates, Inc. (Blumberg et al., 1999). Based on their number of affirmative responses to these items, more than one-quarter of these young adults would be categorized as having low or very low food security.

Table 34. Food Insecurity^a

	<i>N</i>	#	%
Sometimes or often not enough food to eat	554	65	11.7
Got food or borrowed money for food from friends or family	556	133	23.9
Put off paying bill to buy food	556	104	18.7
Received emergency food	556	95	17.1
Received a meal from a soup kitchen	556	22	4.0
Cut size of meals because could not afford more	556	100	18.0
Cut size of meals because could not afford more almost every month	556	25	4.2
Did not eat for a whole day because there was not enough money for food	556	59	10.6
Did not eat as much as should have because did not have enough money for food	556	106	19.1
Hungry but didn't eat because could not afford food	556	90	16.2
Lost weight because didn't have enough food	554	50	9.0
Sometimes or often worried about running out of food	556	47	8.5
Sometimes or often food didn't last and could not afford more	556	38	6.8
Sometimes or often could not afford to eat balanced meals	556	56	10.1
Food security categorization based on 6-item measure (items in boldface)			
High food security (0 affirmative responses)		360	64.7
Marginal food security (1 affirmative response)		49	8.8
Low food security (2 to 4 affirmative responses)		85	15.3
Very low food security (5 or 6 affirmative responses)		62	11.2
Missing		34	

^a Data on food insecurity were not collected from the thirty-four Midwest Study young adults who had been incarcerated for at least 3 months at the time of their wave 3 interview.

RECEIPT OF GOVERNMENT BENEFITS

In addition to any services they may have received from the child welfare system, many of the young adults in the Midwest Study have relied on government benefits to help support themselves. Where gender differences were found, females were more likely to report benefit receipt. Three-quarters of the young women ($n = 232$) and just over one-third of the young

men ($n = 84$) had received benefits from one or more of the need-based government programs (i.e., excluding unemployment insurance) since their last interview. Among the young women who were living with at least one child, that figure was 96 percent ($n = 151$).

Table 35. Receipt of Government Benefits Since Last Interview by Gender^a

	Females			Males			<i>p</i>
	<i>n</i>	#	%	<i>n</i>	#	%	
Unemployment insurance	312	23	7.4	243	19	7.8	
Supplemental Security Income (SSI)	312	39	12.5	240	32	13.3	
Food stamps	311	197	63.3	242	54	22.3	*
Public housing/rental assistance	312	44	14.1	242	14	5.8	*
TANF ^b	157	31	19.6	31	0	0.0	*
WIC ^c	156	122	78.2				

^a Data on government benefit receipt were not collected from the thirty-four Midwest Study young adults (thirty-three males and one female) who had been incarcerated for at least 3 months at the time of their wave 3 interview.

^b Parents living with at least one child.

^c Female parents living with at least one child.

Examining current benefit receipt reveals a similar pattern. Two-thirds of the young women ($n = 200$) and 22 percent of the young men ($n = 53$) were currently receiving benefits from one or more of the need-based government programs. Among females who were living with at least one child, this figure was 86 percent ($n = 137$).

Table 36. Current Receipt of Government Benefits by Gender^a

	Females			Males			<i>p</i>
	<i>n</i>	#	%	<i>n</i>	#	%	
Unemployment insurance	312	2	0.6	243	6	2.5	
Supplemental Security Income (SSI)	312	35	11.3	240	31	12.9	
Food stamps	311	156	50.2	242	24	9.9	*
Public housing/rental assistance	312	24	7.7	242	8	3.3	*
TANF ^a	157	14	8.8	31	0	0.0	
WIC ^b	156	84	53.8				

^a Data on government benefit receipt were not collected from the thirty-four Midwest Study young adults (thirty-three males and one female) who had been incarcerated for at least 3 months at the time of their wave 3 interview.

^b Parents living with at least one child.

^c Female parents living with at least one child.

Young adults in the Midwest Study were asked about benefit receipt since their last interview, whereas young adults in Add Health were asked about benefit receipt during the past year. For this reason, we limit our comparisons to the current receipt of benefits. Young adults in the Midwest Study were significantly more likely than their Add Health counterparts to be current food stamp recipients. However, the difference was only statistically significant between the females in the Midwest Study and the females in Add Health. By contrast, there was no difference in current TANF receipt between young mothers in the Midwest Study and young mothers in Add Health. This could reflect the fact that the Add Health interviews were conducted in 2001 and 2002, whereas the Midwest Study interviews were conducted in 2006. Although Wisconsin's average monthly TANF caseload remained relatively flat during those years, both Illinois and Iowa experienced significant caseload declines.⁹

Table 37. Current Receipt of Government Benefits by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults^a

	Midwest Study				Add Health			
	Females		Males		Females		Males	
	#	%	#	%	#	%	#	%
Food stamps*	156	50.2	24	9.9	25	6.3	0	0.0
TANF ^b	14	8.8	1	0.3	7	7.5	0	0.0

^a Data on the receipt of government benefits were not collected from the thirty-four Midwest Study young adults (thirty-three males and one female) who had been incarcerated for at least 3 months at the time of their wave 3 interview.

^b Parents living with at least one child.

* Statistically significant difference between Midwest and Add Health females.

⁹ Iowa's average monthly TANF caseload fell 20 percent and Illinois's average monthly TANF caseload fell 39.5 percent between calendar year 2001 and calendar year 2006 (U.S. Department of Health and Human Services, 2007).

PHYSICAL HEALTH AND ACCESS TO HEALTH CARE SERVICES

The young adults in the Midwest Study were asked a series of questions about their physical well-being. The vast majority described their health as good to excellent and indicated that they had no chronic conditions or disabilities. Nevertheless, they were more likely than their Add Health counterparts to describe their health as being fair or poor, and to identify themselves as having a disability.

Twenty-eight percent of the young adults in our sample reported two or more emergency room visits during the past year, and 19 percent had been hospitalized at least once. Overall, the largest percentage of hospitalizations were pregnancy-related. However, if the hospitalizations of males and females are examined separately, accidents and injuries account for the largest percentage of hospitalizations among the young men (41 percent).

Table 38. Health Status at Age 21: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)		<i>P</i> *
	#	%	#	%	
Description of general health					
Excellent	191	32.4	262	35.2	
Very good	160	27.1	292	39.2	
Good	155	26.3	158	21.2	
Fair	72	12.2	30	4.0	
Poor	12	2.0	2	0.3	
Any chronic medical conditions					
Yes	76	12.9			
No	514	87.1			
Missing					
Health conditions or disability limits daily activities^a					
Yes	65	11.0	35	4.7	*
No	524	89.0	709	95.3	
Don't know	1				

Number of ER visits during the past year^b		
0	282	48.1
1	141	24.1
2 or 3	98	16.7
4 or more	65	11.1
Missing	4	
Number of hospitalizations during the past year^b		
0	476	81.0
1	80	13.6
2 or more	32	5.4
Missing	2	
Reason for most recent hospitalization		
Illness	21	18.8
Injury or accident	18	16.1
Alcohol or other drug problem	1	0.9
Emotional or mental health problem	7	6.3
Pregnancy-related	55	49.1
Other	10	8.9

^aAdd Health question asked whether any health conditions limited ability to engage in moderate activities.

^bAdd Health question asked about ER visits and hospitalization during the past 5 years.

We also asked the young adults in the Midwest Study about their ability to access health care services. Only half reported that they currently had medical insurance, and only 39 percent had insurance for dental care. In both cases, most of those who were insured were covered by Medicaid. Sixty percent of these young adults reported that they had a routine physical exam but only 40 percent reported that they had a dental exam during the past year. Overall, about one-fifth of these young adults reported that they had not received medical care and a similar proportion reported that they had not received dental care when they thought they needed it during the past year.¹⁰ Not having insurance was the main reason cited for not receiving care.¹¹

¹⁰ These percentages were higher among the young adults who were not currently insured. Twenty-eight percent of those who lacked health insurance reported that they had not received medical care when they thought they needed it, and 27 percent of those who lacked dental insurance reported that they had not received dental care when they thought they needed it.

¹¹ 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.

Young adults in the Midwest Study were less likely to have health insurance than young adults in Add Health. Moreover, most of the Midwest Study young adults who had health insurance were covered by Medicaid, whereas most of their insured Add Health peers were covered by their parents' insurance or an employer-provided plan. Interestingly, despite being more likely to have health insurance, young adults in Add Health were more likely to report that there had been a time during the past year when they did not receive needed medical care.

Table 39. Insurance Coverage and Access to Health Care: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study			Add Health			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Has medical insurance	578	293	50.7	739	562	76.0	*
Source of medical insurance							
Parents' insurance		8	2.7		272	48.4	
Spouse's insurance		7	2.4		23	4.1	
Employer-provided insurance		49	16.7		170	30.2	
School-provided insurance		5	1.7		14	2.5	
Purchase own private insurance		5	1.7		8	1.4	
Medicaid or medical assistance		206	70.3		55	9.8	
Other		13	4.4		25	3.6	
Missing		2					
Last physical exam	589			732			
Less than a year ago		389	66.0		477	65.2	
1 to 2 years ago		106	18.0		103	14.1	
More than 2 years ago		94	16.0		152	20.8	
Did not receive needed medical care	588	105	17.9	743	179	24.1	*
Reason(s) did not receive medical care							
Didn't know where to go		15	14.3				
Cost too much		78	74.3				
No transportation		11	10.5				
Hours were inconvenient		6	5.7				
Would lose pay for missing work		12	11.4				
No insurance		75	71.4				
Other		15	14.3				
Has dental insurance	562	223	39.7				
Source of dental insurance							
Parents' insurance		5	2.2				
Spouse's insurance		8	3.6				
Employer-provided insurance		37	16.6				
School-provided insurance		3	1.3				

Purchase own private insurance	3	1.3		
Medicaid or medical assistance	157	70.4		
Other	10	4.5		
Last dental exam				*
Less than a year ago	236	40.2	423	56.9
1 to 2 years ago	170	29.0		
More than 2 years ago	181	30.8	321	43.1
Did not receive needed dental care	105	20.0		
Reason(s) did not receive dental care				
Didn't know where to go	15	14.3		
Cost too much	78	74.3		
No transportation	11	10.5		
Hours were inconvenient	6	5.7		
Would lose pay for missing work	12	11.4		
No insurance	75	71.4		
Other	15	14.3		

MENTAL HEALTH AND UTILIZATION OF MENTAL HEALTH SERVICES

We asked the young adults in the Midwest Study about their utilization of mental and behavioral health care services since the last time they were interviewed. Eleven percent had received counseling, 13 percent had received psychotropic medication, and 4 percent had received treatment for a substance abuse problem. By comparison, 7 percent of their Add Health counterparts had received counseling and 2 percent had received treatment for a substance abuse problem during the past year.

Table 40. Mental and Behavioral Health Care Services Utilization: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Received psychological or emotional counseling	589	62	10.5	743	54	7.3	*
Attended substance abuse treatment program	589	21	3.6	744	17	2.3	
Received medication for emotional problems	590	75	12.7				
Ever hospitalized for mental health problems	589	74	12.5				

Timing of most recent hospitalization	73	
Within the past 3 months	5	6.8
4 to 6 months ago	5	6.8
7 to 9 months ago	1	1.4
10 to 12 months ago	4	5.5
More than 1 but less than 2 years ago	12	16.4
At least 2 years ago	46	63.0

Of course, mental and behavioral health care service utilization does not necessarily reflect mental and behavioral health care service needs. Indeed, one might expect the risk of developing mental health or substance use problems to be especially high among young adults making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge (Courtney & Hughes Heuring, 2005; Pecora et al., 2003; Pecora et al., 2005).

We assessed both mental health and substance use problems among the young adults in the Midwest Study using the 12-month version of the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). The CIDI is a highly structured interview, designed for use by nonclinicians, which generates psychiatric diagnoses according to the criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (DSM-IV).

Table 41 shows the percentage of young adults in the Midwest Study who met the criteria for various mental health or substance use disorders during the 12 months prior to their wave 3 interview.¹² Results are reported separately for males and females because a number of

¹² The percentages are lower than the percentages reported in Courtney et al. (2004) and Courtney et al. (2005). However, the latter were based on the lifetime version of the CIDI, not the 12-month version that was used at wave 3.

statistically significant gender differences were found. Young men in the Midwest Study were more than twice as likely to have an alcohol or other drug diagnosis as their female counterparts. By contrast, young women in the Midwest Study were far more likely than their male counterparts to have a diagnosis of depression or post traumatic stress disorder (PTSD).

Table 41. 12-Month CIDI Diagnoses by Gender

	Female (<i>n</i> = 314)		Male (<i>n</i> = 276)		<i>P</i>
	#	%	#	%	
Alcohol dependence	11	3.5	32	11.6	*
Alcohol abuse	15	4.8	26	9.4	*
Any alcohol diagnosis	26	8.3	58	21.0	*
Other drug dependence	3	1.0	14	5.1	*
Other drug abuse	6	1.9	16	5.8	*
Any other drug diagnosis	7	2.2	26	5.4	*
Any alcohol or other drug diagnosis	29	9.2	64	23.2	*
Post traumatic stress disorder (PTSD) ^a	24	7.9	10	3.8	*
Major depression	24	7.6	3	1.1	*
Dysthymia	0	0.0	0	0.0	
Generalized anxiety disorder	0	0.0	0	0.0	
Any mental health disorder	42	14.2	12	4.6	*

^a PTSD diagnosis was indeterminate for eleven females and ten males because of missing data.

SEXUAL BEHAVIORS

The young adults in our sample were asked a series of questions about their sexual orientation (Table 42) and sexual behaviors (Tables 43 through 46), including questions related to sexuality, “safe” sex practices, and high-risk behaviors. The vast majority identified themselves as heterosexual, but females were somewhat more likely to identify themselves as either bisexual or homosexual than males.

Table 42. Self-Reported Sexual Orientation

	Female		Male	
	#	%	#	%
100% heterosexual	220	80.6	217	89.7
Mostly heterosexual	26	9.5	10	4.1
Bisexual	12	4.4	2	0.8
Mostly homosexual	4	1.5	2	0.8
100% homosexual	5	1.8	5	2.1
Not sexually attracted to males or females	3	1.1	2	0.8
Don't know	3	1.1	4	1.6
Missing ^a	41		34	

^aThis includes the twenty-four males and twenty-nine females who did not complete the ACASI portion of the interview.

More than 90 percent of the young women and young men in the Midwest Study reported that they had ever had sexual intercourse, and most of those young adults had also had sexual intercourse during the past year. Regardless of gender, nearly 60 percent of the young adults who had sexual intercourse during the past year reported using contraception, and nearly half reported using condoms either all or most of the time. The percentages who reported using contraception or condoms the most recent time they had sexual intercourse were very similar.

There were no gender differences in the percentage of young adults who had had sexual intercourse or in their use of condoms and birth control. However, males were significantly more likely than females to report both that they had ever been paid by someone to have sex and that they had ever paid someone to have sex.

Table 43. Self-Reported Sexual Behaviors by Gender^a

	Females			Males			p
	N	#	%	N	#	%	
Ever had sexual intercourse	283	266	94.0	242	219	90.5	
Had sexual intercourse during past year	248	194	78.2	205	146	71.2	
Used birth control most recent sexual intercourse	191	114	59.7	138	78	56.5	
Used birth control all or most of the time past year	187	113	60.4	134	76	56.8	
Used a condom most recent sexual intercourse	186	85	45.2	142	69	47.9	
Used condoms all or most of the time past year	186	86	46.3	142	65	45.8	

Any sexual partner had an STD past year	181	30	16.6	127	12	9.4	
Ever paid <i>by</i> someone to have sex	262	19	7.3	214	30	14.0	*
Ever paid someone to have sex	263	2	0.8	217	13	6.0	*
Ever had sex with injection drug user	260	5	1.9	217	3	1.4	

^aThese figures do not include the twenty-four males and twenty-nine females who did not complete the ACASI portion of the interview.

There were a number of statistically significant differences in sexual behaviors between the females in the Midwest Study and their Add Health counterparts. The former were more likely to have ever had sexual intercourse. They were also more likely to have engaged in behaviors that put them at high risk for becoming pregnant and contracting an STD. The only exception was that the females in the Midwest Study were more likely to report using condoms.

Table 44. Self-Reported Sexual Behaviors: Females in the Midwest Study Compared with Females in Add Health^a

	Midwest Study			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Ever had sexual intercourse	283	266	94.0	391	342	87.5	*
Had sexual intercourse past year	248	194	78.2	388	322	83.0	
Used birth control most recent sexual intercourse	191	114	59.7	320	219	68.4	*
Used birth control all or most of the time past year	187	113	60.4	219	213	69.9	*
Used a condom most recent sexual intercourse	186	85	45.2	320	123	38.4	*
Used condoms all or most of the time past year	186	86	46.3	321	121	37.7	*
Any sexual partner had an STD past year	181	30	16.6	313	31	9.9	*
Ever paid <i>by</i> someone to have sex	262	19	7.3	342	6	1.8	*
Ever paid someone to have sex	263	2	0.8	341	3	0.9	
Ever had sex with injection drug user	260	5	1.9	339	9	2.7	

^aThe Midwest Study figures do not include the twenty-nine females who did not complete the ACASI portion of the interview.

There were also a number of statistically significant differences in sexual behaviors between the males in the Midwest Study and those in Add Health. The former were more likely to have had sexual intercourse during the past year. They were also less likely to have used

birth control when they had sexual intercourse and more likely to have been paid by someone to have sex.

Table 45. Self-Reported Sexual Behaviors: Males in the Midwest Study Compared with Males in Add Health

	Midwest Study ^a			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Ever had sexual intercourse	242	219	90.5	344	299	86.9	
Had sexual intercourse past year	205	146	71.2	341	277	81.2	*
Used birth control most recent sexual intercourse	138	78	56.5	273	183	67.0	*
Used birth control all or most of the time past year	134	76	56.8	274	186	67.9	*
Used a condom most recent sexual intercourse	142	69	47.9	275	130	47.3	
Used condoms all or most of the time past year	142	65	45.8	278	129	46.2	
Any sexual partner had an STD past year	127	12	9.4	269	20	7.4	
Ever paid <i>by</i> someone to have sex	214	30	14.0	299	18	6.0	*
Ever paid someone to have sex	217	13	6.0	299	15	5.0	
Ever had sex with injection drug user	217	3	1.4	295	6	2.0	

^aThe Midwest Study figures do not include the twenty-four males who did not complete the ACASI portion of the interview.

Despite other differences, the two samples were quite similar with respect to median age at first sexual intercourse and median number of sexual partners.

Table 46. Median Age at First Sexual Intercourse and Number of Sexual Partners by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study ^a				Add Health			
	Female		Male		Female		Male	
	<i>n</i>	Md	<i>n</i>	Md	<i>n</i>	Md	<i>n</i>	Md
Age at first intercourse	225	16.0	187	15.0	342	16.0	297	16.0
Number of lifetime sexual partners	200	3.0	160	6.0	338	3.0	296	5.0
Number of sexual partners past year (if sexually active past year)	188	1.0	133	2.0	322	1.0	277	2.0

^aThe Midwest Study figures do not include the twenty-four males and twenty-nine females who did not complete the ACASI portion of the interview.

PREGNANCY

Seventy-one percent of the young women in the Midwest Study had ever been pregnant, and half had been pregnant since their most recent interview. Repeat pregnancies were more the rule than the exception among those who had ever been pregnant. By comparison, only one-third of the Add Health females had ever been pregnant, and a majority of those females had been pregnant only once.

Table 47. Young Women’s Experiences with Pregnancy: Females in the Midwest Study Compared with Females in Add Health

	Midwest Study ^a			Add Health			<i>P</i>
	<i>n</i>	#	%	<i>n</i>	#	%	
Ever pregnant ^b	261	185	70.9	396	134	33.8	*
Total number of pregnancies	181			134			*
One		69	38.1		74	55.2	
Two or more		112	61.9		60	44.8	
Pregnant since the last interview ^b	262	133	50.8				
Number of pregnancies since last interview	129						
One		93	72.1				
Two or more		36	27.9				

^aThe Midwest Study figures do not include the twenty-nine young women who did not complete the ACASI portion of the interview.

^bThe Midwest Study figures are based on the responses of the young women who answered the pregnancy questions each time they were interviewed.

The vast majority of young women in the Midwest Study who had been pregnant since their last interview had received prenatal care during their most recent pregnancy, and three-quarters of those who received prenatal care did so in their first trimester. Somewhat more concerning, 30 percent of these young women wanted to become pregnant, and only a quarter were using birth control around the time that they conceived. Although some of these young women were still pregnant when they were interviewed, most of their pregnancies had resulted in a live birth.

The young women in the Midwest Study were not very different from their Add Health counterparts with respect to the characteristics of their most recent pregnancy. Although they were less likely to have been using birth control around the time that they conceived, they were also less likely to have wanted to become pregnant.

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

	Midwest Study (<i>n</i> = 133)			Add Health (<i>n</i> = 134)			<i>p</i>
	<i>n</i>	#	%	<i>n</i>	#	%	
Received prenatal care	130	116	89.2	131	107	81.7	
Trimester first received prenatal care	106			90			
First		80	75.5		77	85.6	
Second		19	17.9		9	10.0	
Third		7	6.6		4	4.4	
Using birth control at time of conception	125	32	25.6	131	52	39.7	*
Wanted to get pregnant by partner ^a	122	37	30.4	130	59	45.4	*
Married at time of conception ^b	129	11	8.5				
Outcome of pregnancy	133			134			
Still pregnant		24	18.0		21	15.7	
Live birth		84	63.2		81	60.5	
Still birth or miscarriage		16	12.0		16	11.9	
Abortion		9	6.8		16	11.9	

^aIncludes females who responded “definitely or probably yes.”

^bAdd Health asked the young women if they were married at the time they gave birth.

Half of the young men in the Midwest Study reported that they had ever gotten a female pregnant, compared with 19 percent of their Add Health counterparts. In fact, 38 percent had gotten a female pregnant since their most recent interview.

Table 49. Young Men’s Experiences with Pregnancy: Males in the Midwest Study Compared with Males in Add Health

	Midwest Study ^a			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Any female partner became pregnant	242	119	49.2	349	67	19.2	*
Number who became pregnant	118						
1		86	72.9				
2		20	16.9				
3 or more		12	10.2				
Any female partner became pregnant since last interview	242	90	37.2				
Number who became pregnant	90						
1		69	76.7				
2		15	16.7				
3 or more		6	6.7				

^aThe Midwest Study figures do not include the twenty-four young men who did not complete the ACASI portion of the interview.

The young men who had gotten a female pregnant since their last interview were asked about the most recent pregnancy. The vast majority reported that the female who they had gotten pregnant received prenatal care, generally beginning in their first trimester. A majority of the pregnancies had resulted in a live birth. These young men were less likely than their Add Health counterparts to report that they and their female partner had been using birth control around the time that she conceived but no more likely to report that they had wanted their female partner to become pregnant.

Table 50. Characteristics of Most Recent Pregnancy: Males in the Midwest Study Compared with Males in Add Health

	Midwest Study (<i>N</i> = 90)			Add Health (<i>N</i> = 67)			<i>P</i>
	<i>n</i>	#	%	<i>n</i>	#	%	
Impregnated girl received prenatal care	84	70	83.3	60	48	80.0	
Trimester first received care	49						
First		38	77.6				
Second		5	10.2				
Third		6	12.2				
Using birth control at time of conception	86	12	14.0	64	27	42.2	*

Wanted partner to get pregnant	86	35	40.7	64	28	43.8
Married to partner at time of conception	88	2	2.3			
Outcome of pregnancy						
Still pregnant		12	13.3		8	12.1
Live birth		55	61.1		37	56.1
Still birth or miscarriage		12	13.3		8	12.1
Abortion		11	12.2		13	19.7
Missing		0			1	

We also asked the young adults in the Midwest Study about pregnancy prevention.

Although their responses varied depending on the wording of the question, only one-third of the females and one-fifth of the males had received either family planning services or information about birth control since their last interview.

Table 51. Receipt of Family Planning Services and Birth Control Information Since Last Interview

	Females			Males			P
	<i>n</i>	#	%	<i>n</i>	#	%	
Received family planning services	258	35	11.1	233	5	1.8	*
Received information about birth control	251	52	19.3	233	45	20.7	
Either	276	83	32.2	314	50	21.5	*

MARRIAGE, COHABITATION, AND RELATIONSHIPS

Nearly one-third of the young women and over one-fifth 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 they were as likely to be married or cohabiting as males and females in Add Health, Midwest Study young adults were more likely to be cohabiting than married, whereas Add Health young adults were more likely to be married than cohabiting. Among those who had never been married, young adults in Add Health were more likely to regard marrying some day as very important, although only the difference between female samples was statistically significant.

Table 52. Marriage and Cohabitation by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study				Add Health			
	Female		Male		Female		Male	
	#	%	#	%	#	%	#	%
Ever married (ABC)	36	11.5	14	5.1	71	17.9	35	10.1
Currently married (AB)	35	11.1	12	4.3	64	16.2	30	8.6
Currently living with spouse (ABC)	29	9.2	9	3.3	60	15.2	28	8.1
Currently cohabiting	64	22.6	48	18.0	66	16.7	47	13.5
Either married or cohabiting (A)	99	31.6	59	21.4	129	32.7	77	22.2
Very important to marry someday (C) (if never married)	118	42.8	109	41.8	182	56.0	150	48.1

A = Statistically significant difference between Midwest Study males and females

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

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

Just over half of the young women and young men in the Midwest Study who were neither married nor cohabiting were involved in some type of relationship, and many of them were dating one partner exclusively.

Table 53. Other Intimate Partner Relationships by Gender

	Females (n = 221)		Males (n = 219)	
	#	%	#	%
Currently involved in a relationship	124	56.1	114	52.1
Type of relationship				
Dating exclusively	93	75.6	80	71.4
Dating frequently	12	9.8	7	6.3
Dating once in a while	17	13.8	16	14.3
Only having sex	1	0.8	9	8.0
Missing	1		2	

CHILDREN AND PARENTING

More than half of the young women and nearly one-third of the young men in the Midwest Study had at least one living child at age 21. Nearly all of these young women, but just over one-third of these young men, reported that one or more of their children were living with them. Conversely, two-thirds of these young men, but only 1 in 10 of these young women, reported that one or more of their children were living somewhere else.

Both male and female young adults in the Midwest Study were more than twice as likely to have at least one living child as their Add Health counterparts. However, the Add Health males and females were more likely to be living with one or more of their children if they had at least one. They were also less likely to have one or more children living somewhere else.

Table 54. Parenthood by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study				Add Health			
	Female		Male		Female		Male	
	#	%	#	%	#	%	#	%
At least one living child (ABC)	176	56.1	83	30.2	93	23.5	40	11.5
Living with any children (ABC)	160	90.9	30	36.1	93	100	26	65.0
Any nonresident children (ABC)	26	14.8	56	67.5	1	1.1	3	11.5

A = Statistically significant difference between Midwest males and females
 B = Statistically significant difference between Midwest and Add Health males
 C = Statistically significant difference between Midwest and Add Health females

Most of the young women and young men in the Midwest Study who had at least one living child had only one. Although there was no gender difference in the number of children these young men and women had, the young women had more children of their own living with them.

Table 55. Number of Children and Resident Children by Parent Gender

	Females		Males	
	#	%	#	%
Number of children				
1	110	62.5	63	75.9
2	50	28.4	13	15.7
3 or more	16	9.6	7	8.4
Mean number of children	1.50		1.35	
Number of "resident" children				
0	16	9.1	53	63.9
1	104	59.1	23	27.7
2	46	26.1	5	6.0
3 or more	10	6.5	2	2.4
Mean number of resident children*	1.30		.47	

We asked the young adults whose children were not living with them who the children were living with. Their responses varied greatly by gender. Forty-six percent of the young women reported that at least one nonresident child was living with foster or adoptive parents, compared with only 4 percent of the young men. Conversely, nearly all of the young men reported that at least one nonresident child was living with the child's other parent, compared with just under one-fifth of the young women. Regardless of gender, a significant minority of these young adults reported that at least one nonresident child was living with grandparents or other relatives.

Table 56. Current Living Circumstances and Frequency of Visits with Nonresident Children during the Past Year by Parent Gender

	Female		Male	
	#	%	#	%
At least one nonresident child	26	14.7	56	67.4
Has at least one nonresident child living with ^a				
Child's other parent	5	19.2	54	96.4
Maternal grandparents or other maternal relatives	6	23.1	17	30.4
Paternal grandparents or other paternal relatives	5	19.2	1	1.8
Adoptive parents	9	34.6	0	0.0
Foster parents	3	11.5	2	3.6
Other	0		2	3.6

Has at least one nonresident child who they visited ^b				
Never	8	30.8	7	12.5
Less than once a month	2	7.7	13	23.2
Once a month	1	3.8	5	8.9
Two or three times a month	4	15.4	6	10.7
Once a week	9	34.6	11	19.6
Every day	4	15.4	19	33.9

^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.

^bPercentages sum to more than 100 because parents with more than one nonresident child could visit them with different frequencies.

Relatively few of the young adults who had at least one child reported that a child had health problems or disabilities.

Table 57. Child Well-Being by Parent Gender

	Female			Male		
	<i>n</i>	#	%	<i>N</i>	#	%
At least one living child		176	56.1		83	30.2
One or more resident children		160	50.8		30	11.2
Any child fair or poor health	167	11	6.6	82	5	6.1
Any resident child fair or poor health	158	10	6.3	31	1	3.2
Any child learning disability	165	13	7.9	81	3	3.7
Any resident child learning disability	158	11	7.0	31	1	3.2
Any child disability limits activities	167	12	7.2	81	5	6.2
Any resident child disability limits activities	158	12	7.6	31	1	3.2

We asked the young parents who were working or in school a number of questions about childcare. Well over half reported that the child(ren)'s other parent or other relative provided childcare. Another 27 percent relied on more formal providers, including day care centers, nursery schools, and pre-K. Nearly two-thirds of these young parents reported that finding someone to care for their children was not difficult at all, and three-quarters had not changed childcare providers within the past 6 months. Although just over one-third of these young parents were receiving any childcare assistance, half reported that they paid nothing out of

pocket for their childcare. This probably reflects the fact that their children were often being cared for by the other parent or a relative.

Table 58. Childcare among Parents Currently Working or in School (N = 104)^a

	#	%
Childcare provider while working or going to school		
Other parent	25	24.3
Grandparent	24	23.3
Other relative	12	11.7
Neighbor or baby-sitter	7	6.8
Day care center, nursery school, or pre-K	28	27.2
Other	7	6.8
Missing	1	
Difficulty of finding someone to care for child(ren) while working or going to school		
Very difficult	11	10.7
Somewhat difficult	25	24.3
Not at all difficult	67	65.0
Missing	1	
Times missed work or school during the past 6 months because of lack of childcare		
Never	63	63.0
Once or twice	27	27.0
Three or more times	10	10.0
Missing	4	
Times changed childcare providers during the past 6 months		
Never	78	76.5
Once or twice	19	18.6
Three or more times	5	4.9
Missing	2	
Currently receiving childcare assistance from government agency (missing = 5)	35	35.4
Usual weekly out-of-pocket cost for childcare (not counting any childcare assistance)		
\$0	43	50.6
\$1 - \$50	19	22.3
\$51 - \$100	12	14.1
More than \$100	11	12.9
Missing	19	

^a Data were missing for an additional eighteen parents (fifteen female and three male) who did not complete the ACASI portion of the interview.

Many of these young parents identified their biological mother or another relative as both a source of information about parenting and someone who had taught them how to be a good parent. Others identified their foster mother or a friend. No statistically significant gender differences were found.

Table 59. Information about Parenting (N = 172)

	#	%
Received information about parenting from		
Biological mother	29	18.1
Biological father	3	1.9
Foster mother	18	11.3
Foster father	1	0.6
Grandparent	30	18.8
Other relative	32	20.0
Friend	21	13.1
Social worker/caseworker	1	0.6
Book/parenting magazine	4	2.5
Parenting class	4	2.5
Other	17	10.6
Missing ^a	30	
Learned how to be a good parent from		
Biological mother	25	15.6
Biological father	3	1.9
Foster mother	24	15.0
Foster father	2	1.3
Grandparent	26	16.3
Other relative	25	15.6
Friend	6	3.8
Social worker/caseworker	1	0.6
Book/parenting magazine	6	3.8
Parenting class	10	6.3
Other	32	20.0
Missing ^a	30	

^a Includes the eighteen parents (fifteen female and three male) who did not complete the ACASI portion of the interview

We asked these young parents a series of nine questions designed to measure their level of parenting stress.¹³ For each question, parents indicate how frequently their child causes them to feel a particular way, using a 5-point scale that ranges from 1 = “not at all” to 5 = “very true.” Parents who had more than one child living with them were instructed to think about the eldest. A parenting stress score was constructed by summing their responses to these questions and taking the mean. The scale exhibited good reliability (alpha = .78), meaning that all of the items seem to be measuring the same underlying construct.

In general, these young parents were not experiencing high levels of parenting stress. Their mean score on the scale was 1.58 out of a possible 5, with 5 corresponding to high levels of stress. With only one exception, a majority responded “not at all” to each of the items. Nevertheless, most also acknowledged that being a parent was harder than they had expected.

There was no difference in scores on the parenting stress scale between the young women (mean = 1.6) and the young men (1.4).

Table 60. Parenting Stress^a

	<i>N</i>	#	%	<i>P</i>
Feel I am giving up my life to meet my child’s needs	159			
Not at all true		96	60.4	
Moderately or a little true		39	24.5	
Mostly or very true		24	15.1	
Feel trapped by my responsibilities as a parent	163			
Not at all true		119	73.0	
Moderately or a little true		32	19.6	
Mostly or very true		12	7.4	
Taking care of my child is more work than pleasure	161			
Not at all true		102	63.4	
Moderately or a little true		45	28.0	
Mostly or very true		14	8.7	
Child seems much harder to care for than most	162			

¹³ This scale has been used in studies of other low-income parents (Bos, Polit, & Quint, 1997; Courtney et al., 2005; Dworsky et al., 2007; Huston et al., 2003).

Not at all true		134	82.7	
Moderately or a little true		22	13.6	
Mostly or very true		6	3.7	
Child does things that really bother me a lot	163			
Not at all true		97	59.5	
Moderately or a little true		58	35.6	
Mostly or very true		8	4.9	
Sometimes lose patience with child	165			*
Not at all true		122	73.9	
Moderately or a little true		43	26.1	
Mostly or very true		0	0.0	
Often feel angry with my child	164			
Not at all true		134	81.7	
Moderately or a little true		28	17.1	
Mostly or very true		2	1.2	
Being a parent is harder than expected	164			
Not at all true		46	28.0	
Moderately or a little true		72	43.9	
Mostly or very true		46	28.0	
Child has been a lot of trouble to raise	165			
Not at all true		134	81.2	
Moderately or a little true		31	18.8	
Mostly or very true		0	0.0	
Mean	1.58			

^a Data were missing for the eighteen parents (fifteen female and three male) who did not complete the ACASI portion of the interview.

We also administered the revised Child Parent Conflict Tactics Scale (Strauss et al., 1998). This measure has been used in many studies to assess the extent to which parents employ various modes of discipline (i.e., nonviolent discipline, psychological aggression, minor physical assault, severe physical assault, and very severe physical assault) with their children. Parents are asked to rate how frequently they have taken twenty-two specific actions to discipline their child during the past year, using a 7-point scale that ranges from 0 = “never” to 6 = “more than 20 times.”

Because we were concerned that young parents in the Midwest Study might be reluctant to report some of the actions they had taken to discipline their child, we included the Child Parent Conflict Tactics Scale items in the ACASI portion of the interview. Although some of these disciplinary actions may still have been underreported, the Audio CASI interview format should have reduced that possibility.

Table 61 shows the percentage of young parents in the Midwest Study who reported taking a specific action to discipline their child during the past year.¹⁴ These young parents were most likely to report using nonviolent modes of discipline as well as “shouting, screaming, or yelling.” However, the percentages were consistently higher for the young women than the young men. The most common type of physical discipline, spanking a child with a bare hand, was reported by nearly half of the young women and one-third of the young men. Very few of these young parents reported using the more severe types of physical discipline.

Table 61. Disciplinary Actions Taken during the Past 12 Months by Parent Gender^a

	Female			Male		
	<i>n</i>	#	%	<i>n</i>	#	%
<i>Nonviolent Discipline</i>						
Explained why something was wrong*	126	94	74.6	22	11	50.0
Put child in a time out or sent child to room*	134	94	70.1	26	12	46.2
Took away privileges or grounded child	143	51	35.7	27	7	25.9
Gave child something else to do*	130	95	73.1	23	11	47.8
<i>Psychological Aggression</i>						
Threatened to spank or hit child but didn't do it	142	79	55.6	27	3	12
Shouted, screamed, or yelled at child*	136	97	71.3	26	12	46.2
Swore or cursed at child*	141	40	28.4	27	2	7.4
Called child dumb or lazy or some other name	142	7	4.9	27	1	3.7
Threatened to send child away or kick him or her out of the house	143	7	4.9	26	0	0.0

¹⁴ 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.

<i>Minor Physical Assault</i>						
Spanked child on the bottom with a bare hand	138	64	46.4	27	9	33.3
Hit child on the bottom with a belt or hard object	138	26	18.8	27	2	7.4
Slapped child on the hand, arm, or leg	141	49	34.8	27	10	37.0
Pinched child	143	12	8.4	26	1	3.8
Shook child (if child > 2 years old)	12	0	3.6	11	2	18.2
<i>Severe Physical Assault</i>						
Slapped child on the face, head, or ears	139	10	7.2	26	0	0.0
Hit child somewhere other than on the bottom with a belt or hard object	142	5	3.5	27	1	3.7
Threw or knocked child down	143	6	4.2	27	0	0.0
Hit child with a fist or kicked the child hard	143	3	2.1	27	1	3.7
<i>Very Severe Physical Assault</i>						
Beat child over and over	143	1	0.7	27	0	0.0
Grabbed child around the neck and choked him or her	143	2	1.4	27	0	0.0
Burned or scalded child on purpose	143	1	0.7	27	0	0.0
Threatened child with a knife or gun	143	2	1.4	27	0	0.0
Shook child (if child < 2 years old)	59	4	6.8	18	0	0.0

^a Data were missing for the eighteen parents (fifteen female and three male) who did not complete the ACASI portion of the interview.

The revised Child Parent Conflict Tactics Scale also includes five items designed to measure parental neglect. Parents use the same 7-point scale to rate how frequently they engaged in a particular neglectful behavior. Most of the young parents in the Midwest Study had not engaged in any of these behaviors according to their self-reports.

Table 62. Neglectful Behaviors during the Past 12 Months by Parent Gender^a

	Female			Male		
	<i>n</i>	#	%	<i>n</i>	#	%
Left child home alone even when some adult should be with him or her	142	3	2.1	27	0	0
Not able to show or tell child you loved him or her due to being so caught up with own problems	139	16	11.5	27	1	3.7
Not able to make sure child was fed	141	8	5.7	26	1	3.8
Not able to make sure child got to a doctor or hospital	139	4	2.9	26	1	3.8
Problem taking care of child due to being drunk or high	141	0	0.0	26	0	0.0

^a Data were missing for the eighteen parents (fifteen female and three male) who did not complete the ACASI portion of the interview.

CRIMINAL BEHAVIOR AND CRIMINAL JUSTICE SYSTEM INVOLVEMENT

We asked the young adults in the Midwest Study a series of questions about their participation in criminal behaviors during the past 12 months and then compared their responses with the behaviors reported by the nationally representative sample of young adults who participated in Add Health. In general, males were more likely to report engaging in these behaviors than were females, and nearly all of these gender differences were statistically significant. Young men in the Midwest Study were most likely to report belonging to a gang and taking part in a group fight; young women were most likely to report belonging to a gang and deliberately damaging someone else's property.

Where statistically significant differences between the young men in the Midwest Study and their Add Health counterparts were found, the criminal behaviors were more likely to have been reported by the former foster youth. The only statistically significant difference between young women in the Midwest Study and young women in Add Health is that the former were more likely to report having pulled a knife or gun on someone.

Table 63. Self-Reported Criminal Behavior by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Males				<i>p</i>	Females				<i>p</i>
	Midwest Study		Add Health			Midwest Study		Add Health		
	<i>n</i> = 223 ^a		<i>n</i> = 347			<i>n</i> = 285 ^a		<i>n</i> = 396		
	#	%	#	%	#	%	#	%		
Ever belonged to a named gang	53	23.8	52	15.0	*	28	9.8	55	13.9	
Took part in a fight involving one group against another	46	20.6	74	21.3		17	6.0	16	4.1	
Deliberately damaged someone's property	38	17	52	15.0		25	8.8	21	5.3	
Hurt someone so badly in a fight that medical treatment was required	35	15.7	51	14.7		10	3.5	8	2	
Sold marijuana or other drugs	32	14.3	44	12.7		14	4.9	16	4.0	
Stole something worth < \$50	25	11.2	41	11.8		10	3.5	18	4.5	

Bought, sold, or held stolen property	22	9.9	25	7.2		6	2.1	4	1.0
Stole something worth > \$50	20	9.0	13	3.7	*	8	2.8	9	2.3
Entered a house or building to steal something	14	6.3	7	2.0	*	3	1.1	3	0.8
Became so injured in a fight that medical treatment was required	14	6.3	26	7.5		8	2.8	7	1.8
Deliberately wrote a bad check	13	5.8	15	4.3		17	6.0	17	4.3
Used a weapon in a fight	13	5.8	12	3.5		9	3.2	6	1.5
Pulled a knife or gun on someone	13	5.8	8	2.3	*	12	4.2	2	0.5
Used or threatened to use a weapon to get something from someone	7	3.1	10	2.9		1	0.4	3	0.8
Carried a handgun to school or work	6	2.7	9	2.6		0	0.0	2	0.5
Used someone's credit card or bank card without their permission or knowledge	3	1.3	8	2.3		0	0.0	3	0.8
Shot or stabbed someone	2	0.9	2	0.6		3	1.1	1	0.3

^a Data were missing for the fifty-three young men and twenty-nine young women who were incarcerated and/or did not complete the ACASI portion of the interview.

While not all criminal behavior results in criminal justice system involvement, young adults in the Midwest Study reported a high level of involvement with the criminal justice system since their most recent interview. Thirty one percent reported being arrested, 15 percent reported being convicted of a crime, and 30 percent reported being incarcerated. However, the level of criminal justice involvement was significantly higher among the young men.

We asked those who were arrested, convicted, or incarcerated whether this was the result of a violent crime, a property crime, or a drug-related crime. The response categories were neither mutually exclusive nor exhaustive. For example, young adults could report being arrested for more than one type of crime or, alternatively, could report that the crime they were arrested for did not fall into any of the three categories.

There were significant gender differences with respect to the types of crimes that led to their criminal justice system involvement. Males were more likely to be arrested, convicted, and

incarcerated for drug-related and violent crimes than for property crimes; females were more likely to be arrested, convicted, and incarcerated for property and violent crimes than for drug-related crimes. However, a fairly large percentage of the criminal justice system involvement that these young adults reported was for other reasons, such as probation violations or traffic-related offenses.¹⁵

Table 64. Self-Report of Arrest, Conviction, and Incarceration Since Last Interview

	Males (<i>n</i> = 257) ^a		Females (<i>n</i> = 287) ^a		Total (<i>N</i> = 544) ^a		<i>p</i>
	#	%	#	%	#	%	
Arrested since last interview ^{bc}	113	45.7	52	18.6	165	31.3	*
Arrested for violent crime	20	17.7	6	11.5	26	15.8	
Arrested for property crime	10	8.8	7	13.5	17	10.3	
Arrested for drug-related crime	26	23.0	4	7.7	30	18.2	
Convicted of a crime since last interview ^{bc}	60	24.0	20	7.1	80	15.1	
Convicted of violent crime	16	26.7	3	15.0	19	23.8	
Convicted of property crime	7	12.17	4	20.0	11	13.8	
Convicted of drug-related crime	15	25.0	2	10.0	17	21.3	
Spent at least one night in jail, prison, other correctional facility since last interview ^{bc}	111	44.6	46	16.4	157	29.7	*
Incarcerated for violent crime	26	23.4	11	23.9	37	23.6	
Incarcerated for property crime	17	15.3	10	21.7	27	17.2	
Incarcerated for drug-related crime	25	22.5	7	15.2	32	20.2	

^aData were missing for nineteen nonincarcerated young men and twenty-seven nonincarcerated young women who did not complete the ACASI portion of the interview.

^bFive incarcerated young men and two incarcerated young women who did not complete the ACASI portion of the interview were coded as having been arrested, having been convicted and having been incarcerated since their most recent interview.

^cData on arrests were missing for eleven young men and six young women, data on convictions were missing for eight young men and six young women and data on incarcerations were missing for nine young men and six young women who did complete the ACASI portion of the interview.

Although there were few differences between young adults in the Midwest Study and their Add Health counterparts with respect to self-reported criminal behaviors, both males and females in the Midwest Study reported significantly higher levels of criminal justice system

¹⁵ In fact, preliminary analysis of official arrest data suggests that many arrests are for traffic-related offenses or probation violations.

involvement than males and females in Add Health. Specifically, they were more likely to report ever being arrested, ever being convicted, and ever being arrested as an adult. In fact, *females* in the Midwest Study were significantly more likely than *males* in Add Health to report ever being arrested (57% vs. 20%), ever being convicted (25% vs. 12%), and ever being arrested as an adult (33% vs. 8%).

Table 65. Self-Reported Arrests and Convictions by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Males				<i>p</i>	Females				<i>p</i>
	Midwest Study		Add Health			Midwest Study		Add Health		
	(<i>n</i> = 270)		(<i>n</i> = 348)			(<i>n</i> = 297)		(<i>n</i> = 396)		
	#	%	#	%	#	%	#	%		
Ever arrested ^{ab}	212	79.4	70	20.1	*	165	56.7	17	4.3	*
Arrested as an adult ^{abc}	150	59.3	26	7.5	*	90	32.5	2	.5	*
Ever convicted ^{ab}	133	52.6	42	12.1	*	68	24.5	5	1.3	*
Convicted as an adult ^{abc}	98	39.7	36	10.3	*	38	13.9	5	1.3	*

^a Data on “arrested ever” were missing for ten young men and twenty-two young women, data on “arrested as adult” were missing for twenty-four young men and thirty-six young women, data on “convicted ever” were missing for twenty-four young men and thirty-five young women and data on “convicted as an adult” were missing for thirty young men and forty young women.

^b Five incarcerated young men and two incarcerated young women who did not complete the ACASI portion of the interview were coded as having been arrested and having been convicted both ever and as an adult.

^c The Add Health figures reflect arrests and convictions since age 18. The Midwest Study figures represent arrests and convictions since the wave 1 interview, when 62 percent of the young adults in the wave 3 sample were still 17 years old.

VICTIMIZATION

Young adults in the Midwest Study were asked two sets of questions about victimization they may have experienced since their last interview. The first set of questions focused on violent crime. Twenty six percent of the males and 10 percent of the females reported having been a victim of a violent crime.¹⁶ Generally speaking, the young adults in the Midwest Sample reported rates of victimization similar to those reported by their counterparts in Add

¹⁶ These percentages do not include the young adults who saw someone shot or stabbed.

Health. However, males in the Midwest Study were more likely to report being cut or stabbed by someone and seeing someone shot or stabbed. Females in the Midwest Study were more likely to report seeing someone shot or stabbed and being beaten up with nothing stolen.

Table 66. Self-Report of Victimization by Gender: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Males				<i>p</i>	Females				<i>p</i>
	Midwest Study		Add Health			Midwest Study		Add Health		
	(<i>n</i> = 252) ^a		(<i>n</i> = 348)			(<i>n</i> = 285) ^a		(<i>n</i> = 396)		
	#	%	#	%	#	%	#	%		
Saw someone being shot or stabbed	39	15.5	33	9.5	*	19	6.7	11	2.8	*
Someone pulled a knife on you	39	15.5	36	10.3		10	3.5	9	2.3	
Someone pulled a gun on you	27	10.7	26	7.5		9	3.2	9	2.3	
Shot by someone	6	2.4	2	.6		2	.7	2	.5	
Cut or stabbed by someone	9	3.6	4	1.1	*	4	1.4	3	.8	
Beaten up with nothing stolen	16	6.3	14	4.0		17	6.0	11	2.8	*
Beaten up and belongings stolen	8	3.2	5	1.4		6	2.1	3	.8	

^aData were missing for the twenty-four young men and twenty-nine young women who did not complete the ACASI portion of the interview.

The second set of questions dealt with sexual victimization. Seven items adapted from the Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) were used. Each item describes a specific way in which someone could be sexually victimized. Young adults in the Midwest Study were asked if they had experienced each type of sexual victimization since their last interview. There was little difference in the incidence of sexual victimization between the young women and the young men. Nine percent of the young women and 7 percent of the young men reported that they had experienced at least one of the seven types of sexual victimization about which they were asked.

Table 67. Sexual Victimization Since Last Interview

	Females ^a			Males ^a			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Male inserted sexual body part inside private sexual part, anus, or mouth when not desired	279	12	4.3	247	3	1.2	*
Individual inserted fingers or objects inside private parts or anus when not desired	277	8	2.9	248	4	1.6	
Individual put their mouth on private parts when not desired	276	5	1.8	248	5	2.0	
Individual touched private sexual parts when not desired	278	9	3.2	248	8	3.2	
Coerced to touch an individual's private sexual parts	275	7	2.5	248	2	.8	
Individual touched other private sexual parts when not desired	275	13	4.7	249	7	2.8	
Female put private sexual part inside her body when not desired		--	--	247			
Experienced any of the above		24	8.8		18	7.4	

^a Data were missing for the twenty-four young men and twenty-nine young women who did not complete the ACASI portion of the interview.

CIVIC PARTICIPATION

We asked the young adults in the Midwest Study a series of questions about their civic participation that young adults in the Add Health Study had also been asked. Young adults in the Midwest Study were less likely than their Add Health counterparts to report performing any unpaid volunteer or community service work during the past 12 months. Those who did perform any unpaid volunteer or community service work were most likely to have done something involving church groups, community centers, or youth organizations. There was relatively little difference between the two samples in their level of political participation. Nearly three-quarters of the young adults in both samples were registered to vote, but less than half had voted in the 2004 election. Very few young adults in either sample had contributed

money to a political party or candidate, contacted a government official, or attended a political rally.

Table 68. Civic Participation during Past 12 Months: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)		<i>p</i>
	#	%	#	%	
Performed unpaid volunteer or community service	120	20.3	217	29.2	*
Type of service performed:	<i>(n</i> = 120)		<i>(n</i> = 217)		
Youth organizations (e.g., Scouts)	28	23.3	59	27.3	
Service organizations (e.g., Big Brothers)	15	12.5	29	13.4	
Political clubs or organizations	6	5.0	17	7.8	
Ethnic-support groups (e.g., NAACP)	6	5.0	11	5.1	
Church groups	41	34.2	73	33.6	
Community centers	34	28.3	65	30.0	
Social action groups	9	7.5	37	17.1	
Educational organizations	22	18.3	63	29.0	
Environmental groups (e.g., Sierra Club)	12	10.0	18	8.3	
Registered to vote	413	70.0	550	73.9	
Voted in 2004 presidential election	255	43.2	309	41.5	
Contributed money to political party or candidate	14	2.4	12	1.6	
Contacted government official	18	3.1	20	2.7	
Attended a political rally or march	24	4.1	23	3.1	

Young adults in the Midwest Study were also asked about their political beliefs. Compared with their Add Health counterparts, young adults in the Midwest Study were less likely to report trusting the government and more likely to be uncertain or ambivalent about their political ideology and party identification.

Table 69. Political Beliefs and Identification: Former Foster Youth Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)		<i>p</i>
	#	%	#	%	
Strongly agree or agree:					
I trust the federal government	184	30.2	439	45.6	*
I trust my state government	234	39.5	371	49.8	*
I trust my local government	239	40.5	356	47.9	*
Political ideology					*
Very conservative	21	3.6	21	2.8	
Conservative	123	20.8	114	15.3	
Middle-of-the-road	193	32.7	406	54.6	
Liberal	82	13.9	118	15.9	
Very liberal	34	5.8	21	2.8	
Don't know/refused/NA	137	23.2	64	8.6	
Political party identification ^a					*
None	428	72.5	486	65.3	
Democrat	124	21.0	134	18.0	
Republican	21	3.6	102	13.7	
Other	8	1.4	10	1.3	

^a Add Health percentages may not add up to 100% because of a small amount of missing data.

RELIGION

Young adults in the Midwest Study were asked about their religious faith and participation. They were much less likely to have attended religious services during the past 12 months than their Add Health counterparts, but just over half of both samples reported that their religious faith was at least very important. In fact, young adults in the Midwest Study were more likely to report that their religious faith was more important than anything else.

Table 70. Religious Participation and Faith: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (<i>N</i> = 590)		Add Health (<i>N</i> = 744)		<i>p</i>
	#	%	#	%	
Number of times attended a religious service during the past 12 months ^a					*
Never	255	43.2	214	28.8	
A few times	145	24.6	186	25.0	
Several times	54	9.2	92	12.4	
Once a month	17	2.9	48	6.5	
Two or three times a month	44	7.5	73	9.8	
Once a week	41	6.9	91	12.2	
More than once a week	32	5.4	34	4.6	
Importance of religious faith ^a					*
Not important	75	12.7	112	15.1	
Somewhat important	199	33.7	235	31.6	
Very important	222	37.6	329	44.2	
More important than anything else	90	15.3	62	8.3	

^a Add Health percentages may not add up to 100% because of 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 orderly (Setterstein et al., 2005). Because much of the research on this transition has focused on youth in the general population, less is known about how it is experienced by vulnerable populations such as youth exiting foster care. For this reason, we asked the young adults in the Midwest Study a series of questions about how they experienced the transition to adulthood and compared their responses to the responses of their peers in Add Health.

Approximately two-thirds of the young adults in the Midwest Study thought they became socially mature and took on adult responsibilities faster than others their age. In this respect, they were not very different from their Add Health peers. They were, however, less likely than

their Add Health peers to think that they became socially mature and took on adult responsibilities more slowly than others their age, and they were more likely to think of themselves as being adults most or all of the time.

Table 71. Experiences with the Transition to Adulthood: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study (N = 590)		Add Health (N = 744)		<i>P</i>
	#	%	#	%	
Became socially mature					*
Faster than others	386	66.2	473	63.7	
About the same rate as others	165	28.3	59	8.0	
Slower than others	32	5.5	210	28.3	
Missing	7	-	2	-	
Took on adult responsibilities					*
Faster than others	398	67.9	506	68.2	
About the same rate as others	155	26.5	54	7.3	
Slower than others	33	5.6	182	24.5	
Missing	4	-	2	-	
Think of self as an adult					*
Never or seldom	29	4.9	69	9.3	
Sometimes	51	8.7	135	18.2	
Most or all of the time	507	86.3	539	72.6	
Missing	3		1		

LIFE SATISFACTION AND FUTURE ORIENTATION

We also asked the young adults in the Midwest Study a series of questions about their lives and their futures. Slightly more than three-quarters reported feeling satisfied or very satisfied with their lives as a whole. More than half reported that life has been better or much better since they exited foster care; relatively few reported that it had gotten worse or much worse. Most also reported feeling fairly to very optimistic about their futures.

Table 72. Life Satisfaction

	<i>N</i>	#	%
Satisfaction with life as a whole	586		
Satisfied or very satisfied		443	75.6
Neither satisfied nor dissatisfied		89	15.2
Dissatisfied or very dissatisfied		54	9.2
Missing		2	
Life since exiting foster care			
Better or much better		327	55.9
Sometimes better/sometimes worse		215	36.8
Worse or much worse		43	7.4
Optimism about the future	583		
Very optimistic		322	55.2
Fairly optimistic		191	32.8
Not very or not at all optimistic		70	12.0

Another way of looking at the direction in which these young adults think their lives are headed is to consider their responses to a set of questions that asked them to rate their likelihood of experiencing a particular event. Responses could range from 1 = almost no chance to 5 = almost certain. Although young adults in the Midwest Study were relatively optimistic about their prospects for the future, they were significantly less optimistic than their Add Health counterparts.

Table 73. Orientation toward the Future: Young Adults in the Midwest Study Compared with Add Health Young Adults

	Midwest Study			Add Health			p *
	<i>N</i>	Mean	S.D.	<i>N</i>	Mean	S.D.	
Live to 35	584	4.4	.79	741	4.7	.62	*
Divorced by 35	566	1.8	1.1	719	1.6	.94	*
Married within the next 10 years	536	3.4	1.4	644	3.9	1.1	*
Middle-class income by age 30	583	3.6	1.1	724	4.1	.99	*
More than middle-class income by age 30	580	3.3	1.2	735	3.5	1.1	*

MENTORING

We asked the young adults in the Midwest Study about mentoring relationships they may have had. Although a majority of these young adults reported that they had maintained a

positive relationship with a caring adult since age 14, they were less likely to do so than their Add Health counterparts. Young adults in both samples who did have a mentor were most likely to describe their mentor as a friend, a family member, or a teacher/counselor/coach. Seventy percent of the young adults in the Midwest Study who had a mentor reported that they still had telephone or e-mail contact with their mentor at least once a month, and more than half had in-person contact that frequently. Given this level of contact, it is probably not surprising that nearly three-quarters of the Midwest Study young adults who had a mentor felt quite or very close to him or her.

Table 74. Mentoring Relationships

	Midwest Study (<i>n</i> = 590)		Add Health (<i>n</i> = 744)		<i>P</i>
	#	%	#	%	
Maintained a positive relationship with a caring adult since age 14	352	60.3	572	77.4	*
Relationship to mentor					
Sibling	18	5.2	71	12.4	*
Grandparent or uncle/aunt	93	27.1	120	21.0	*
Teacher, counselor, coach	46	13.3	148	26.0	*
Clergy member	6	1.7	23	4.0	
Employer or co-worker	6	1.8	42	7.3	*
Friend	117	34.0	88	15.4	*
Neighbor or parent of friend	20	5.8	31	5.4	
Volunteer from mentoring program (e.g., Big Brothers, Big Sisters)	18	5.2	0	0	*
Social worker	20	5.8	3	0.5	*
Other	0	-	45	7.9	
E-mail or telephone contact with mentor					
Not at all to once a year or less	66	18.9	172	32.1	*
Every few months	39	11.1	67	12.5	
Monthly to every few weeks	50	14.3	71	13.2	
Weekly or more	195	55.7	226	42.2	

In-person contact with mentor					*
Not at all to once a year or less	103	29.4	162	30.0	
Every few months	43	12.3	98	18.1	
Monthly to every few weeks	55	15.7	52	9.6	
Weekly or more	149	42.6	228	42.2	
Closeness to mentor					*
Not at all to a little close	48	13.8	121	22.4	
Somewhat close	46	13.3	130	24.0	
Very or quite close	253	72.9	290	53.6	

CONNECTEDNESS

Because youth aging out of foster care have been identified as being at high risk of becoming disconnected young adults, that is, neither working nor enrolled in school (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy et al., 2001; Sum et al., 2003; Youth Transition Funders Group, 2004), we looked at the percentage of young adults in the Midwest Study who were connected to employment or to education at ages 19 and 21.

Females were more likely to be connected and experienced a greater increase in connectedness over time. At age 19, 54 percent of the males and 59 percent of the females were either working or enrolled in school. By age 21, these figures had risen to 60 percent and 69 percent, respectively.

Although many young adults combine work or school with parenthood, we broadened our definition of connectedness to include young adults who were parenting (i.e., living with one or more of their own children). With this more inclusive definition, the percentage of young women who were connected was considerably higher at both points in time. It has a much

smaller effect on connectedness among the young men, because they were much less likely to be parenting even if they had a child.

Table 75: Connected at Ages 19 and 21 by Gender (N = 590)

	Females				Males			
	Age 19		Age 21		Age 19		Age 21	
	#	%	#	%	#	%	#	%
Working or enrolled in school	164	58.6	194	69.3	125	53.9	138	59.5
Working, enrolled in school, or parenting	215	76.8	247	88.2	127	54.7	147	63.4

TRENDS OVER TIME

We have been tracking the outcomes of the young adults in the Midwest Study between the ages of 17 or 18 and age 21. An obvious question is whether any trends can be observed. To address this question we limited our analysis to the 512 young adults (70 percent of the original sample) who were interviewed at all three waves. We selected nine outcomes that are often cited as important markers during the transition to adulthood. Figures 1 through 6 demonstrate how the situation of these young adults has changed over time with respect to each outcome. Because one would expect to find gender differences in some of these outcomes, results are shown separately for females and for males.

Trends in school enrollment and educational attainment.

There was a large increase in the percentage of young adults who had a high school diploma or GED over time (See Figures 1 and 2). By age 21, 81 percent of the young women and three quarters of the young men had a high school diploma or a GED. There was a much smaller increase (in absolute terms) in the percentage of young adults who had ever attended college,

and the percentage enrolled in college peaked at age 19. Young women (38%) were more likely than young men (23%) to have ever attended college by age 21. The percentage of young adults enrolled in school or in a training program fell over time, but the decline was considerably larger among the young men.

Figure 1. Trends in Young Women's School Enrollment and Educational Attainment

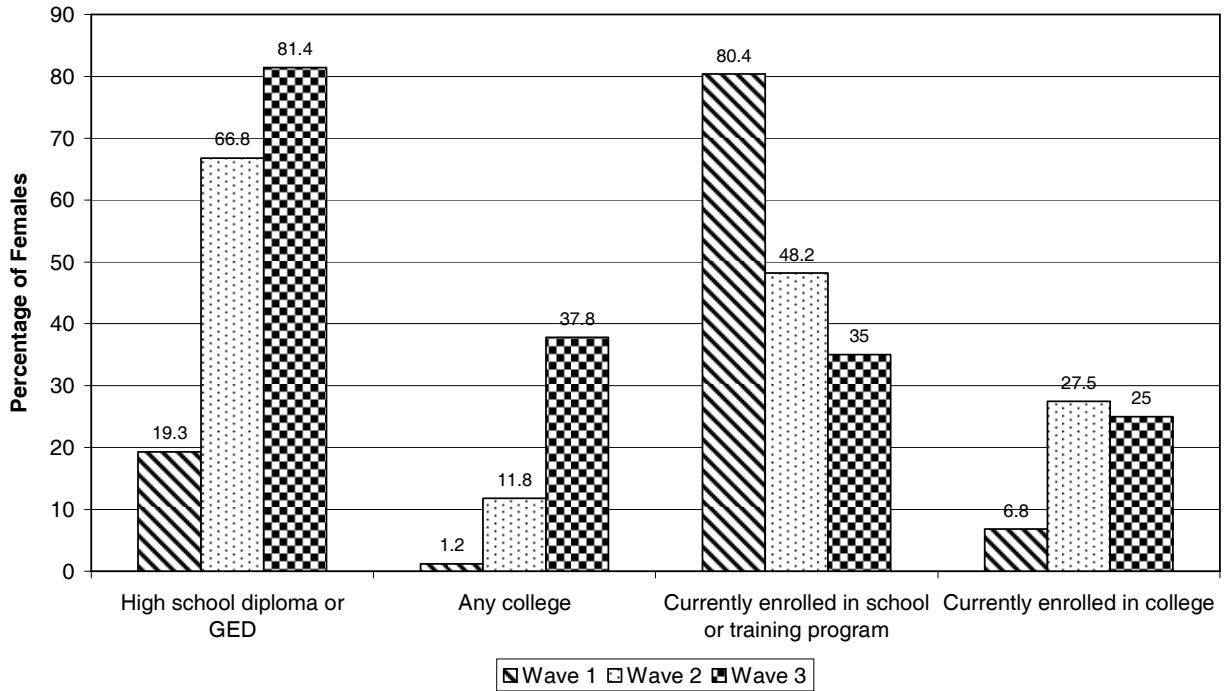
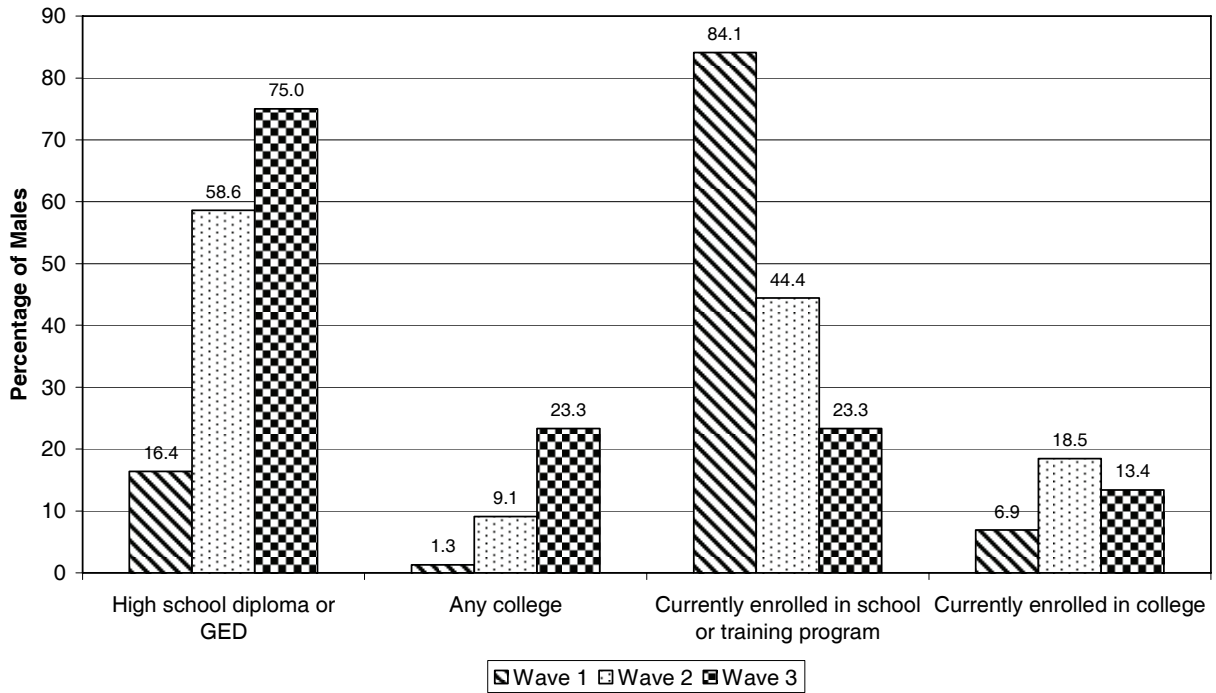


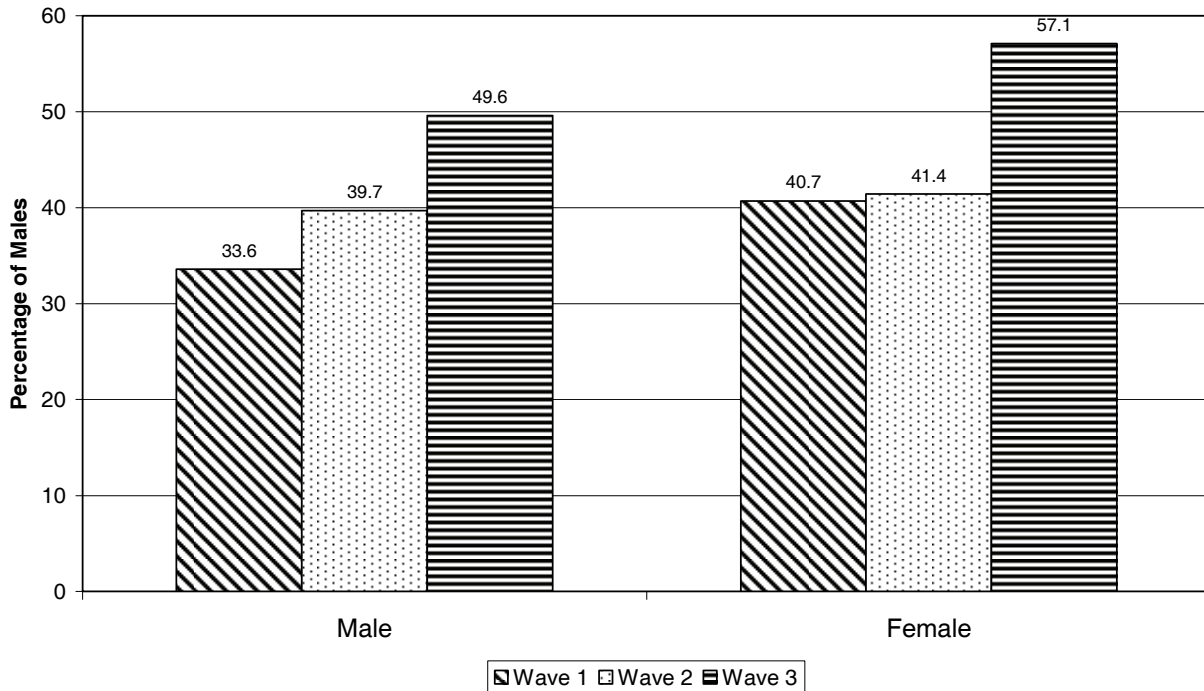
Figure 2. Trends in Young Men's School Enrollment and Educational Attainment



Trends in employment

There was an increase in the percentage of both young women and young men who were currently employed over time (See Figure 3). Notwithstanding this increase, a significant percentage of these young adults were still not working at wave 3 when they were 21 years old.

Figure 3. Trends in Current Employment by Gender



Trends in family formation.

Only a small percentage of these young adults were married by age 21, and females were more likely to be married than males at both waves 2 and 3 (See Figures 4 and 5). Cohabitation was much more common, especially at wave 3, when 32 percent of the young women and 22 percent of the young men were married or cohabiting.¹⁷ About 20 percent of the young women and 6 percent of the young men were already parents at wave 1. Those percentages had more than doubled for the young women to 55 percent and more than quadrupled for the young men to 29 percent by age 21.

¹⁷ We do not have information about cohabitation at wave one.

Figure 4. Trends in Young Women's Family Formation

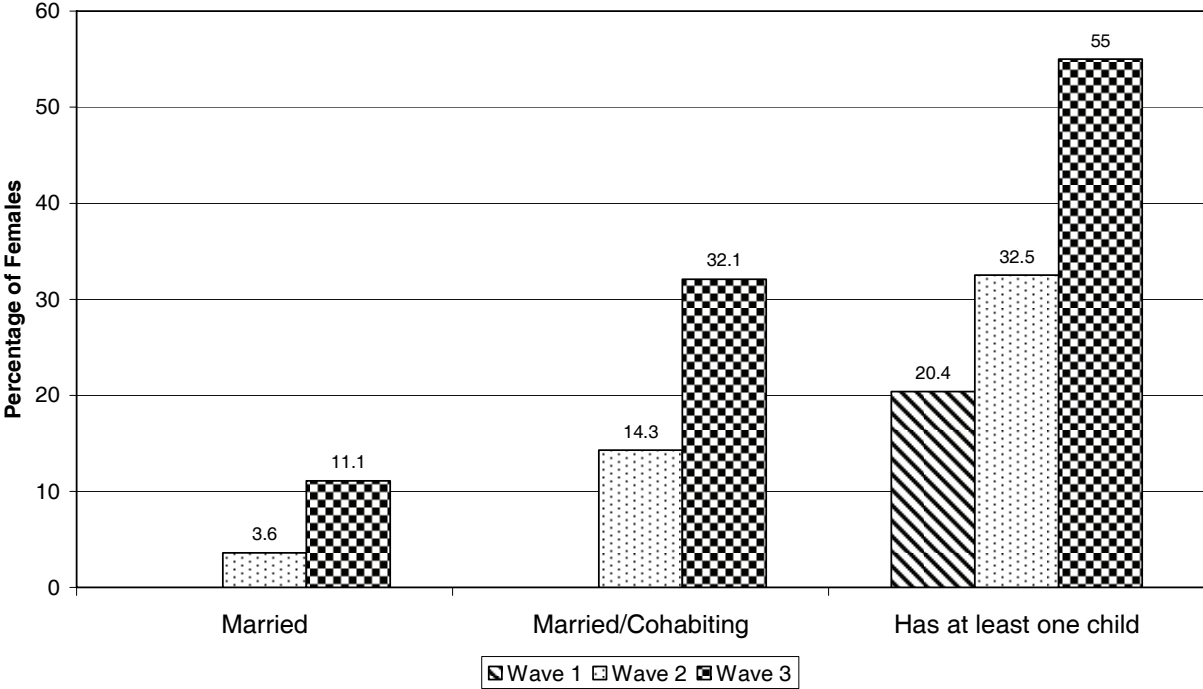
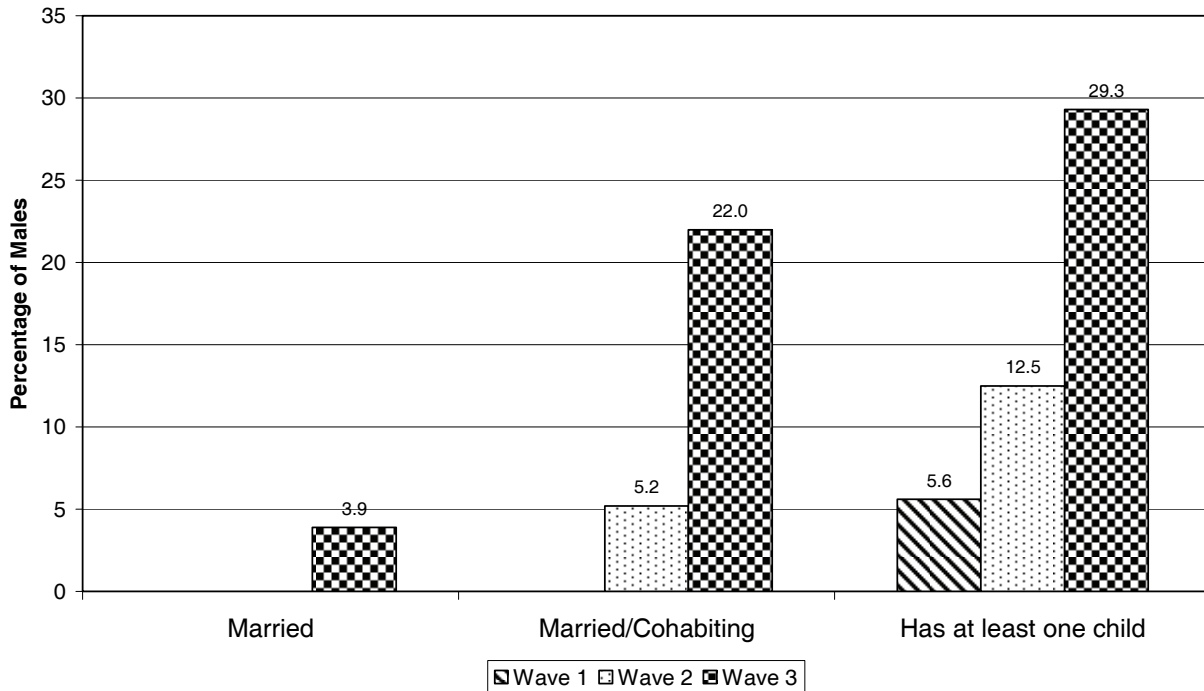


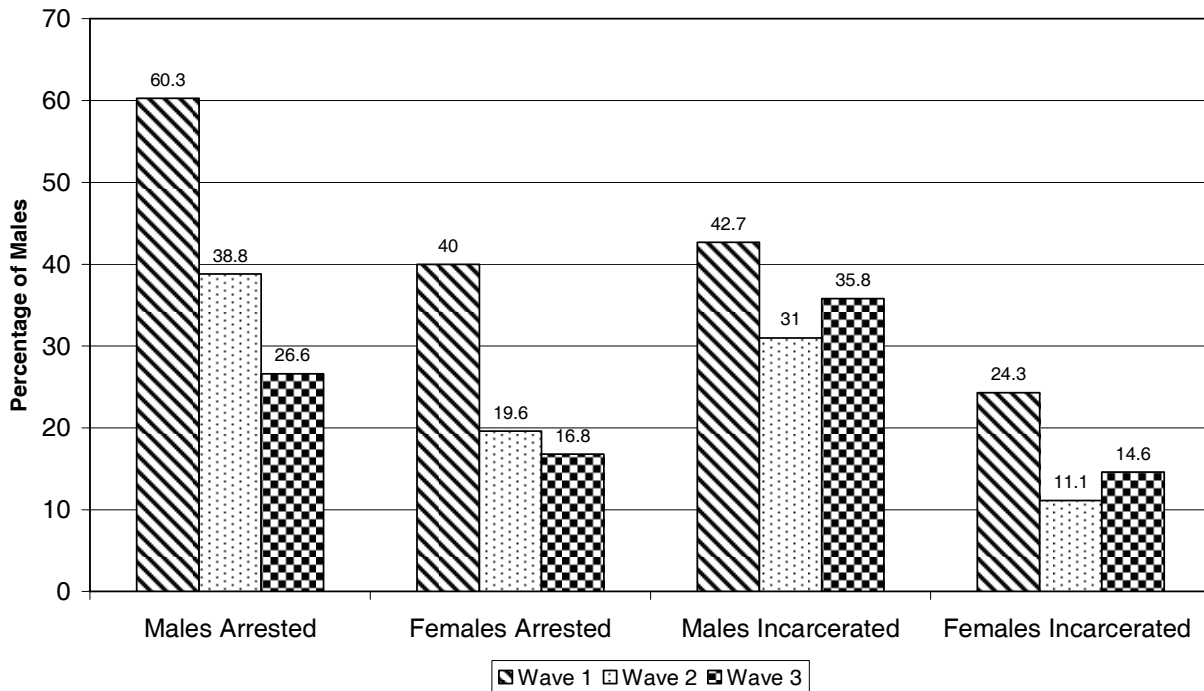
Figure 5. Trends in Young Men's Family Formation



Trends in criminal justice system involvement

Both young women and young men were much more likely to have been arrested prior to their wave 1 interview than between their wave 1 interview and their interview at age 19 (See Figure 6). They were even less likely to have been arrested between their interviews at age 19 and age 21. Although young adults of both genders were also more likely to have been incarcerated prior to their wave 1 interview than between their wave 1 interview and their interview at age 19, this downward trend did not continue between waves 2 and 3..

Figure 6. Trends in Criminal Justice Involvement by Gender



DISCUSSION AND NEXT STEPS

How should the descriptive findings presented here be interpreted? Are they evidence of the need for a call to action on behalf of foster youth making the transition to adulthood or, alternatively, are the outcomes of these young people all that should be expected given the difficulties they experienced prior to entering out-of-home care? We believe that our findings illustrate the inadequacy of current efforts to prepare young people in state care for a successful transition to adulthood. If the outcomes of these young adults were assessed through the same lens that most U.S. parents would use to view the progress of their own children, the findings presented here should be very troubling. On many dimensions that would be of concern to the typical parent, these young people are faring poorly as a group. In comparison with their peers,

they are, on average, less likely to have a high school diploma, less likely to be pursuing higher education, less likely to be earning a living wage, more likely to have experienced economic hardships, more likely to have had a child outside of wedlock, and more likely to have become involved with the criminal justice system.

However, concern about these young adults should not be based solely on how they are faring relative to their peers. Rather, we should also be concerned about the large percentage who have experienced outcomes that do not bode well for their future or the future of their children. For example, too many of the young men have been involved with the criminal justice system as adults. Similarly, too many of the young women who are raising children are doing so on their own and are dependent on needs-based government support.

To be sure, the young adults who have been participating in the Midwest Study are not a monolithic group. Some have made significant progress toward self-sufficiency. They are working or continuing their education. They have a stable place to live and have avoided both criminal justice system involvement and early parenthood. It is also important to acknowledge the strengths that many of these former foster youth appear to share. As a group, they continue to exhibit extraordinary optimism and high aspirations. In addition, many have maintained close relationships with members of their biological family and with adult mentors.

This report is descriptive rather than explanatory in nature. Future directions for policy and practice will become clearer as we examine predictors of transition outcomes for the young people in our study and identify potentially effective avenues for intervention. Nevertheless,

we believe that two observations warrant the immediate attention of the child welfare services community.

First, there is sobering evidence that foster youth are not acquiring the life skills they will need during the transition to adulthood. Although the language of the Foster Care Independence Act makes clear that states should continue to provide independent living services to young people through age 21, even if they are no longer in care, our results suggest that all too often this is not happening, and that the implementation of that legislation may be falling far short of its intent. Young people in our study reported little in the way of independent living services receipt between 19 and 21. Moreover, most of what they received was provided before they were discharged from care (i.e., to Illinois youth who remained in care past their twentieth birthday).

To be sure, evidence of the effectiveness of independent living services is virtually nonexistent, calling into question whether provision of such services would improve the outcomes of youth transitioning to adulthood from foster care (Montgomery, Donkoh, & Underhill, 2006). It may also be the case that many foster youth in transition do not make use of services that are made available to them. Still, nearly two-fifths of the young people report that there was some kind of assistance not offered to them that would have helped them prepare for independence.

Second, our data highlight the need for child welfare practice and policy to pay closer attention to the family connections of foster youth. One-quarter of the young people in our

study were living with a parent or other relative at age 21. Three-quarters felt very close to at least one biological family member and more than four-fifths were in contact with a member of their biological family at least once a week. In addition, many of these young people were receiving concrete assistance from their families. Family members often provided child care for the young parents in our study and homes for their nonresident children. One need not believe that relationships between these young people and their families are uniformly beneficial to conclude that policymakers, child welfare practitioners, and the courts should give more consideration to these family ties. That these ties are not being given adequate consideration is evidenced by the fact that nearly half of the young people in our study reported that the rights of their parents had been terminated by the juvenile court.

The descriptive findings presented in this report raise further questions about the transition to adulthood among young people aging out of foster care. First, what are the predictors of transition outcomes for this vulnerable population? What risk or protective factors distinguish those on track to become self-sufficient young adults from those who seem to be headed down less promising pathways? What internal or external resources allowed the former to overcome the various challenges that typically confront youth aging out of foster care—in other words, what made them *resilient*? We will continue to conduct analyses to help answer these questions, and these answers may suggest avenues for intervention

Second, do foster youth benefit during the transition to adulthood if the state continues its role as parent beyond age 18? Currently states are not entitled to IV-E federal reimbursement

for services provided to foster youth who are older than 18. However, pending legislation (i.e., S. 1512) would extend the IV-E entitlement to foster youth between the ages of 18 and 21. The introduction of this legislation suggests that policy makers are beginning to rethink the government's responsibility to support foster youth during the transition to adulthood.

The Midwest Study has much to contribute to the debate that is likely to arise over this issue. Indeed, it is the only that study that can compare the outcomes of young adults in a state where foster youth can remain under the care and supervision of the child welfare system until age 21 (i.e., Illinois) to those of young adults in states where that has not been an option (i.e., Iowa and Wisconsin).¹⁸

The comparisons we made in our wave 2 report between the young adults who were still in care at age 19 and those who had already left suggested that foster youth stood to benefit if they were allowed to remain under the care and supervision of the child welfare system beyond age 18,. We are currently in the process of examining whether extending care beyond age 18 leads to better outcomes during the transition to adulthood, and, if so, whether the benefits of doing so outweigh the costs. Preliminary analysis suggests that at least some of the apparent benefits of extending care continue through at least age 21.¹⁹ .

However, for at least some outcomes of interest, it may be too soon to observe an effect. One reason is that many of the Illinois youth did not exit care until just a few months before

¹⁸ In 2006, Iowa's child welfare statute was amended to create a program that provides continuing support to former foster youth who are at least 18 years old but not yet 21 under certain circumstances. However, the Iowa youth participating in the Midwest Study were too old to benefit from this program when it was implemented.

¹⁹ See [Issue Brief]

their wave 3 interview. Another is that certain benefits may only be realized after other outcomes have been achieved. In particular, our earlier analyses suggested that young adults were more likely to be enrolled in college if they were still in care at age 19. Although college enrollment should have positive effects on employment and earnings over the long term, there may be a tradeoff between postsecondary education and labor market outcomes at age 21, particularly if the college-educated young adults are still in school. Thus, it may be necessary to follow these young adults for several more years before any valid conclusions can be drawn about the potential benefits of extending foster care

REFERENCES

- American Psychiatric Association (1994). *Diagnostic and Statistical Manual*, 4th ed Arlington, VA: APA.
- 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.
- Blome, W. (1997). What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work, 14*, 41–53.
- 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.
- Courtney, M.E., 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.E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M.E., & Hughes Huring, D. (2005). The transition to adulthood for youth “aging out” of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. Ruth (Eds.), *On Your Own Without a Net: The Transition to Adulthood for Vulnerable Populations*. Chicago: The University of Chicago Press.
- Courtney, M.E., Terao, S., & Bost, N. (2004). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of the Youth Preparing to Leave State Care*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Dworsky, A., Courtney, M.E., & Zinn, A. (2007). Child, parent and family level predictors of child welfare services involvement among TANF applicant families. *Children and Youth Services Review, 29*, 802-820.
- Fields, J. (2003). *America’s Families and Living Arrangements: 2003*. Current Population Reports, P20-553. U.S. Census Bureau, Washington, DC.

- Goldscheider, F., & Goldscheider, C. (1999). *The changing transition to adulthood: Leaving and returning home*. Thousand Oaks, CA: Sage Publications.
- Gribble, J. N., Miller, H. G., Rogers, S. M., & Turner, C. F. (1999). Interview mode and measurement of sexual behaviors: Methodological issues. *The Journal of Sex Research*, 36, 16-24.
- Harris, K., Florey, F., Tabor, J., Bearman, P., Jones, J., & Udry, J. R. (2003). *The National Longitudinal Study of Adolescent Health: Research Design*. Available: <http://www.cpc.unc.edu/projects/addhealth/design>.
- 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.
- McMillan, C. J., & Tucker, J. (1999) The status of older adolescents at exit from out-of-home care. *Child Welfare* 78(3), 339-359.
- Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: The state of the evidence. *Children and Youth Services Review*, 28, 1435-1448.
- Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., Hiripi, E., White, C. R., Wiggins, T., & Holmes, K. E. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.
- Pecora, P. J., Williams, J., Kessler, R. J., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Seattle, WA: Casey Family Programs.
- 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.
- Schoeni, R. & Ross, K. (2004). Material assistance received from families during the transition to adulthood. In R. Settersten, Jr., F. Furstenberg, Jr., and R. Rumbaut (Eds.). *On the*

- Frontier of Adulthood: Theory, Research, and Public Policy. Chicago: University of Chicago Press.
- Settersten, R., Furstenberg, F. F., & Rumbaut, R. G. (Eds.) (2005). *On the frontier of adulthood: Theory, research, and public policy*. Chicago: University of Chicago Press.
- 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 Science Medicine*, 32 (6), 705-714.
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (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.
- 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.
- Turner, C. F., Ku, L., Rogers, S. M., Linderg, L. D., Pleck, J. H., & Sonenstein, F. L. (1998). Adolescent sexual behavior, drug use, and violence: Increased reporting with computer survey technology. *Science*, 280, 867-873.
- 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>
- U.S. Department of Health and Human Services (2006). *The AFCARS report: Preliminary estimates for FY 2005 as of September 2006*. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved August 9, 2007 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm
- U.S. House of Representatives (2004). *2004 Green Book: Overview of Entitlement Programs*. Washington, DC: Government Printing 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.

Appendix A

Outcome of Baseline Field Period

	IL	IA	WI	Total
Completed interviews	474	63	195	732
Eligible but not interviewed				
Care provider refusal	2	0	1	3
Respondent refusal	5	1	1	7
Contact with care provider or informant but not respondent	6	0	2	8
Unable to reach respondent after prior contact	2	0	1	3
Respondent no-show for appointment	1	0	0	1
Respondent out of state or country after start of field period	2	0	0	2
Respondent runaway after start of field period	2	0	0	2
	20	1	5	26
Not interviewed and eligibility unknown				
No attempt to contact respondent	1	0	0	1
Unable to reach respondent	0	1	0	1
Unable to locate address or valid contact information not available	2	4	1	7
	3	5	1	9
Not eligible to be interviewed				
Respondent physically or mentally unable to complete interview	17	1	16	34
Respondent runaway or missing prior to start of field period	13	1	1	15
Respondent out of state prior to start of field period	11	0	1	12
Respondent incarcerated prior to start of field period	38	1	1	40
Other eligibility issue	5	2	1	8
	84	5	20	109
Total	604	80	227	911



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