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The findings reported herein were performed with the permission of the California Department of Social Services. The opinions and conclusions expressed herein are solely those of the authors and should not be considered as representing the policy of the collaborating agency or any agency of the California government.

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Introduction

Recently there has been a fundamental shift toward greater federal responsibility for supporting foster youth during the transition to adulthood. The Fostering Connections to Success and Increasing Adoptions Act of 2008 ("Fostering Connections Act") amended Title IV-E to extend the age of Title IV-E eligibility from 18 to 21 years old. States may now claim federal reimbursement for the costs of foster care maintenance payments made on behalf of Title IV-E–eligible foster youth until they are 21 years old. While states have the *option* to extend care under the new provisions of the Fostering Connections Act, they are not required to do so.

The California Fostering Connections Act and subsequent amendments to state law extended foster care for eligible youth to age 21. Although over half of all states have adopted legislation to take up the Fostering Connections Act option of extending care past age 18 and others are considering doing so, California is arguably the most important early adopter of the new policy. California has the largest state foster care population in the US, lending national significance to what happens in California's child welfare system. Moreover, many other states that decide to extend care will be required to implement, in some form, the kinds of changes in state laws and regulations now being implemented in California. Extending foster care to age 21 means that county child welfare agencies and allied institutions in California have entered a brave new world of "corporate parenting" of young adults (Courtney, 2009). Child welfare agencies, courts, other public institutions, and private sector service providers are now coming to grips with their collective responsibility for providing care and supervision to adults rather than minors—something with which most of these institutions have limited experience. Policymakers, program developers and administrators, and advocates have much to learn from how California implements extended foster care and how the new policy regime influences adult outcomes for foster youth making the transition to adulthood.

This report presents findings from the *CalYOUTH Wave 3 Youth Survey*. CalYOUTH (the California Youth Transitions to Adulthood Study) is an evaluation of the impact of the California Fostering Connections Act on outcomes during foster youth's transition to adulthood. CalYOUTH includes collection and analysis of information from three sources: (1) transition-age youth, (2) child welfare workers, and (3) government program data. The study, directed by Dr. Mark Courtney at the University of Chicago and conducted in collaboration with the California Department of Social Services and County Welfare Directors Association of California (CWDA), is being carried out over a 6-year period from 2012–18.

The study addresses three research questions:

- Does extending foster care past age 18 influence youth's outcomes during the transition to adulthood (e.g., outcomes in education, employment, health, housing, parenting, and general well-being)?
- What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care?
- How do living arrangements and other services that result from extending foster care influence the relationship between extending care and youth outcomes?

To help answer these questions, CalYOUTH is following youth through age 21 using in-person interviews at ages 16–17, 19, and 21. In addition, CalYOUTH conducted online surveys of California child welfare workers in 2013 and 2015. The surveys obtained caseworker perceptions of key characteristics of the transition-age youth they served and of the service delivery context of extended foster care (e.g., availability of transitional living services, coordination of services with other service systems, county court personnel, and youth attitudes toward extended care). Government administrative data pertaining to several outcome areas (e.g., education, employment, receipt of government aid) are also being analyzed to help understand the impact of extended care on the health and well-being of young adults. Findings from the child welfare worker surveys and analysis of administrative data are summarized in separate reports.

The *CalYOUTH Wave 3 Youth Survey*, conducted when the young people participating in CalYOUTH were 21 years old, follows up on surveys of the same young people when they were approaching the age of majority in California's foster care system (Courtney, Charles, Okpych, Napolitano, & Halsted, 2014) and again when they were 19 years old (Courtney et al., 2016). Results from the *CalYOUTH Wave 3 Youth Survey* are summarized in this report. The report provides feedback for all parties interested in improving youth's transitions from foster care to adulthood.

Study Overview

Methods

This section provides a description of the creation, administration, and analysis of the third round of interviews with young people participating in the California Youth Transitions to Adulthood Study. The responses provided by the 616 participants are intended to represent the experiences and views of 21-year-olds who were in the California foster care system in their late adolescence. All of the study participants were no longer in foster care at the time of their interview.

Instrument Design

The study was designed to provide a rich description of the characteristics and circumstances of young adults who were in California foster care during their late adolescence. Many of the questions included in the third interview are the same or similar to those asked during the second interview, when participants were 19 years old. In some cases, we adapted or expanded the questions so that they were developmentally appropriate for young adults. For example, in this survey, the romantic relationships and pregnancy and parenting sections go into greater detail than in the second survey. The *CalYOUTH Wave 3 Youth Survey* was developed over several months and includes items from a variety of sources. In addition to drawing on questions from the *CalYOUTH Wave 2 Youth Survey* (Courtney et al., 2016), we incorporated standardized instruments to formally assess areas of functioning such as mental health and alcohol and substance use disorders. Survey items were also taken from large-scale studies of adolescents and young adults, such as the National Longitudinal Survey of Youth, the National Longitudinal Study of Adolescent Health, the Panel Study of Income Dynamics, and the National Youth in Transition Database. In a few cases, items were modified to adapt to the population of youth in foster care (e.g., adding types of living arrangements that are not typically used by youth who are not in state care). Finally, study-specific items were created that capture information pertinent to the overall aims of the CalYOUTH

Study. For example, a number of questions were developed to assess respondents' perceptions about their involvement with child welfare professionals and the court personnel while in extended foster care. A list of the sources of the items included in the *CalYOUTH Wave 3 Youth Survey* instrument and brief descriptions of the sources is presented in Appendix A. The final version of the survey included over 20 content areas and was designed to take approximately 75 to 90 minutes to complete.

Certain sections of the study contained items that were sensitive in nature, including questions involving sexuality and pregnancy, intimate partner violence, crime and justice system involvement, victimization and sexual abuse, suicide, and mental health and substance use. These sensitive questions were administered using Audio-Enhanced, Computer-Assisted Self-Interviewing (ACASI). ACASI is a state of the art, computer-assisted self-interviewing procedure for asking sensitive questions in a respectful and confidential manner. Youth were provided headphones and a laptop computer so they could listen and respond to questions privately without involvement of the interviewer.

Sample Selection

Youth were eligible to participate in the *Baseline Youth Survey* if they were between 16.75 and 17.75 years of age at the time of the sample draw and had been in the California foster care system under the supervision of county child welfare agencies for at least six months.[1] Administrative records from the California Department of Social Services (CDSS) were first used to create a sampling frame of youth who met the age and time-in-care criteria above (n = 2,583). A stratified random sampling design was used to select participants. Six strata were created based on the number of eligible youth in the county, ranging from Stratum 1 (1 to 6 eligible youth) to Stratum 5 (107 to 187 eligible youth). Stratum 6 consisted of Los Angeles County. A predetermined proportion of youth were then randomly selected from each stratum in order to ensure that smaller counties were adequately represented in the study. The initial sample included 880 young people who met the original study criteria. Of these 880 youth, 117 were found to be ineligible during the field period for various reasons (i.e., physically or mentally unable to participate, youth who were on runaway status for at least two months, incarcerated, returned home for at least two months, and/or relocated out of state). From the remaining 763 eligible adolescents, a total of 732 youth, or 95 percent of the eligible sample, completed baseline interviews in 2013. These youth resided in 51 of

[1] Probation wards were not included in the CalYOUTH youth survey. Some probation wards are eligible for extended foster care in California. Nevertheless, they differ from youth whose care is supervised by child welfare agencies in the reasons for their placement in government care, what they are expected to do to remain eligible for extended care, and, in most counties, the public agencies that oversee their care. Because of this, their experience of extended care warrants distinct attention; they should not be treated as simply a subgroup of foster youth. Unfortunately, at the time CalYOUTH was being planned it became clear that it was not feasible for many county probation departments to provide the level of cooperation needed to mount an in-person survey of 16- and 17-year-old probation wards. However, CalYOUTH is examining the transition to adulthood under extended foster care for probation wards. Government administrative data on outcomes such as college enrollment, employment and earnings, and crime will be used to study this transition.

California's 58 counties, and most respondents were 17 years old at the time of the interview. These youth represent nearly 2,500 adolescents in California foster care. Of the 727 young people who completed the baseline interview, four respondents asked not to be contacted for follow-up interviews and two youth passed away in between the time of the baseline and Wave 3 interviews. The remaining 721 young people were eligible to participate in the *CalYOUTH Wave 3 Youth Survey*.

Survey Administration

Prior to data collection, study approval was obtained from the University of Chicago Institutional Review Board and the California Committee for the Protection of Human Subjects. The instrument was also approved by the Data Protection Committee of the CDSS. The University of Wisconsin Survey Center (UWSC) was contracted to conduct the in-person interviews. Youth selected into the study were mailed an advance letter containing a five-dollar bill to introduce the study. The letter explained that an interviewer would be in contact with the youth in two to four weeks. Efforts were first made to contact participants via phone to obtain initial consent to participate in the study and to arrange the in-person interview. If a youth did not answer the phone, messages were left for the youth, and the youth had the option to return the phone call to a toll-free number or to send a text message. When participants could not be reached by phone, interviewers made an in-person visit to the home. If none of these direct attempts were successful in reaching the participant (i.e., the participant did not answer the phone, was not at home, and did not return phone messages), then interviewers contacted other individuals provided by the youth during prior interviews and asked for assistance in contacting the young person. Youth who were living out of state completed the interviews over the telephone.

We also prepared for instances of youth who were incarcerated in a county jail, state prison, federal prison, or some other correctional facility at the time of the Wave 3 field period. We made every effort to interview incarcerated participants. Written approval was obtained from the deputy director of the California Department of Corrections and Rehabilitation (CDCR), granting CalYOUTH Study interviewers permission to enter correctional facilities and interview study participants. In accordance with requests made by the University of Chicago Institutional Review Board, separate consent forms were created that addressed different interview circumstances.[2] Five youths who participated in the third interview wave were incarcerated at the time of the interview. Twelve additional youths were incarcerated during the field period and it was not possible to interview these youths.

[2] For example, inmates in state prisons were not allowed to receive incentives for participation in research under any conditions, while youth in other facilities may have been able to accept incentives. Some facilities required guards to be within earshot of the inmate while other facilities did not. Finally, some facilities would not permit interviewers to bring laptop computers onto the premises. Several different consent forms that reflected the different combinations of these circumstances were created and the consent form that matched the interview circumstances was administered.

Data were collected by UWSC interviewers on fully encrypted laptops and interviewers signed confidentiality agreements during training. Prior to beginning the interview, the interviewer reviewed a consent form with the youth that contained two types of permission in addition to the consent to participate in the in-person interview: permission to record the interview for research purposes and permission to contact the young adult in the future. Respondents were informed that they could refuse to answer any given item or withdraw from the study at any time. Participants were offered a $75 cash incentive paid by the interviewer at the end of the interview. For telephone interviews, UWSC sent a physical copy of the consent form to the respondent prior to the interview; however, a signed consent form returned to UWSC was not required. The interviewer also read an abbreviated consent script aloud to the respondent prior to the start of the interview.

Interviewing for Wave 3 of the CalYOUTH Study occurred from March 21, 2017 to December 8, 2017. UWSC employed 14 field interviewers across the state of California. Cases were fielded in three batches, according to the birthdate of the youth and the time they had last been in foster care. The goal was to field as many cases as possible to maximize efficiency and increase the time available to contact youth multiple times (if needed). Additionally, UWSC attempted to interview young people when they were 21 years old. Thus, youth whose 22nd birthdays were approaching were given high-priority status, as were youth who exited foster care at earlier ages. About 90 percent (n = 553) of the completed interviews took place when the respondent was 21 years old; the remaining interviews (n = 63) took place within the first few months of respondents' 22nd birthday.

Response Rate

As displayed in Table 1, the original sample of eligible participants for the CalYOUTH Study included 763 adolescents between ages 16.75 and 17.75 at the time the sample was drawn. Over 95 percent of these young people participated in the Wave 1 interviews. A total of 616 youth completed the Wave 3 interviews in 2017 (610 complete interviews and 6 partial interviews), or just under 81 percent of the original sample that met the study's eligibility criteria and about 85 percent of the adolescents who completed the Wave 1 interview.

Table 1. Wave 3 Response Rate

	n	% of Eligible Wave 1 Sample (*n* = 763)	% of Wave 1 Respondents (*n* = 727)
Completed Wave 1 interview	727	95.3	100.0
Completed Wave 3 interview	616	80.7	84.7

Participation in the Wave 3 interviews also differed by foster care status at age 21. About 45 percent of young people who did not participate in Wave 3 interviews were in care on their 21st birthday, which was lower than the 68 percent of Wave 3 participants who were still in care on their 21st birthday ($F = 16.4$, $p < .001$; see Table 2). Said differently, 75.5 percent of youth who left care before age 21 participated in the Wave 3 interview and 88.8 percent of youth who remained in care until their 21st birthday completed the Wave 3 interview. Response rates varied between the six-county strata that were used for the creation of the original sample, ranging from 81.2 percent to 91.0 percent.[3] However, none of these differences were statistically significant.

Table 2. Wave 3 Response Rate by In-Care Status at Age 21[a]

	Out of Care		In Care	
	n	%	*n*	%
Did not complete Wave 3 interview	60	55.2	46	44.8
Completed Wave 3 interview	201	32.4	415	67.6

Note: Unweighted frequencies and weighted percentages.

[a] For youth who participated in the Wave 3 interviews, their foster care status on their 21st birthday was determined by administrative data from the California Child Welfare Services Case Management System (CWS/CMS) and verified with self-report data collected from the Wave 3 interviews. For youth who did not participate in the Wave 3 interviews, their foster care status on their 21st birthday was based on CWS/CMS administrative data only. Of the 727 youth who completed the Wave 1 interview, two youth had become deceased and three youth did not participate in the Wave 3 interview and did not grant permission to access their administrative CWS/CMS data. These five youth were excluded from the information presented in Table 2, leaving 722 youth.

Table 3 compares several demographic characteristics of youth who participated in the Wave 3 interview with nonparticipants. Overall, the two groups were similar in terms of age at the baseline interview, race, ethnicity, and their placement type at the baseline interview. There were no statistically significant differences between the groups in terms of these characteristics. However, there were significant differences by gender. Compared to females, males were overrepresented in the nonparticipant group and underrepresented in the participant group. Said differently, about 87 percent of the females interviewed at

[3] The following are the Wave 3 response rates for each stratum. Stratum 1 (counties that had 1 to 6 eligible youth in the baseline sample): 86.2 percent. Stratum 2 (counties with 7 to 19 eligible youth): 84.7 percent. Stratum 3 (counties with 20 to 35 eligible youth): 82.9 percent. Stratum 4 (counties with 36 to 99 eligible youth): 91.0 percent. Stratum 5 (counties with 100 or more eligible youth, except L.A.): 81.2 percent. Stratum six (just Los Angeles County): 82.1 percent.

baseline participated in the Wave 3 interviews, whereas only 78 percent of males interviewed at baseline participated in the Wave 3 interviews.

Table 3. Demographic Profiles of Wave 3 Participants vs. Nonparticipants

	Total Wave 1 Sample		Interviewed at Wave 3		Not Interviewed at Wave 3		*p*
	#	%	#	%	#	%	<.01
Gender							
Female	429	59.4	375	62.0	54	46.3	
Male	298	40.6	241	38.0	57	53.7	
Age at Wave 1							
16 years old	43	6.1	38	6.5	5	4.2	
17 years old	673	92.6	569	92.0	104	95.2	
18 years old	11	1.3	9	1.5	2	0.6	
Hispanic							
Yes	319	46.7	266	46.1	53	49.5	
No	398	52.0	342	52.6	56	48.8	
Don't know	10	1.4	8	1.3	2	1.7	
Race							
White	210	24.2	181	24.5	29	22.8	
Black	112	18.0	92	17.5	20	20.5	
Asian/Pacific Islander	18	2.2	15	1.8	3	4.2	
American Indian/Alaskan Native	26	3.6	23	3.9	3	2.0	
Mixed race	328	47.3	279	47.6	49	45.7	
Don't know/Refused	33	4.7	26	4.7	7	4.8	
Living situation at Wave 1							
Foster home without relatives	337	44.3	291	44.4	46	43.8	
Foster home with an adult relative	125	18.2	108	18.8	17	15.3	
Group care or residential treatment facility	164	24.1	129	22.9	35	30.0	
Legal guardianship arrangement	43	6.3	39	6.7	4	4.4	
Adoptive home	14	1.9	12	1.8	2	2.9	
Independent living arrangement	26	2.5	21	2.7	5	1.9	
Other	17	2.5	15	2.7	2	1.7	
Don't know	1	<0.1	1	<.1	0	0.0	

Note: Unweighted frequencies and weighted percentages.

Survey Weights

As mentioned above, a stratified random sampling design was used to select participants for the baseline interview. Sample weights were created for the baseline survey that took into account features of the sampling design and rates of nonresponse (see Courtney et al., 2014 for more details about the baseline survey weights). The Wave 3 survey weights account for both of these features of the baseline survey as well as nonresponse during the Wave 3 survey. This weighting procedure allows the participants'

responses to represent the population of young people in California who are 21 years old and who met the study's eligibility criteria.

Comparisons to National Samples

Over 80 questions were taken directly from Wave 3 of the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a longitudinal study of a nationally representative cohort of adolescents that collected data on multiple social contexts (e.g., family, neighborhood, school, peer groups, romantic partnerships) and health and health-related behaviors (Chen & Chantala, 2014). The initial cohort of participants included adolescents in grades 7 through 12 in the 1994–95 school year. Three subsequent waves of data collection took place, until the participants were in their mid-twenties and early thirties. Wave 3 Add Health interviews were conducted in 2001 and 2002. Although somewhat dated, Add Health offers one of the most comprehensive and nationally representative pictures of emerging adult social contexts and health and health-related behavior that is presently available. Weights included in the Add Health dataset were applied to adjust for study design effects. Only Wave 3 Add Health participants who fell within the age range of CalYOUTH respondents (21.0 to 22.4 years old) were included as part of the comparison group. Additionally, weights were created that standardized the age (by month) and gender distributions of Add Health participants to the age and gender distributions of CalYOUTH participants. This procedure ensures that differences observed between CalYOUTH participants and Add Health participants are not due to differences in age and gender.

Several questions in the Wave 3 report are compared to findings from the *Panel Study of Income Dynamics (PSID) Transition to Adulthood Supplement (TAS;* Beaule et al., 2017). The PSID is a longitudinal cohort study that collects information on a range of topics such as income, poverty, and health. The PSID study included a nationally representative sample of about 18,000 individuals in 5,000 households. The original sample included up to two children from each household who were between the ages of 0 to 12 in 1997. The TAS started in 2015 and collected data on a biennial basis as children in the study began making the transition to adulthood. Data analyzed in the current report were taken from the 2015 TAS interviews with participants who were 21 or 22 years old at the time of the interview. Weights included in the PSID TAS were used to adjust for study design effects. Additionally, weights were created that standardized the age (by year) and gender distributions of PSID participants to the age and gender distributions of CalYOUTH participants, which ensures that differences between the study are not due to differences in age or gender.

Results from the Add Health study and the PSID study are reported only when they are significantly different from CalYOUTH results ($p < .05$). Similar to CalYOUTH findings, we report unweighted sample sizes and weighted proportions/means, as well as statistically significant gender differences ($p <$

.05). Empty cells in tables where Add Health/PSID comparisons are made indicate CalYOUTH survey items in a particular domain for which Add Health/PSID data are unavailable.

Approximately 20 questions were also taken from the National Youth in Transition Database (NYTD). As part of the Foster Care Independence Act (FCIA) of 1999 and as clarified in a 2008 Final Rule, states receiving federal dollars to implement independent living services to adolescents likely to age out of foster care are required to create a system for tracking the receipt of the services funded under FCIA (Dworsky & Crayton, 2009). Additionally, in an effort to systematically assess outcomes across a number of domains, every three years states must collect data on a new cohort of 17-year-olds in foster care that will be interviewed again at ages 19 and 21. Baseline data from the first NYTD cohort was collected in fiscal year 2011 and follow-up interviews were completed in 2013 and 2015. Due to low response rates and large amounts of missing data in some states, national estimates based on NYTD data are unreliable and results from the first NYTD cohort are not reported here.[4] Although comparisons cannot be made, the data reported in CalYOUTH nevertheless provide a good picture of young people in California who were in foster care as adolescents on outcomes measured in NYTD. All items taken from the NYTD Outcomes survey are designated in the subsequent tables with an "N" superscript.

Notes on Tables and Results

In all of the tables below, the means and proportions are weighted using the survey weights described above, in order to account for features of the study design and nonresponse rates. In addition to weighted means and proportions, we also provide the unweighted frequencies of each response option (unweighted *n*'s). Thus, the percentage of the unweighted frequencies will usually not equal the weighted proportions due to the difference in survey weighting.

The majority of items had at least one respondent who provided a "don't know" or "refused" response. A few questions are missing data because a respondent was not asked the question during the interview (e.g., because of a survey administration error or issue with a survey skip pattern). However, most items are missing only a small proportion of data. For items where the proportion of missing data exceeded 10 percent—either due to "don't know" or "refused" responses or because the respondent was not asked the question—a footnote is included at the bottom of the table. Note that the unweighted frequencies do not include missing data. Thus, if a given item is missing data, the sum of the unweighted frequencies for all of the response options will not add up to the total number of youth intended to receive the question. For example, if a question intended for 616 youth had four respondents reporting "don't know" and one youth who was not asked the question, then the sum of unweighted frequencies for all of the response categories

[4] For example, the response rate for the Wave 3 interviews with the first NYTD cohort was 25 percent in California (National Data Archive on Child Abuse and Neglect, 2016).

will total 611. When calculating the weighted proportions, these five respondents would not be counted; only valid nonmissing responses were included in the calculation. As such, the weighted proportions will sum to 100 percent (except for minor deviations due to rounding).

Many questions in the report were asked of a subset of respondents (e.g., youth currently enrolled in college, pregnant females, etc.). When a question was asked of a subset of the sample, we indicate this by showing the number of youth for whom the question was intended in parentheses. As we described above, if some of the respondents answered "don't know" or "refused" or were not asked the question, the unweighted *n*'s will not total to the number in the parentheses.

Given the broad similarities between the content of Wave 2 and Wave 3 surveys, in the current report we attempted to mirror the organization and presentation of findings in the Wave 2 descriptive report (Courtney et al., 2016) as much as possible. This makes it easier to compare findings between the two reports. Thus, much of the language from Introduction and Findings sections in the Wave 2 report has been carried over to the Wave 3 report.

Comparisons by Gender and Race/Ethnicity

In addition to providing overall estimates, we also assessed whether significant differences were present by gender (male vs. female) and race/ethnicity groups.[5] The Fischer's exact statistic and p-value threshold are provided throughout the report to indicate statistically significant ($p < .05$) group differences.[6] For cases where the outcome of interest was continuous, an ANOVA test was first conducted to identify the presence of between-group mean differences. If the ANOVA test was statistically significant, groups were compared using regression analyses to identify the specific group differences.[7] A similar procedure was used to identify the presence of between-group differences for binary outcome variables (using a chi-square test instead of an ANOVA test). For comparisons where the outcome of interest had multiple categories, we first used a chi-square test to identify the presence of an overall association between the categories of the two variables, and then examined specific categories to identify significant differences.[8]

[5] A single variable was created that combined information on the youth's race and ethnicity, which includes the following categories: white, African American, multiracial, Hispanic, and "other" (Asian/Pacific Islander/Native American/Alaskan Native). If a youth indicated that they were Hispanic on the survey question about ethnicity, they were coded as Hispanic in the composite race/ethnicity variable.

[6] The F-test is used to examine group differences on a continuous outcome. It tests whether the means of the groups are significantly different from one another. When more than two groups are being compared, a significant F-statistic indicates that at least two (but possibly more) groups differ in their means of the outcome. As explained in the next footnote, regression analyses were used to pinpoint which groups were significantly different from one another.

[7] Note that the second step—using regression analyses to identify specific between-group differences—is only necessary for race/ethnicity comparisons. For gender and in-care comparisons, there are only two groups, so the ANOVA test is sufficient.

[8] The 95 percent confidence intervals of each response category were compared across groups to identify cases in which the intervals did not overlap. This is a more conservative approach than jointly testing group differences, but given the large number of comparisons being made, we thought it to be sensible.

There were situations in which the data were sparse (e.g., analyses involving a small subgroup, or analyses involving race/ethnicity groups with variables that had several categories) and the statistical test results may be unreliable. Thus, when more than 20 percent of data cells had expected counts less than five, we do not report results (McHugh, 2013).

When there were few statistically significant group differences for the items in a given table, then the significant group differences are reported in the written text. However, when there were several group differences in a table, then extra columns were added to the table to display all of the results for those groups. Asterisks are used in the tables to indicate items for which there were statistically significant differences between groups. *Throughout the report, we only include group differences that are statistically significant ($p < .05$). If no group differences are reported for a given item, either in a table (with asterisks) or in the written text, then no statistically significant group differences were found for that item.*

Study Limitations

The study's sampling strategy, high response rate, and weighting of survey responses means that the descriptive statistics reported below are likely a fairly good representation of what we would have found had we obtained responses from all youth in California meeting the baseline study criteria (Courtney et al., 2014). Nevertheless, several study limitations should be kept in mind when interpreting the findings of the *CalYOUTH Wave 3 Youth Survey*. First, although close to 85 percent of young people who participated in the baseline interview also completed Wave 3 interviews, we do not know the extent to which their responses to survey items would differ from those of young people who did not participate. Wave 3 participants and nonparticipants were similar across a number of demographic characteristics, but they did differ in terms of gender (participation rates were higher for females than males) and by their foster care status at age 21 (participation rates were higher for youth who were in care on their 21st birthday than for youth who had left care before then). Second, in some cases, the sample size does not provide adequate statistical power to reliably identify small between-group differences in youth responses. This is especially pertinent to questions that are asked to a subset of respondents (e.g., youth attending vocational school) and to variables that have several categories. Third, the findings shown in this report are statewide averages, and there may be important differences between counties that are not captured here. For example, employment opportunities, availability of affordable housing, and the extent to which youth were involved in foster care court proceedings may vary from one county to the next. Fourth, while young people in extended foster care are important players in the implementation of extended care, their perspective is not the only one that should inform implementation efforts. The views of other observers—such as the caseworkers—might differ significantly from those reported here. The

CalYOUTH surveys of caseworkers, reported separately, provide their perspectives on many of the topics reported here (Courtney et al., 2016). Lastly, implementation of extended foster care in California remains a work in progress; this report represents a snapshot of implementation efforts less than six years into a process that is still ongoing.

Results

Individual Characteristics and Family Background

As seen in Table 4, most of the youth were 21 years old at the time of their Wave 3 interview. Over 62 percent of the youth were female and over 45 percent identified as Hispanic. The largest proportion of respondents identified as white, followed by African American. Most youth spoke English at home, while 8 percent of young people spoke Spanish or another language.

Table 4. Demographic Characteristics (*n* = 616)

	#	%
Gender		
Female	376	62.2
Male	240	37.8
Age		
21 years old	553	91.4
22 years old	63	8.6
Hispanic	256	45.2
Race		
White	248	38.8
African American	121	26.6
Asian/Pacific Islander	20	2.8
American Indian/Alaskan Native	33	4.7
Mixed race	70	11.5
Hispanic/Latino(a) (volunteered)[a]	86	15.7
Language spoken at home		
English	577	92.0
Spanish	36	7.8
Other	2	0.2

Note: Unweighted frequencies and weighted percentages.
[a]When asked about race, about 15 percent of respondents replied "other" and then identified themselves as "Latina/Latino", "Hispanic", "Mexican", "Cuban" or some other category of Latino(a).

Table 5 presents information about the timing and reasons for youths' exits from care. Based on administrative state child welfare data and Wave 3 self-report data, about two-thirds of the young people were in foster care until their 21st birthday, while the remaining one-third of youth were not in care at age 21. There were no significant differences in the age youth were last in foster care by gender or by race/ethnicity.

Youth were asked about the circumstances surrounding their exit from care. The largest proportion of youth reported that they had aged out when they turned 21. The next most common exit reasons included being discharged by their own request and being reunified with their parents. About 7 percent of youth described the circumstances in which they left care in a way other than the available response options. Most of these youth reported that they were still in care and participating in the "aftercare program" offered through their agency until age 23/24.[9]

Youth who decided to exit care by their own request or who left care without permission were asked to identify the most important reason that motivated their decision to leave. Wanting to be on their own and have more freedom, and not wanting to deal with some aspect of the foster care system (i.e., caretakers and social workers) were reported as the main reason by about 68 percent of the youth. About one in ten youth described their reason in a different way (i.e., "other" response), such as life at the time "being a blur," wanting to reenter care but not having the support to do so, and having more than one reason. There were differences between males and females in terms of the most important reason that motivated their decision to leave care by their own request or without permission ($F = 16.6$, $p < .05$). Specifically, a greater proportion of males than females reported wanting to join the military (7.6% vs. 0%).

[9] These respondents were likely referring to the Independent Living Aftercare Program, which provides former foster youth with life skills training to help them to transition to independence after leaving care.

Table 5. Foster Care Status (*n* = 616)

	#	%
Age at discharge[a]		
17 years old or younger	44	6.8
18 years old	68	11.1
19 years old	44	7.5
20 years old	43	6.8
21 years old	415	67.8
How youth left care[b]		
Reunification with parent(s)	42	7.5
Adoption or discharge to a legal guardian	29	4.1
Runaway and discharged while away	17	2.9
Incarceration in jail or prison and discharged from there	9	1.5
No longer meeting the requirements to stay in care after age 18	33	4.9
By own request, no longer wanted to remain in care	58	9.4
Aged out when turned 21[c]	379	62.7
Other	43	7.1
Most important reason in decision to leave care (*n* = 75)[d]		
Wanted to be on own and wanted more freedom	22	26.4
Did not want to deal with social workers anymore	12	22.2
Wanted to live with biological parent(s)	5	6.1
Wanted to join the military	3	3.2
Did not want to deal with the court system anymore	5	6.4
Wanted to live with girlfriend/boyfriend	6	6.8
Did not want to deal with foster parents/group home staff anymore	14	19.0
Other	8	9.9

Note: Unweighted frequencies and weighted percentages.

[a] We used information from California's child welfare administrative data system and from Wave 3 survey questions about how youth exited care and the last year/month they were in care to determine the age at which youth were last in foster care. Of the 616 Wave 3 participants, 598 youth granted permission to access their administrative data and were not missing data in their Wave 3 interviews about their foster care status. We were able to compare administrative data and self-report data for these youth. Of these 598 youth, the administrative data and self-report data about the youth's exit age matched for 516 youth. For the remaining 82 youth, we closely examined data in the youth's administrative data file (i.e., date they were last in care, foster care exit reason, placement change reason for their last foster care placement). Of the 82 youth, 45 reported that they were not in care to their 21st birthday in the Wave 3 interview, but administrative data indicated that they were in care to age 21. These 45 youth were coded as exiting care at age 21. The other 37 youth reported that they were in care at age 21, but the administrative data records had an exit age that was younger than their 21st birthday. Among these 37 cases, a closer examination of the exit age, foster care exit reason, and placement change reason of their last placement suggested that they were in care close to or on their 21st birthday. All 24 youth had an exit age of 20.85 years or greater (most within a couple of weeks before their 21st birthday) and the case worker indicated an exit reason as reaching the age limit, eligible for reentry, or a related code. For these 24 cases, we coded the youth as being in care on their 21st birthday. The remaining 13 cases included youth who reported that they were in care up until age 21 (Wave 3 interview) but the administrative data suggest that they were last in care well before their 21st birthday. For these 13 cases, we used the administrative data to determine the age youth were last in foster care. Finally, for the 18 youth for whom we could not compare administrative data with the Wave 3 self-report data, we relied on the self-report data to determine the last age youth were in care. Data were missing for two youth.

[b] Data on how youth left care is based on youths' self-report from a question in the Wave 3 interview.

[c] The proportion of youth who stayed in care to their 21st birthday is slightly higher for the estimate based on an examination of the administrative data and youth self-report (67.8%) than the estimate based on youth self-report alone (62.7%).
[d] Includes youth who reported that they decided to exit foster care on their own (i.e., "runaway and discharged while away" and "by own request, no longer wanted to remain in care").

Youth were asked about documents that they possessed. As seen in Table 6, youth most frequently reported having a social security card and a birth certificate. Females were more likely than males to possess a social security card ($F = 6.9$, $p < .01$), while males were more likely than females to have proof of citizenship or residency ($F = 4.3$, $p < .05$). In terms of race/ethnicity differences, white youth (91.4%) and mixed-race youth (93.2%) were significantly more likely than African American youth (79.5%) to have a social security card in their possession, but there were no significant differences among Hispanic youth (86.8%) or youth in the other race/ethnicity group (87.3%, $F = 2.7$, $p < .05$). Additionally, white youth (86.2%) and Hispanic youth (85.1%) were significantly more likely than African American youth (68.0%) to have a birth certificate in their possession, but there were no significant differences among mixed-race youth (79.2%) or youth in the other race/ethnicity group (84.9%, $F = 4.3$, $p < .01$).

Table 6. Documents Currently in Youth's Possession (n = 616)

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Social security card	528	86.6	193	81.5	335	89.8	**
Birth certificate	497	81.1	189	77.3	308	83.4	
Proof of citizenship/residency	151	25.4	69	30.7	82	22.1	*
Driver's license	322	50.0	119	48.8	203	50.8	
Other state identification	388	61.6	152	59.6	236	62.7	

*$p < .05$, **$p < .01$; *Note:* Unweighted frequencies and weighted percentages.

Table 7 presents information about the youths' birth family. Most youth reported that their birth mother was still alive. Just under 15 percent of the young people reported not knowing if their birth father was still living, but, among those who did know, nearly 78 percent reported that he was still living. About 90 percent of youth had one or more brothers/stepbrothers, and almost 89 percent had at least one sister/stepsister.

Significant differences were found between CalYOUTH participants and Add Health participants (a nationally representative sample of 21-year-olds) in terms of birth parents. Add Health participants were more likely than CalYOUTH participants to have their birth mother still alive (98.6% vs. 82.2%, $F = 125.2$, $p < .001$) and their birth father still alive (95.0% vs. 77.9%, $F = 81.6$, $p < .001$). Similar trends were also found when comparisons were made across studies for males and for females. Add Health males and Add Health females were more likely than their counterparts in the CalYOUTH Study to have their birth mother still alive ($F = 71.4$, $p < .001$ for males; $F = 67.0$, $p < .001$ for females) and their birth father still alive ($F = 46.1$, $p < .001$ for males; $F = 38.0$, $p < .001$ for females).

Table 7. Birth Family (*n* = 616)

	#	%
Birth mother still alive	485	82.2
Birth father still alive[a]	406	77.9
Number of brothers (including half-brothers and stepbrothers)		
0	63	9.7
1	109	18.6
2	120	19.9
3 or more	306	51.8
Number of sisters (including half-sisters and stepsisters)		
0	72	11.3
1	144	25.2
2	133	21.3
3 or more	250	42.3

Note: Unweighted frequencies and weighted percentages.
[a]Missing more than 10% due to "don't know" responses (14.9%).

Household and Living Arrangement

Table 8 presents the housing situations of youth since they were last interviewed for the study. Nineteen percent of youth had not changed housing situations since their last interview. Most youth who had changed housing situations only lived in one or two different places. Youth who had changed housing situations since their last interview were asked to report all of the different types of places they have lived. Almost 70 percent of these youth had lived in their own place, which was the most common type of place youth had lived in at some point. Other common living arrangements included living with a spouse or partner, living with relatives other than their parents, living with a friend, and residing in a transitional housing program.

Some differences were found by gender and race/ethnicity. Although there were no gender differences in the number of different places youth had lived since their last interviews, males (24.6%) were more likely than females (15.6%) to still be living in the same place ($F = 5.6$, $p < .05$). In terms of places where youth had lived, females were more likely than males to have lived in their own place ($F = 12.5$, $p < .001$) and to have lived with a spouse/partner ($F = 31.7$, $p < .001$), while males were more likely than females to have lived in the home of a foster parent ($F = 5.4$, $p < .05$). Housing situation differences were found between youth based on race/ethnicity. African American (27.0%) youth and Hispanic youth (19.6%) were more likely than mixed-race youth (6.8%) to still be living in the same place they were living during their last interview ($F = 1.9$, $p < .05$).

Table 8. Housing Situation Since Last Interview (*n* = 616)

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Number of additional places lived							
Still living in same place	110	19.0	53	24.6	57	15.6	
1 place	117	18.9	44	18.0	73	19.4	
2 places	140	21.6	46	18.2	94	23.7	
3 places	90	13.8	37	14.8	53	13.2	
4 places	53	9.5	19	7.8	34	10.5	
5 or more places	103	17.2	40	16.6	63	17.6	
Among youth not still living in same place, type of place(s) lived (can select more than one; *n* = 506)							
Own place (house/apartment/trailer)	350	68.9	110	57.5	240	75.1	***
Own room in a motel, hotel, or single room occupancy	163	33.5	61	34.1	102	33.2	
Home of a birth parent or stepparent	104	20.4	41	22.9	63	19.0	
Home of another relative	184	36.4	75	38.7	109	35.2	
Home of a former foster parent	67	15.4	34	20.4	33	12.6	
Home of a foster parent	57	12.2	29	17.6	28	9.2	*
Home of a spouse/partner	197	37.3	47	20.1	150	46.6	***
Home of a friend	187	36.1	78	38.2	109	35.0	
Transitional Housing Placement	170	34.2	66	40.1	104	31.1	

*$p < .05$, ***$p < .001$; *Note:* Unweighted frequencies and weighted percentages.

A number of studies have found that former foster youth experience homelessness at higher rates than the general population (Curry & Abrams, 2015). However, the estimates of how many foster youth have experienced homelessness vary due to differences in the age at which respondents were interviewed and how homelessness was defined by the researchers. Research on housing outcomes among youth who aged out of care has primarily concentrated on homelessness (Courtney & Dworsky, 2006) and "couch surfing," or staying with friends or relatives on a temporary basis (Perez & Romo, 2011).

Several studies have documented disproportionately high rates of homelessness and housing instability among foster care youth after they exit the foster care system (Berzin, Rhodes, & Curtis, 2011; Pecora et al., 2005; Reilly, 2003). Courtney and colleagues (2007) found that, at age 21, 18 percent of participants in the Midwest Evaluation of the Adult Functioning of Former Foster Youth ("Midwest Study") had experienced homelessness since exiting foster care. In another study, Fowler, Toro, and Miles (2009) followed 265 foster youth for two years immediately after they left foster care to measure their housing stability. Twenty percent of the participants reported chronic homelessness, where participants displayed an enduring pattern of unstable housing or actual homelessness for their first two years out of care. A

study by Dworsky, Napolitano, and Courtney (2013) found that remaining in foster care until age 21 reduces the risk of homelessness among foster youth transitioning to adulthood.

Table 9 presents participants' experiences with homelessness and couch surfing. Almost a quarter of youth reported being homeless (i.e., slept in a homeless shelter or in a place where people were not meant to sleep because they had no place to stay) for one night or longer since their last interview. Among those who had been homeless, more than a quarter of youth had only been homeless one time, but over one-fifth of youth had been homeless five or more times. Among youth who had been homeless, the majority reported that their longest episode of homelessness was between a week and a month long. In total, more than half of the youth who had been homeless reported being homeless for more than 30 days since their last interview. Among youth who had been in foster care past their 18th birthday, we asked them if they had ever been homeless while they were in extended care. Nearly 20 percent reported that they were homeless at some point in extended care.

Over a third of youth had couch surfed since their last interview. Among those who had couch surfed, over 40 percent reported that they had couch surfed on five or more separate occasions. Among youth who had couch surfed, most reported that their longest episode was less than a month.

There were a few differences by gender and race/ethnicity in youth experiences with homelessness and couch surfing. Although males and females did not significantly differ in the proportion who had been homeless since last interview, among those who had experienced homelessness, males reported being homeless more times than females. To examine the number of times youth had been homeless since their last interview, we created a continuous variable ranging from 1 to 20. Among youth who had been homeless, on average males were homeless more times than females (6.8 vs. 3.8, $p < .05$). In terms of race/ethnicity differences, mixed-race youth (41.9%) and African American youth (32.2%) were significantly more likely than white youth (18.8%) and Hispanic youth (19.8%) to report having ever been homeless since their last interview ($F = 4.0$, $p < .01$). Youth in the other race/ethnicity groups did not significantly differ from the other groups in the proportion who had been homeless (24.2%). Additionally, among youth who had ever been homeless since their last interview, Hispanic youth (7.3) had been homeless more times than white youth (4.1), mixed-race youth (2.6), and youth in the other race/ethnicity category (3.1, $F = 4.0$, $p < .01$). African American youth (4.5) did not significantly differ from the other groups. Race/ethnicity differences were also found in the proportion of youth who had ever couch surfed since their last interview ($F = 2.9$, $p < .05$). A greater proportion of African American youth (47.1%) than white youth (31.9%) and Hispanic youth (30.8%) had couch surfed since their last interview, but no significant differences were found for mixed-race youth (44.7%) and youth in the "other" race/ethnicity category (33.0%).

Table 9. Homelessness and Couch Surfing (*n* = 616)

	#	%
Ever been homeless (since last interview) [N]	150	24.6
Number of times homeless since last interview (*n* = 148) [a]		
1 time	44	28.5
2 times	28	18.1
3 times	20	16.3
4 times	20	13.4
5 or more times	36	23.8
Longest episode of homelessness since last interview (*n* = 150) [a]		
1 night	9	5.1
2 to 7 nights	42	29.1
8 to 30 nights	35	23.8
31 to 90 nights	29	21.0
More than 90 nights	35	20.9
Total days homeless since last interview (*n* = 150)[a]		
1 day	4	2.8
2 to 7 days	37	25.7
8 to 30 days	29	18.3
31 to 90 days	24	17.6
More than 90 days	50	35.6
Among youth who were in care past age 18, ever been homeless while in extended foster care (*n* = 557)	102	18.9
Ever couch surfed (since last interview; *n* = 616)	218	36.0
Number of times of couch surfed since last interview (*n* = 218) [b]		
1 time	43	20.0
2 times	35	17.9
3 times	30	12.9
4 times	16	6.0
5 or more times	85	43.2
Longest episode of couch surfing (*n* = 218) [b]		
1 night	9	3.5
2 to 7 nights	61	28.6
8 to 30 nights	73	34.9
31 to 90 nights	34	13.9
More than 90 nights	34	19.2
Total days of couch surfing (*n* = 218) [b]		

1 day	5	1.6
2 to 7 days	39	17.5
8 to 30 days	68	35.8
31 to 90 days	45	21.0
More than 90 days	47	24.1

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Includes 150 youth who reported ever experiencing homelessness since last interview.
[b] Includes 218 youth who reported ever couch surfing since last interview

Table 10 reports the current living situations of youth at the time of the interview. The three most common places youth were living were in their own place or own room (apartment, house, trailer, a motel, hotel, or single room, etc.), in the home of relatives, and in the home of a partner or spouse. The majority of youth living in their "own place or own room" were living in their own apartment, house, or trailer (96.8%). Gender differences were found in terms of youths' current living situation ($F = 1.9$, $p < .05$).[10]

As seen in Table 10, significant differences also emerged between youth in the CalYOUTH Study and youth in the Add Health study in terms of current living placement ($F = 163.9$, $p < .001$). Add Health participants were more likely than CalYOUTH participants to live with their birth parents (39.9% vs. 6.5%) or in group quarters (5.9% vs. 2.7%), while CalYOUTH participants were more likely than their Add Health counterparts to be residing with other relatives (17.5% vs. 3.1%), with a partner or spouse (8.0% vs. 0.3%), with a friend (7.0% vs. 1.0%), or in other places (3.6% vs. 0.7%). The differences between young people in CalYOUTH and their peers in Add Health in current living situation were basically the same for males ($F = 93.3$, $p < .001$) and females ($F = 92.0$, $p < .001$).

[10] While the overall distribution of responses to the question current living situation between genders are at a statistically significant level, none of the differences between genders for individual response categories reached statistical significance. The differences that approached statistical significance were females (46.9%) are more likely than males (36.3%) to report living in their own place, while males (9.1%) were more likely than females (4.9%) to be living with birth parents.

Table 10. Current Living Situation (*n* = 616)

	CalYOUTH		Add Health		
	#	%	#	%	*p*
Own place or own room (apartment, house, trailer, a motel, hotel or single room, etc.)	284	44.3	582	49.0	
In home of birth parent(s)	34	6.5	498	39.9	
In home of another relative(s)	94	17.5	35	3.1	
In home of spouse/partner	52	8.0	5	0.3	
In home of a friend or friends	43	7.0	15	1.0	
Group quarters (residential treatment center, dormitory, jail, prison, hospital, rehab facility, etc.)	20	2.7	73	5.9	
Homeless (have no regular place to stay)	19	2.9	0	0.0	
Other	21	3.6	10	0.7	
In a Transitional Housing Placement (THP-Plus)	27	4.4	–	–	
In home of former foster parent(s)	22	3.3	–	–	

Note: Unweighted frequencies and weighted percentages.

As displayed in Table 11, youth were asked about the individuals with whom they were currently residing. Almost 90 percent of youth reported living with at least one other person. Among youth living with others, most lived with two or more people. In terms of the ages of the people youth were living with, most were over 18, and the majority of youth did not live with people under the age of 18.

There were differences by gender in terms of the ages of the people with whom youth resided. All of the males reported living with at least one person over the age of 18 compared to 92.5% of females ($F = 10.2$, $p < .01$). Females were more likely than males to report living with at least one person who was under the age of 18 (54.9% vs. 35.2%, $F = 3.9$, $p < .01$). Females were also more likely than males to be living with one or more children under the age of 10 (46.0% vs. 22.4%, $F = 22.5$, $p < .001$).

There were also some differences by race/ethnicity. Hispanic youth (93.4%) and white youth (93.8%) were more likely than African American youth (81.8%) and youth in the "other" race/ethnicity group (74.4%) to be living with others ($F = 4.4$, $p < .01$), while mixed-race youth (86.1%) did not significantly differ from the other groups. Among youth living with at least one other person, race/ethnicity differences were found for the number of people over 18 years old living with youth ($F = 1.7$, $p < .05$). A greater proportion of white youth than mixed-race youth reported having two people over 18 years old that resided with them (35.3% vs. 12.6%).

Table 11. Individuals Residing with the Youth (*n* = 590)[a]

	#	%
Living situation (*n* = 590)[a]		
Living alone	62	10.3
Living with others	527	89.8
Among youth living with others (*n* = 527)		
Number of people living with respondents		
1 person	116	23.9
2 people	134	22.9
3 people	92	17.1
4 people	68	12.6
5 or more people	116	23.6
Number of people over 18 years old living with respondents (*n* = 527)		
None	19	4.8
1 person	182	34.1
2 people	131	23.6
3 people	92	17.0
4 people	59	11.3
5 or more people	43	9.2
Number of people under 18 years old living with respondents (*n* = 527)		
None	279	52.3
1 person	140	26.9
2 people	61	11.5
3 people	29	5.2
4 people	7	1.6
5 or more people	10	2.5
Children under 10 years old living with respondents (*n* = 527)	202	37.4

Note: Unweighted frequencies and weighted percentages.
[a] Excludes youth who are homeless, who are currently placed in a hospital, treatment, or rehab facility, and who are currently in jail, prison, or another correctional facility.

Table 12 displays information about the relatives and significant others residing with youth among young people who were not living alone. Among these youth, about 70 percent reported living with a relative or significant other. Among the youth who were residing with one or more relatives or significant others, the most common coresidents were romantic partners and spouses of the youth, the youth's own children, and siblings or stepsiblings.

Among youth who were not living alone, several differences were found by gender and race/ethnicity. Females were more likely than males to be living with at least one relative or significant other ($F = 2.4$, $p < .05$). Among youth residing with a relative or significant other, females were more likely than males to report living with their partner ($F = 7.5$, $p < .01$) and with their son/daughter ($F = 29$, $p < .001$), while males were more likely than females to report living with their siblings/stepsiblings ($F = 7.6$, $p < .01$), their mother ($F = 4.2$, $p < .05$), and grandparent ($F = 17.0$, $p < .001$). Among youth residing with a relative or significant other, more white youth (48.7%) and Hispanic youth (47.6%) than African American youth (20.0%) reported living with their partner ($F = 3.4$, $p < .05$), while no significant differences were found for mixed-race youth (41.5%) or youth in the other race/ethnicity group (46.8%).

Table 12. Relatives and Significant Others Residing with the Youth (*n* = 523)[a]

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Number of people living with youth and related by blood, marriage, or who are youth's significant other (*n* = 523)							*
None	156	28.5	75	38.5	81	22.8	
1 person	166	32.7	57	25.8	109	36.7	
2 people	101	17.6	32	16.6	69	18.2	
3 people	44	8.7	13	8.0	31	9.1	
4 people	24	4.3	10	3.7	14	4.7	
5 or more people	34	8.2	13	7.4	21	8.6	
Among youth living with one or more relatives/significant others, youth's relation to these individuals (*n* = 369)							
Husband/wife	32	9.9	11	10.4	21	9.6	
Partner/boyfriend/girlfriend	166	42.5	44	31.0	122	47.8	**
Son/daughter	127	34.4	15	12.7	112	44.3	***
Sibling/stepsibling	80	23.3	37	33.7	43	18.6	**
Sibling's partner/spouse	8	2.1	2	0.9	6	2.7	
Mother	40	12.0	17	18.1	23	9.2	*
Father	17	5.4	6	5.9	11	5.1	
Parent's partner/spouse	8	1.3	4	2.2	4	0.9	
Father-in-law/mother-in-law	7	1.9	1	0.5	6	2.5	
Grandparent	44	13.7	26	26.4	18	7.9	***
Uncle/aunt	34	9.4	15	10.5	19	8.9	
Cousin	32	9.2	12	8.6	20	9.4	
Nephew/niece	17	4.7	7	6.5	10	3.9	
Other relative	10	3.0	6	4.1	4	2.5	
Nonrelative	9	2.2	3	1.4	6	2.6	

*$p < .05$, **$p < .01$, ***p < .001; *Note:* Unweighted frequencies and weighted percentages.
[a]Four youth were not asked about relatives and significant others they were living with during the interview.

Experiences in Care

Table 13 displays the experiences with county child welfare workers of youth who reported being in foster care after the age of 20. About two-thirds of the young people reported having at least 12 face-to-face visits with their case worker in the past year (one visit per month or more). Phone contacts were less frequent, with about 56 percent of the youth speaking with the social worker on the phone 12 or more times in the past year.

Significant differences were found by race/ethnicity in terms of the number of face-to-face visits youth had with child welfare worker in the last year ($F = 2.6$, $p <. 01$). A greater proportion of African

American youth (8.1%) than White youth (0.4%) reported having zero visits during the last year. Also, a greater proportion of Hispanic youth (14.1%) than African American youth (4.4%) reported having 24 or more visits during the last year.

Table 13. Experiences with County Caseworkers for Youth in Foster Care after 20th Birthday (*n* = 455)[a]

	#	%
Number of face-to-face visits with child welfare worker in the last year		
0 visits	12	3.3
1 to 11 visits	136	28.7
12 visits (about once per month)	224	51.7
13 to 23 visits	31	5.3
24 or more visits	49	11.0
Number of phone calls with social worker in the last year		
0 calls	44	10.5
1 to 11 calls	152	33.2
12 calls (about once per month)	86	18.7
13 to 23 calls	54	12.5
24 or more calls	115	25.0

Note: Unweighted frequencies, and weighted percentages and weighted means.
[a] Includes youth who remained in care after their 20th birthday. One youth was not asked questions about experiences with case workers during the interview.

Table 14 displays information about experiences with courts, attorneys, and judges among youth who reported being in foster care after the age of 20. Most of these youth were asked at some point to attend court proceedings while they were in extended foster care, and just about one-third ever attended such court proceedings. Ten percent of the youth reported never having face-to-face visits or phone calls with their attorney in the past year, and another 19 percent of youths had only one face-to-face visit or phone call. The majority of youth had two or more contacts with their attorney in the past year. In general, youth with an open court case reported being satisfied with information received from their attorney about their case. Among youths who ever attended an extended foster care proceeding, more than half indicated they felt they were included in courtroom discussion "a lot" and the majority of the youth felt that their attorney represented their wishes in court well. Only small proportions of youth expressed dissatisfaction with their courtroom inclusion and legal representation.

Table 14. Experience with Courts, Attorneys, and Judges for Youth in Foster Care after 20th Birthday (*n* = 455)[a]

	#	%
Ever asked to attend court proceedings about extended foster care	390	86.2
Ever attended court proceedings about extended foster care	150	34.6
Among youth who ever attended an extended foster care court proceeding (*n* = 150)[b]		
Number of face-to-face visits or phone calls with attorney in the last year		
0 visits or calls	20	10.2
1 visit or call	35	18.6
2 visits or calls	27	22.6
3 visits or calls	18	11.3
4 visits or calls	15	9.1
5 or more visits or calls	34	27.4
Satisfaction with information received from attorney		
Very satisfied	79	58.3
Somewhat satisfied	37	19.3
A little satisfied	18	13.0
Not at all satisfied	15	9.4
When attended court, judge addressed respondent directly	137	90.3
Felt included in courtroom discussions		
A lot	98	66.4
Some	33	17.7
A little	13	10.3
None	5	5.6
Attorney represented respondent's wishes		
Very well	96	66.3
Fairly well	36	23.0
Neither well nor poorly	11	6.4
Fairly poorly	4	2.6
Very poorly	3	1.7

Note: Unweighted frequencies, and weighted percentages and weighted means.
[a] Includes youth who remained in care after their 20th birthday. One youth was not asked questions about experiences with courts, judges, and attorneys during the interview.
[b] Includes youth who remained in care after their 20th birthday, and who attended extended foster care court proceedings. One youth was not asked questions about experiences with courts, judges, and attorneys during the interview.

Unfortunately, there is a dearth of literature examining youth's perspectives on their foster care experiences after they have left care (Festinger, 1983; Barth, 1990). This is especially true of foster youth's experiences in recent years, after many states raised the foster care age limit from 18 to 21. A study by Berzin and colleagues (2014) suggests that foster youth experience many of the same

developmental tasks of emerging adulthood as youth in the general population, but also have experiences that are uniquely tied to their foster care involvement. Preparation for independence while in foster care, as well as demands to become self-sufficient upon exiting care, accelerate the transition to adult responsibilities for foster youth (Samuels & Pryce, 2008; Curry & Abrams, 2015). With less familial support than other young adults typically receive, foster youth must contend with meeting basic needs; difficulties with unemployment and underemployment; finding safe, affordable housing; and avoiding hunger and homelessness (Cunningham & Diversi, 2013). For some youth who have aged out of care, continued relationships with adults in the child welfare system (e.g., social workers) and natural mentors (e.g., friends of their family, staff at their former placement) continue to serve as sources of support in their lives beyond foster care (Collins, Spencer, & Ward, 2010; Munson, Smalling, Spencer, Scott, & Tracy, 2010).

A few studies shed light on youths' perspectives about their foster care experiences using representative samples of foster care youth. Courtney and colleagues (2007) found that almost two-thirds of the 21-year-old participants in the Midwest Study agreed that they were lucky to have been placed in foster care, and nearly as many reported feeling satisfied with their foster care experience. A 2001 study conducted by Courtney and colleagues of Wisconsin youth found similar findings, with 78 percent of youth who had exited foster care agreeing that they were "lucky" to have been placed in out-of-home care, and 73 percent reporting being generally satisfied with their experiences in out-of-home care.

Table 15 presents youths' perceptions of their experiences in foster care. About two-thirds of young people "agreed," "strongly agreed," or "very strongly agreed" that they were lucky to have been placed in foster care. About 55 percent of youth "agreed," "strongly agreed," or "very strongly agreed" that they were generally satisfied with their experience in foster care.

Table 15. Experiences in Foster Care (*n* = 615)[a]

	#	%
I was lucky to have been placed in foster care		
Very strongly agree	148	23.1
Strongly agree	102	17.0
Agree	158	25.5
Neither agree nor disagree	124	20.3
Disagree	35	6.9
Strongly disagree	20	2.9
Very strongly disagree	27	4.4
I was generally satisfied with my experience in foster care		
Very strongly agree	87	14.8
Strongly agree	74	10.8
Agree	188	29.4
Neither agree nor disagree	121	21.5
Disagree	81	12.8
Strongly disagree	31	4.9
Very strongly disagree	33	5.7

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked questions about experiences in foster care during the interview.

Despite difficulties encountered by foster youth after leaving care, a majority of these young adults remain optimistic about the future (Courtney et al., 2007; Iglehart & Becerra, 2002; Samuels & Pryce, 2008; Berzin, Singer, & Hokanson, 2014). In the Midwest Study, about 90 percent of respondents reported being "fairly optimistic" (33%) or "very optimistic" (55%) about their future when they were interviewed at 21 years of age (Courtney et al., 2007). These high rates of positive life outlook are consistent with findings from qualitative studies of older and former foster care youth. For example, Unrau, Seita, and Putney (2008) reported former foster youth recall the experience of transitioning into new placements as a chance to hope for something better. A qualitative study by Berzin and colleagues (2014) included 20 young adults transitioning out of foster care, and the authors found that 80 percent of participants were hopeful about the future and felt that their past experiences in foster care gave them confidence that they would "make it".

When asked about their optimism about their future hopes and goals (see Table 16), most youth reported being "very optimistic" or "fairly optimistic," and only about 8 percent reported being "not too optimistic" or "not at all optimistic." There were differences between males and females in terms of optimism about their future hopes and goals ($F = 3.1$, $p <. 05$). A greater proportion of females (64.2%) than males (50.7%) reported being "very optimistic" about the future.

Table 16. Optimism about the Future (*n* = 615)[a]

Extent to which respondent is optimistic when asked to think about personal hopes and goals for the future	#	%
Very optimistic	332	59.1
Fairly optimistic	226	32.8
Not too optimistic	39	5.4
Not at all optimistic	16	2.7

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked questions about optimism during the interview.

Youth were asked about their perceptions of their life orientation and self-esteem. Responses for the question "How satisfied are youth with life as a whole" ranged from 1, "very dissatisfied," to 5, "very satisfied." The remaining 10 questions about self-esteem ranged from 1, "strongly disagree," to 5, "strongly agree".[11] The average level of satisfaction/agreement of each statement is reported in Table 17. In general, participants reported being satisfied with their life as a whole. The highest averages pertained to questions about youths' perceptions of their good qualities, being able to achieve anything they set their mind to, and feeling that they exert control over what happens to them in the future. Youth tended to disagree with questions about feeling like they lacked control over their life and lacked an ability to solve problems.

Perceptions of life orientation and self-esteem differed by gender and race/ethnicity. On average, females agreed more than males with the statement "I have a lot to be proud of" (4.4 vs. 4.2, $F = 5.3$, $p < .05$), but also agreed more than males with the statements "There is no way that I can solve the problems that I have" (2.8 vs. 2.5, $F = 4.7$, $p < .05$) and "I often feel helpless in dealing with the problems of life" (2.4 vs. 2.2, $F = 4.7$, $p < .05$). There were also several differences by race/ethnicity on life orientation and self-esteem. For the statement "I have many good qualities," African American youth (4.6) agreed more than white youth (4.3), mixed-race youth (4.4), Hispanic youth (4.3), and youth in the other race/ethnicity group (4.2, $F = 6.3$, $p < .001$). African American youth (4.4) also expressed more agreement than white youth (4.2), Hispanic youth (4.0), and youth in the other race/ethnicity category (3.9) with the statement "I like myself just the way I am" ($F = 3.6$, $p < .01$). Mixed-race youth (4.2) did not significantly differ from the other groups on this question. In terms of perceptions about the statement "I have little control over the things that happen to me," African American youth (2.3) and Hispanic youth (2.3) expressed more agreement than did white youth (2.0, $F = 2.9$, $p < .05$). Mixed-race youth (2.3) and youth in the "other" race/ethnicity group did not significantly differ from the other groups. Finally, mixed-race youth (4.6) expressed more agreement than white youth (4.4), Hispanic youth (4.3), and youth in the "other"

[11] In the survey instrument, the response options were in the opposite direction, with 1 designating "very satisfied" / "strongly agree" and 5 indicating "very dissatisfied" / "strongly disagree". In this table, the response options were reverse coded so that higher scores indicated more agreement/satisfaction.

race/ethnicity group (4.1) with the statement "I can do just about anything I really set my mind to" (F = 4.0, p <. 01). African American youth (4.5) also expressed significantly more agreement than youth in the "other" race/ethnicity group with this statement.

Table 17. Life Orientation and Self-Esteem (n = 615) [a]

	Overall
	Mean (SD)
I am satisfied with life as a whole	3.8 (0.9)
I have many good qualities	4.4 (0.6)
I have a lot to be proud of	4.3 (0.7)
I like myself just the way I am	4.2 (0.9)
I feel I am doing things just about right	3.9 (0.9)
There is no way I can solve some of the problems I have	2.7 (1.1)
Sometimes I feel that I am being pushed around in life	2.4 (1.1)
I have little control over the things that happen to me	2.2 (1.1)
I can do just about anything I really set my mind to	4.4 (0.7)
I often feel helpless in dealing with the problems of life	2.3 (1.1)
What happens to me in the future mostly depends on me	4.5 (0.7)

Note: Unweighted frequencies and weighted means.
[a] One youth was not asked questions about optimism during the interview.

Education

Compared to their peers in the general population, foster youth transitioning to adulthood have been found to have low rates of secondary and postsecondary educational attainment (e.g., California College Pathways, 2015; Courtney et al., 2007; Frerer, Sosenko, & Henke, 2013). Both individual factors (e.g., a history of abuse or neglect) and systematic factors (e.g., attending low-performing schools) can place them at greater risk for poor educational attainment (Frerer et al., 2013; Pecora, 2012). For example, in a study of 4,000 youth involved with the California foster care system who were enrolled in high school between 2002 and 2007, less than half completed high school by 2010 (45%) compared to 79 percent of the general population of students (Frerer et al., 2013). In the Midwest Study, nearly one-quarter of foster youth had neither a high school diploma nor a GED at the age of 21, compared to about ten percent of same-aged peers in the general population (Courtney et al., 2007).

Since college enrollment is strongly associated with high school completion, it is unsurprising that foster youth continue to lag behind their peers in terms of postsecondary education (Frerer et al., 2013). Studies have found that foster youth aspire to graduate from college at similar rates as other young people (Courtney et al., 2005; Courtney, Dworsky, Lee, & Raap, 2010). Despite their aspirations, foster youth enroll and persist in college at lower rates than their peers. According to a report completed by California

College Pathways (2015), first-time students in foster care were less likely to enroll in college within a year of high school graduation compared to their nonfoster youth peers. In the Midwest Study, participants were significantly less likely than their Add Health peers to have been enrolled in college at age 21. Only 24 percent of Midwest Study participants were enrolled in a 2-year or 4-year college at the time of the interview compared to 44 percent of Add Health participants. There were also differences in the types of colleges the two groups enrolled in. Whereas Add Health college students were overwhelmingly enrolled in 4-year institutions (71%), only about a quarter of Midwest Study participants were attending 4-year institutions (28%). At age 21, 30 percent of foster youth in the Midwest Study had completed any college, while the same could be said for 53 percent of their Add Health counterparts.

Unfortunately, even after making it to college, many foster youth continue to face challenges that impede their continued enrollment. A study of Michigan State University students found that former foster youth were significantly more likely to drop out of college before the end of their first year than their first-generation peers that had not been in foster care (Day, Dworsky, Fogarty, & Damashek, 2011). Additionally, researchers have found that former foster youth attending a 4-year college had lower GPAs and were more likely to have dropped a course by the end of their first semester than freshmen at the same university who had never been in care (Unrau, Font, & Rawls, 2012).

Studies have also shown that educational attainment is an important predictor of employment outcomes for foster care youth, which underscores the importance of supporting educational attainment (Hook & Courtney, 2011). Foster youth with lower levels of educational attainment tend to have lower rates of employment and earnings than foster youth who have completed more education (Okpych & Courtney, 2014; Salazar, 2013). Some scholars have found that extended foster care may promote postsecondary educational attainment. Youth that remain in care into adulthood were found to have higher educational attainment and improved employment outcomes compared to youth that exited care before or at age 18 (Hook & Courtney, 2011, Dworsky & Courtney, 2010a).

Table 18 presents findings on youths' educational status. Findings on participants' connectedness to school or work (or both) are presented first since some youth may not be enrolled in school because they were working. Close to one-third of all youth were neither enrolled in school nor employed at the time of the interview, more than half of youth were either employed or enrolled (but not both), and about one-sixth of youth were both enrolled and employed. Focusing just on school enrollment, about 29 percent were enrolled in school at the time of the interview, and they were roughly split between students attending full time and students attending part time. Among youth who were not currently enrolled in school, about 60 percent reported that they were enrolled since their last CalYOUTH interview. Among youth who were currently enrolled in school, the majority was enrolled in a 2-year college (see Table 18).

Among all youth in the study, 71.1 percent were not enrolled in school, 2.5 percent were in secondary school, 0.4 percent were completing a GED or alternative certificate, 2.5 percent were in private vocational/technical school, 17.5 percent were enrolled in a 2-year college, and 6.0 percent were enrolled in a 4-year college. For youth who were currently enrolled in a 2-year/community college or who had been enrolled in a 2-year/community college since their last interview, a little less than half said they were working toward a degree or certificate, and over one-third stated that they were taking classes so that they could eventually transfer to a 4-year college. In terms of participants' highest completed grade in school, the greatest proportion of youth stated that 12th grade was the highest grade they had completed, 12 percent said they completed one or more years of postsecondary vocational training, and 31 percent had completed one or more years of college.

Gender differences were found for youths' current enrollment status, with a greater proportion of females than males being currently enrolled in school (32.5% vs. 23.0%, $F = 4.4$, $p < .05$). Significant differences were also present between CalYOUTH participants and Add Health participants in several areas. The two groups were significantly different in their likelihood of being currently enrolled (42.7% for Add Health vs. 28.9% for CalYOUTH, $F = 21.0$, $p < .001$). Among those who were currently enrolled, Add Health participants were more likely than CalYOUTH participants to be enrolled as full-time students (80.8% vs. 52.5%), while CalYOUTH participants were more likely than Add Health participants to be enrolled as part-time students (47.5% vs. 19.2%, $F = 28.0$, $p < .001$). In terms of the type of schools youth were enrolled in, among those who were currently enrolled, CalYOUTH respondents were more likely than Add Health respondents to be in secondary education (10.1% vs. 1.3%) and 2-year/vocational colleges (69.0% vs. 25.8%), while Add Health respondents were more likely than CalYOUTH respondents to be in 4-year colleges (72.9% vs. 20.9%, $F = 43.6$, $p < .001$; see Table 18).[12] CalYOUTH participants were behind their peers in the Add Health study in terms of highest grade completed. Fewer CalYOUTH participants completed education beyond 12th grade than did their peers in Add Health (42.4% vs. 49.8%). Conversely, CalYOUTH participants were more likely than Add Health participants to report 12th grade or below as the highest grade they completed (57.6% vs. 50.2%, $F = 5.6$, $p < .05$). The differences between young people in CalYOUTH and their peers in Add Health in current enrollment, enrollment status (full time vs. part time), type of school enrolled in, and highest grade completed were basically the same for males and females.

[12] To make the response options comparable between the two studies, the CalYOUTH response categories "high school" and "GED classes/continuation school/adult education" were combined into a single category, and "vocational school" and "2-year college" were combined into a single category.

Table 18. Current Education Status (n = 613)[a]

	#	%
Connectedness to school and/or work		
Neither enrolled nor employed	202	31.4
Enrolled in school only	64	11.6
Employed only	245	39.5
Both enrolled and employed	96	17.5
Currently enrolled in school		
Full-time	88	15.2
Part-time	73	13.7
Not enrolled	452	71.1
Among youth not enrolled in school, enrolled in school since last interview (n = 452)		
Full-time	129	30.2
Part-time	130	29.1
Not enrolled	190	40.7
Among youth currently enrolled, current education status (n = 161)		
High School or continuation school	9	8.5
GED Classes	3	1.5
Vocational/technical training at a private school (not including community college)	14	8.6
2-year or community college	96	60.5
4-year college	39	20.9
Among youth currently or formerly enrolled in 2-year or community college, reason for attending college (n = 240)		
Earn an associate's degree	79	33.2
Earn a certificate or diploma	29	13.7
Taking classes so I can transfer to a 4-year college	81	37.7
Just taking classes	48	15.4
Highest grade completed (n = 613)		
1st to 9th grade	6	1.5
10th grade	6	1.5
11th grade	68	10.6
12th grade	276	44.0
First or second year of vocational school	68	11.6
First year of college	75	12.9
Second year of college	71	11.2
Third of year of college	34	5.8
Fourth of year college	8	0.9

Note: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.

As shown in Table 19, four in five youth had earned a high school diploma by the time they were interviewed. The remaining youth had either not completed a secondary credential or had completed an equivalency certificate. Over 20 percent of all youth had a vocational or job training certificate or license. Of youth who had earned a high school credential, a little over 4 percent had earned a college degree. Among all youth in the study, 3.6 percent had earned a college degree. About two-thirds of youth who were currently enrolled in school were using a scholarship, loan, or some other type of financial aid to help pay for educational expenses.

The federally funded Chafee Educational and Training Voucher (ETV) Program awards up to $5,000 annually during the academic year to qualified students who have been in the foster care system. The purpose of the ETV is to assist youth in obtaining an academic college education or technical and skill training in college to be prepared to enter the workforce. The ETV is an important source of aid for California foster youth to pursue postsecondary education. Among CalYOUTH participants with a high school credential, nearly 40 percent had received an ETV, 18 percent applied for but did not receive an ETV, 24 percent knew about ETVs but never applied for one, and 18 percent had never heard of the ETV.

A couple of gender differences were found in youth's educational completion and scholarships. Females were more likely than males to have earned a 2-year or 4-year college degree (5.9% vs. 1.7%, $F = 5.7$, $p < .05$). In terms of ETV receipt among youth with a secondary credential, significant differences were found by gender.[13] Race/ethnicity differences were found for the proportion of youth who had completed a secondary credential (diploma, GED, or other certificate). A greater proportion of mixed-race youth (97.1%) than white youth (85.3%), African American youth (84.2%), and Hispanic youth (80.3%) had completed a secondary credential ($F = 3.1$, $p < .05$). Youth in the "other" race/ethnicity category (94.8%) did not significantly differ from the other groups.

CalYOUTH and Add Health participants were compared in terms of their high school credential status.[14] Overall, there were no significant differences between CalYOUTH participants and Add Health participants in the proportion of youth who had a high school credential (84.3% vs. 87.5%, $F = 2.0$, $p > .10$). However, there were differences between the studies when we examined different types of high school credentials. The two groups did not differ in the proportion of young people with a high school

[13] While the overall distribution of responses about ETV receipt differed between genders at a statistically significant level, none of the differences between genders for individual response categories reached statistical significance. The differences that approached statistical significance were that females were more likely than males to have received an ETV (43.0% vs. 34.9%) whereas males were more likely than females to have known about the ETV but never applied (31.3% vs. 19.8%).

[14] The Add Health item only had one response option for an alternative secondary credential (GED or equivalency certificate). When comparing CalYOUTH to Add Health, "high school equivalency certificate after passing the GED, HiSET, or TASK" and "certificate of proficiency" were combined into a single alternative credential category.

diploma (79.7% for CalYOUTH vs. 78.5% for Add Health). However, young people in Add Health were more likely to have earned an alternative credential than no credential (9.0% vs. 12.5%) than were young people in CalYOUTH (4.6% vs. 15.7%, $F = 4.3$, $p < .05$). This difference was statistically significant for females ($F = 4.5$, $p < .05$) but not for males.

Table 19. Degree Completion and Scholarships ($n = 613$)[a]

	#	%
Secondary diploma/certificate[N]		
High school diploma	490	79.7
High school equivalency certificate after passing GED, HiSET, or TASK	27	4.3
Certificate of proficiency	4	0.4
None	91	15.7
Vocational/job-training certificate or license[N]	114	21.6
Among youth with high school credential, college degree[N] (n = 522)		
Associate's or 2-year college degree	16	3.1
Bachelor's or 4-year college degree	10	1.2
No college degree	496	95.7
Among youth currently enrolled in school, using scholarship, grant, stipend, student loan, voucher, or other educational financial aid to cover any educational expenses[N] (n = 161)	118	67.5
Among youth with high school credential, ever received Chafee education and training voucher (Chafee grant or ETV; n = 522)		
Received Chafee grant	205	39.9
Applied for Chafee grant but did not receive one	83	17.9
Know what Chafee grant is, but never applied for one	124	24.3
Do not know what a Chafee grant is	104	18.0

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Three youth were not asked these questions during the interview.

Table 20 reports findings on high school dropout. One-fifth of youth reported that they had ever dropped out of high school. When youth who had ever dropped out of high school were asked about the main reason for leaving school, the most common responses were that they had a personal or family issue, did not like school or lost interest, or became a parent. Among youth who had ever dropped out of high school, gender differences emerged for the main reason for dropping out.[15]

[15] While the overall distribution of responses about dropout reason differed between genders at a statistically significant level, none of the differences between genders for individual response categories reached statistical significance. The differences that approached statistical significance were that a larger proportion of males than females said "wanted to start working" (25.4% vs.

Table 20. History of High School Dropout (*n* = 613)[a]

	#	%
Ever dropped out of high school	116	19.9
Main reason for dropping out of high school (*n* = 116)		
Coursework was too difficult	3	4.2
Coursework was too easy	0	0.0
Didn't like school or lost interest	21	18.4
Kept getting into trouble in school because of my behavior	13	11.7
Wanted to start working	11	10.6
Became a parent and had to take care of my child	18	14.7
Wanted to complete a GED instead	6	3.7
Had a personal issue or family issue	31	25.8
Some other reason	13	10.9

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Three youth were not asked these questions during the interview.

Table 21 reports findings for youth who are currently enrolled in college or who had been enrolled in college since their last CalYOUTH interview. Nearly all youth were attending a bricks-and-mortar college rather than an online-only institution. In terms of grades, about 80 percent of youth reported earning Bs and Cs in their college classes. Roughly two in five youth reported that they had been required to take one or more remedial courses before they could take college courses for credit (mean = 0.9, *SD* = 1.4, median = 0). In terms of the number of credits youth completed toward a college degree, 13 percent had earned no credits, 43 percent had earned between 1 and 30 credits, 25 percent had earned between 31 and 60 credits, and 18 percent had earned 61 or more credits (mean = 36.7, *SD* = 36.0, median = 25).

In terms of the average number of remedial courses youth said that they were required to take, Hispanic youth (1.3) reported having to take significantly more remedial courses than did African American youth (0.6), mixed-race youth (0.5), and youth in the "other" race/ethnicity category (0.5, $F = 3.2$, $p < .05$). White youth (0.8) did not significantly differ from the other groups in the average number of required remedial courses.

4.1%), whereas larger proportions of females than males said they had "a personal or family reason" (30.8% vs. 14.3%) or "became a parent and had to care for my child" (18.5% vs. 6.0%). These findings should be interpreted cautiously due to small sample sizes.

Table 21. College Enrollment, Grades, and Course Taking (*n* = 293)[a]

	#	%
Type of college		
Campus	287	98.5
Online	6	1.5
College grades		
Mostly As	41	15.6
Mostly Bs	141	49.4
Mostly Cs	83	29.1
Ds or lower	18	6.0
Number of required remedial courses		
None	169	59.7
1 course	44	14.4
2 courses	36	12.0
3 courses	16	5.7
4 courses	12	3.8
5 or more courses	10	4.4
Credits completed towards earning a college degree[b]		
None	37	13.1
1 to 15	54	21.8
16 to 30	52	21.6
31 to 45	22	12.4
46 to 60	32	12.9
61 to 90	26	8.3
91 or more	24	9.8

Note: Unweighted frequencies and weighted percentages.
[a] Includes youth who are currently enrolled in college or were enrolled in college since their last CalYOUTH interview. Two youth were not asked these questions during the interview.
[b] Item missing 15.6% due to "don't know" responses.

Table 22 reports findings about how youth were paying for college, among youth who are currently enrolled in college or who had been enrolled in college since last interview. Youth reported whether or not each of the responses applied to them. Pell grants and ETVs were the most common ways youth were paying for college. For both of these forms of aid, slightly more than half of respondents in college reported that they had received these grants. Among youth enrolled in 2-year or community colleges, close to three-quarters reported receiving a Board of Governors fee waiver. About one-third of youth said that they were paying for college with their own savings or earnings. Only one in ten youth reported receiving a federal loan that had to be paid back, and less than three percent reported receiving a private loan. In terms of the total amount of student debt that youth had, 73 percent reported that they did not

have any student debt, 15 percent owed between $1 and $5,000, and 12 percent owed more than $5,000 (mean = $1,833, *SD* = $5,260, median = $0).

There were a couple of statistically significant differences by race/ethnicity in terms of how youth were paying for college and in terms of student debt. A significantly greater proportion of mixed-race youth (65.5%) paid for college with their own earnings than did white youth (25.2%), African American youth (28.5%), and Hispanic youth (30.9%, $F = 19.3$, $p < .01$). Youth in the "other" race/ethnicity category (55.5%) were also more likely than white youth to use their own earnings to pay for college. In terms of the average amount of student debt, youth in the "other" race/ethnicity group ($86) reported having significantly less debt than did white youth ($2,860), African American youth ($1,270), mixed-race youth ($3,397), and Hispanic youth ($1,549, $F = 8.3$, $p < .001$).

Table 22. How Youth are Paying for College and Amount of Student Debt (n = 293)[a]

	#	%
How youth is paying for college		
Chafee or ETV grant	157	50.6
Board of Governors (BOG) fee waiver (among youth in a 2-year or community college, n = 238)[b]	166	72.1
Monthly foster care payments, such as SILP check or money from Transitional Housing Placement[c]	55	15.5
A Pell Grant from the federal government	156	52.0
A federal student loan from the government that has to be paid back (e.g., Stafford Loan)	34	10.8
A private student loan from a bank that has to be paid back	7	2.3
Other scholarships, fellowships, or grants	85	27.0
Own earnings from employment or savings	109	34.3
Money from a relative, friend, or other individual	19	7.5
Money from another source	24	9.1
Total amount owes in student debt		
No student loan debt	214	73.3
$1 to $1,000	24	7.8
$1,001 to $2,500	9	2.9
$2,501 to $5,000	12	4.0
$5,001 to $10,000	17	6.3
$10,001 to $25,000	10	5.0
$25,001 or more	6	0.9

Note: Unweighted frequencies and weighted percentages.
[a] Includes youth who are currently enrolled in college or were enrolled in college since their last CalYOUTH interview. Two youth were not asked these questions during the interview.
[b] BOG fee waivers are only available to students attending 2-year colleges in California.
[c] A Supervised Independent Living Placement SILP is the least restrictive placement option for nonminor dependents. SILPs include a living setting that has been approved by the youth's county social worker, and includes placements such as private market housing (e.g., apartments, renting a room, single room occupancies) and college dorms (California Fostering Connections to Success, 2016).

Youth who were currently in college or had been in college since their last interview were asked about their transition to college and engagement with college activities (see Table 23). Nearly three-fifths of youth reported that they were ever involved in a campus support program designed to help youth in foster care. About one-quarter of respondents reported that they were not sure if their college had such a program and over one-sixth reported that their college had a program but they were never involved. In terms of youth involvement in a variety of academic activities and services, the most common activities youth participated in were study groups, meetings with professors, and Extended Opportunity Programs

and Services (EOP), with more than half of participants participating in each. Almost 40 percent of students received tutoring, about 40 percent utilized academic advising, and 35 percent sought assistance from a writing center. Only about one-sixth of respondents reported that they were involved with an organized sports team, organization, club, or group.

When asked about difficulties during the transition to college, the most commonly reported challenges included balancing school and work and organizing their time to finish their responsibilities, with more than 60 percent of respondents identifying each of these as a difficulty they experienced. Classes being harder than they were used to and not being able to figure out how to access financial aid were other common difficulties, with nearly half of youth reporting each. Transportation difficulties and concerns about being able to afford college were challenges for about one-third of youth, and difficulties making friends was experienced by just under one fifth of youth. A little over three-quarters of the college students who had children reported that balancing school and parental responsibilities was a difficulty in the transition to college.

Some gender differences were found in experiences with the transition to college and involvement in college activities. Females were more likely than males to have been involved with a type of support or service intended to help students academically (11.7% vs. 3.3%, $F = 5.8$, $p < .05$). Among all youth in college, females were more likely than males to report that balancing childcare responsibilities was a difficulty during the transition to college (25.8% vs. 6.6%, $F = 9.2$, $p < .01$). However, among just the parents who were enrolled in college, males and females did not significantly differ in the proportion who reported that childcare responsibilities were a difficulty faced during the transition to college.

Race/ethnicity differences were also found in experiences with the transition to college and involvement in college activities. Greater proportions of African American youth (69.2%) and Hispanic youth (68.9%) than mixed-race youth (36.5%, $F = 2.8$, $p < .05$) reported having difficulty organizing their time to finish all responsibilities. White youth (58.1%) and youth in the "other" race/ethnicity group (52.1%) did not significantly differ from the other groups. In terms of difficulties with balancing school and work, a larger proportion of mixed-race youth (82.9%) than white youth (60.1%) and Hispanic youth (58.7%) reported experiencing this challenge ($F = 2.5$, $p < .05$), while African American youth (73.3%) and youth in the "other" race/ethnicity group (80.1%) did not significantly differ from the other groups. Hispanic youth were more likely than mixed-race youth to have used tutoring (49.5% vs. 20.6%, $F = 2.9$, $p < .05$). White youth (35.2%) were less likely than African American youth (64.1%) and mixed-race youth (70.2%) to have met with a professor or teaching assistant ($F = 2.9$, $p < .05$). Mixed-race youth were more likely than white youth to have been involved in "another type of support or service intended to help students academically" (26.9% vs. 1.9%, $F = 4.4$, $p < .01$).

Table 23. Transition to College and Campus Involvement (n = 293)[a]

	#	%
Involvement in campus support program for students in/previously in foster care		
Involved in a program most of college	89	33.7
Involved in a program some of college	39	12.6
Involved in a program just a short while	36	11.9
College offers a program but was never involved	51	17.2
Not sure if a program is offered	76	24.6
Involvement in other college activities (can select more than one)		
Tutoring	101	39.4
Writing center	92	35.2
Extended Opportunity Programs and Services (EOPS)	126	53.4
Student Support Services (SSS) that is part of the federal TRIO program	36	12.7
Another program offered by a nonprofit organization or foster care agency	50	21.1
Student disability services	30	7.2
Academic advising	111	39.2
Meeting with professors or teaching assistants outside of class, such as during office hours	154	54.3
Peer mentoring program	30	10.0
Study groups/sessions with other students	160	57.8
Another type of support or service intended to help students academically	25	8.8
Involved in college sports teams, organizations, clubs, groups	47	16.2
Difficulties in transition to college		
Classes harder than youth used to	133	44.7
Difficulty organizing time to finish all responsibilities	186	62.8
Hard making friends	57	18.8
Did not know how youth was going to afford college	78	24.9
Was not able to figure out how to access financial aid	128	44.0
Youth did not know if he/she would have transportation to and from college	82	26.3
Had to balance school and work	193	65.0
Among parents, had to balance school and being a parent (n = 71)	47	77.3

Note: Unweighted frequencies and weighted percentages.

[a] Includes youth who are currently enrolled in college or were enrolled in college since their last CalYOUTH interview. Two youth were not asked these questions during the interview.

Youth who were enrolled in a private vocational/technical program at the time of the interview, or had been enrolled in a program since their last interview, were asked about the type of program they were attending (see Table 24). The most common types of training were in the areas of health and health care (e.g., nursing assistant) and beauty (e.g., cosmetology, barber school). Fifteen percent of youth reported being enrolled in a program other than the options provided in the survey.

Table 24. Enrollment in Vocational/Technical School (*n* = 52)[a]

	#	%
Type of program/training		
Business school/financial institute/ secretarial school	2	6.6
Armed forces	1	1.2
Hospital/healthcare facility or school	22	49.6
Cosmetology/beauty/barber school	8	15.1
Police academy/firefighter training program	0	0.0
Job training through city/county/state/ federal government	6	9.9
Trained by private employer	1	2.6
Religious institution; Bible college/school	0	0.0
Other	11	15.0

Note: Unweighted frequencies and weighted percentages.
[a] We were not able to assess differences by gender and race/ethnicity due to the small sample size of youth in a private vocational/technical program.

Table 25 reports findings on how youth paid for their vocational/technical training program. Over 50 percent of the students were paying for their schooling with Pell Grants and 26 percent were using an ETV grant. Almost 40 percent were using their own savings or earnings, roughly 30 percent had a federal student loan, and 7 percent had a private student loan. In terms of the total amount youth owed in student debt for their vocational/technical training, 47 percent owed no student debt, 25 percent owed between $1 and $5,000, and 28 percent owed more than $5,000 (mean = $5,124, *SD* = $11,610, median = $990).[16]

[16] The mean, standard deviation, and median for amount of student loan debt owed for vocational/technical training includes one influential outlier from a youth who reported owing $90,000. When excluding the youth who reported owing $90,000, the mean ($4,125), standard deviation ($6,994), and median ($800) all decreased.

Table 25. How Youth are Paying for Vocational/Technical Training and Amount of Student Debt (*n* = 52)[a]

	#	%
How youth is paying for college		
Chafee or ETV grant	14	25.6
Monthly foster care payments, such as SILP check or money from Transitional Housing Placement[b]	12	19.7
A Pell Grant from the federal government	24	52.5
A federal student loan from the government that has to be paid back (e.g., Stafford Loan)	17	30.7
A private student loan from a bank that has to be paid back	5	7.1
Other scholarships, fellowships, or grants	10	18.9
Own earnings from employment or savings	18	37.0
Money from a relative, friend, or other individual	8	18.5
Money from another source	6	10.8
Total amount owes in student debt		
No student loan debt	21	46.7
$1 to $5,000	14	24.6
$5,001 to $10,000	7	13.5
$10,001 to $90,000	9	15.2

Note: Unweighted frequencies and weighted percentages.
[a] We were not able to assess differences by gender and race/ethnicity due to the small sample size of youth in a private vocational/technical program.
[b] A SILP is the least restrictive placement option for nonminor dependents. SILPs include a living setting that has been approved by the youth's county social worker, and includes placements such as private market housing (e.g., apartments, renting a room, single room occupancies) and college dorms (California Fostering Connections to Success, 2016).

The length of youths' vocational/technical program and data about difficulties transitioning to the vocational/technical program are displayed in Table 26. Most youth were attending programs that would take between six months and two years to complete if students attended on a full-time basis. The three most common difficulties youth reported encountering when transitioning to their vocational/technical program were balancing school and work, organizing their time to finish their responsibilities, and transportation issues. About one-quarter of youth had worries about being able to afford college and more than one-fifth of youth reported that classes were more difficult than they were used to. Eighty percent of student parents reported that balancing school and parenting responsibilities was a challenge.

Table 26. Vocational/Technical School Program Length and Transition (*n* = 52)[a]

	#	%
Length of time to complete program if attended full-time		
Less than 6 months	8	17.8
6–11 months	21	38.7
1–2 years	17	31.7
2 years or more	5	11.9
Difficulties in transitioning to program		
Classes harder than youth used to	15	22.6
Difficult organizing time to finish all responsibilities	24	45.8
Hard making friends	7	8.4
Did not know how youth was going to afford college	23	40.4
Was not able to figure out how to access financial aid	15	26.1
Youth did not know if he/she would have transportation to and from college	22	41.3
Had to balance school and work	25	46.7
Had to balance school and being a parent (*n* = 21)	15	80.2

Note: Unweighted frequencies and weighted percentages.
[a] We were not able to assess differences by gender and race/ethnicity due to the small sample size of youth in a private vocational/technical program.

Table 27 reports findings for CalYOUTH participants about college plans and help with college planning and applications. Youth who had finished high school and were enrolled in a 2-year college or vocational school (and who did not go to a 4-year college) were asked for the main reason they did not go to a 4-year college. The most commonly stated reason is they wanted to go to a 2-year college first before transferring to a 4-year college, which nearly two in five youth reported. Other reasons included youth not being interested in earning a 2-year degree, concerns about not being able to afford a 4-year college, and concerns about not having adequate high school grades or standardized test scores. Youth who never went to college were asked about the main reason they did not go. The most common reasons were needing to work, not finishing high school or earning a GED, and not being interested in going to college. All CalYOUTH respondents were asked about the amount of help they received with the actual steps needed to enroll in a college, such as picking a school, completing applications, and applying for financial aid. When asked this question, about 14 percent reported that they were not interested in going to college. Among those who wanted to go to college, nearly half (47%) said they did not receive enough help from others (“no help,” “only a little help,” or “some help, but not enough”).

A gender difference emerged in the question that asked participants about the amount of help they received with college planning and applications. Males were significantly more likely than females to report being not interested in going to college when answering the question about college help (22.2% vs. 8.2%, $F = 19.2$, $p < .001$).

Table 27. College Plans and Help with Planning ($n = 613$)[a]

	#	%
Among youth who finished high school and were enrolled in a 2-year college or vocational school, and who did not go to a 4-year college, main reason for not applying to 4-year college ($n = 279$)[b]		
College would cost too much	36	13.4
College takes too long	19	6.4
Searching for college and completing applications/financial aid seemed too complicated	3	0.7
Not interested in earning a 4-year degree	41	17.4
Wanted to go to a 2-year college first before transferring to a 4-year college	108	38.1
Did not think high school grades or SAT/ACT scores were good enough	34	13.0
You applied to a 4-year college but were not accepted	0	0.0
Other	33	9.7
Respondent attended a 4-year college (volunteered)	5	1.4
Among youth who did not go to college, main reason for not going to college; $n = 264$)		
Did not finish your high school diploma or GED	56	21.9
Did not think your high school grades, SAT scores, or ACT scores were good enough	4	1.2
College would cost too much	12	3.2
College would take too long	7	2.4
Needed to work	63	24.4
Needed to care for your children	23	8.8
Needed to care for family members	3	0.6
Was not interested in going to college	32	13.5
Did not want to have to move to go to college	2	0.4
Would have had transportation difficulties getting to college	15	4.7
Had health or personal issues you were dealing with	19	8.6
Criminal record made attending college difficult	3	0.8

Other	24	9.6
Amount of help with college planning (n = 613)		
No help	75	13.4
Only a little help	87	13.6
Some help, but not enough	117	19.8
Enough help	127	21.0
More than enough help	117	18.7
Not interested in going to college	88	13.5

Note: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.
[b] Seven youth were not asked this question during the interview.

Youth who were not currently enrolled in school were asked about the reasons they were not enrolled and their plans for enrolling in school in the future (see Table 28). Over one-third of youth said that they were not currently enrolled but wanted to go back eventually, and one-eighth said they were on break or were starting school soon. The most common reasons youth reported not being enrolled in school were wanting to work instead of going to school, not being interested in going to school, and having to care for their children. Most youth said they put "a lot" or "some" thought in returning to school, and more than a third of the participants who were not enrolled were seriously looking into a specific school they may apply to or attend.

Significant gender differences were found in the main reason for not being enrolled in school. The central difference pertained to child care responsibilities, with a greater proportion of females than males citing this as a reason for not being enrolled in school (11.9% vs. 1.4%, $F = 3.0$, $p < .001$). There were also differences by gender in the amount of thought youth gave to returning to school, with more females than males reporting "a lot" of thought (54.9% vs. 40.9%) and more males than females reporting "none" (16.3% vs. 5.3%, $F = 7.6$, $p < .001$).

Table 28. Reasons for Nonenrollment and Plans to Return to School (*n* = 452)

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Main reason not enrolled in school							***
Not interested in going back to school	43	9.4	30	15.6	13	5.1	
Want to go back to school eventually, but not right now	158	34.6	70	32.6	88	36.0	
Health or personal problems are preventing you from going back to school	26	5.2	4	3.2	22	6.5	
School is too expensive	18	5.0	8	6.5	10	4.0	
Want to work instead of going to school	70	14.9	39	18.5	31	12.5	
Have to care for your children	36	7.6	2	1.4	34	11.9	
Have no transportation	11	2.7	6	3.6	5	2.2	
Discouraged by significant others	0	0.0	0	0.0	0	0.0	
Will be starting school soon or are on school break	51	12.5	13	7.8	38	15.7	
Do not have the forms or papers needed to return to school	7	1.3	5	1.7	2	1.1	
Lost your financial aid	15	3.5	8	4.9	7	2.5	
A criminal record makes attending school difficult	4	0.6	2	0.7	2	0.5	
Other reasons	13	2.6	7	3.5	6	2.0	
How much thought given to returning to school							***
A lot	226	49.1	76	40.9	150	54.9	
Some	178	41.1	88	42.9	90	39.9	
None	47	9.8	30	16.3	17	5.3	
Steps taken to return to school							
Seriously looked into a specific school	167	37.8	57	33.9	110	40.4	
Have not looked but plan on doing so soon	141	31.5	61	30.1	80	32.4	
Not going to look into specific school or program anytime soon	133	28.5	71	33.8	62	24.9	
Already chosen/accepted into a school (volunteered)	7	2.2	3	2.0	4	2.3	

***$p < .001$; *Note*: Unweighted frequencies and weighted percentages.

Table 29 presents findings on barriers to returning to school for youth who were not currently enrolled. Over one-third of youth reported that they faced at least one barrier to continuing their education. Among youth who reported that that they faced a barrier, needing to work full time, concerns about not being able to afford college, and childcare responsibilities were the barriers most commonly reported as being a "major reason" for not returning.

As displayed in Table 29, there were a few gender differences in terms of barriers to returning to school. A greater proportion of females than males reported that there was something preventing them from continuing their education ($F = 6.6$, $p < .05$). Among youth who said there was a barrier, being able to afford college ($F = 3.1$, $p < .05$) and childcare responsibilities ($F = 17.1$, $p < .001$) were more common barriers for females than males, while having a criminal record was a more common barrier for males than females ($F = 4.7$, $p < .05$).

Table 29. Barriers to Returning to School (*n* = 452)

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Anything preventing from continuing education	154	34.4	50	26.2	104	40.0	*
Among youth with something preventing them from continuing education (*n* = 154)							
Would not be able to afford college							*
Major reason	69	45.1	25	59.6	44	38.8	
Minor reason	36	22.9	12	23.8	24	22.6	
Not a reason	48	32.0	12	16.7	36	38.7	
Need to work full time							
Major reason	74	48.8	28	61.2	46	43.3	
Minor reason	41	27.3	11	23.6	30	29.0	
Not a reason	39	23.9	11	15.1	28	27.8	
Youth did not think he/she would be accepted to college							
Major reason	16	11.5	7	11.7	9	11.3	
Minor reason	42	27.8	16	37.0	26	23.6	
Not a reason	96	60.8	27	51.3	69	65.1	
No school close by has classes that fit schedule							
Major reason	12	7.0	4	8.2	8	6.4	
Minor reason	33	21.8	12	24.0	21	20.8	
Not a reason	107	71.2	34	67.8	73	72.8	
Criminal record							*
Major reason	4	1.6	2	2.2	2	1.3	
Minor reason	10	7.0	6	15.9	4	3.0	
Not a reason	140	91.4	42	81.9	98	95.7	
No transportation							
Major reason	23	15.4	8	13.1	15	16.4	
Minor reason	34	23.7	12	24.7	22	23.2	
Not a reason	97	61.0	30	62.2	67	60.4	
Need to care for children							***
Major reason	42	28.0	2	2.7	40	39.4	
Minor reason	12	8.1	0	0.0	12	11.7	
Not a reason	100	63.9	48	97.3	52	48.9	
Do not have paperwork or do not know how to enroll							
Major reason	10	7.2	5	9.8	5	6.0	
Minor reason	36	23.1	12	25.2	24	22.1	
Not a reason	108	69.8	33	65.0	75	71.9	

*$p < .05$, ***$p < .001$; *Note*: Unweighted frequencies and weighted percentages.

Information about youths' educational aspirations and expectations is displayed in Table 30. Overall, most youth aspired to complete a college degree (86%), with more than 75 percent wanting to complete a 4-year degree or higher. However, the amount of education youth expected they would complete was a bit lower. For example, about 78 percent expected to complete a college degree, including 60 percent who expected to earn a 4-year degree or higher. Gender differences emerged in educational expectations.[17]

Table 30. Educational Aspirations and Expectations (*n* = 613)[a]

	#	%
If you could go as far as you wanted in school, how far would you go?		
Less than a high school credential	5	0.8
High school diploma, GED, or certificate of completion	23	4.1
Earn a vocational or technical certificate, diploma, or license	31	6.1
Some college	13	2.1
Earn a 2-year degree	57	8.3
Earn a 4-year degree	190	31.0
Earn more than a 4-year degree	262	46.4
Other	5	1.2
How far do you think you will actually go in school?		
Less than a high school credential	11	1.6
High school diploma, GED, or certificate of completion	45	6.8
Earn a vocational or technical certificate, diploma, or license	43	8.4
Some college	26	4.7
Earn a 2-year degree	114	18.6
Earn a 4-year degree	183	32.7
Earn more than a 4-year degree	144	26.5
Other	2	0.8

Note: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.

[17] While the overall distribution of responses about educational expectations differed between genders at a statistically significant level, none of the differences between genders for individual response categories reached statistical significance. The differences that approached statistical significance were that a larger proportion of females than males reported wanting to earn more than a college degree (30.7% vs. 19.9%), whereas larger proportions of males than females said they expected to complete less than a high school credential (3.8% vs. 0.2%).

Employment, Income, and Assets

Employment

Previous research indicates that transition-age foster youth generally have unfavorable employment outcomes in terms of job market participation and earnings (Courtney et al., 2005; Dworsky, 2005; Goerge et al., 2002; Hook & Courtney, 2011; Macomber et al., 2008; Naccarato, Brophy, & Courtney, 2010; Pecora et al., 2005; Reilly, 2003; Stewart, Kum, Barth, & Duncan, 2014; Zinn & Courtney, 2017). Courtney and colleagues (2007) found that nearly all of the 21-year-old participants in the Midwest Study reported that they had ever held a job. However, only 52 percent were currently employed compared to 64 percent of their Add Health counterparts (Courtney et al., 2007). Among young people who had been employed in the past year, median earnings among Midwest Study participants were just $5,450 compared to $9,120 among their Add Health counterparts (Courtney et al., 2007). Unfortunately, the issue of low earnings and high unemployment does not appear to improve as foster care alumni grow older, with multiple studies showing former foster youth to be less likely than their peers in the general population to be employed (Barnow et al., 2015; Courtney & Dworsky, 2006; Macomber et al., 2008; Pecora et al., 2005; Stewart et al., 2014).

Researchers have identified several factors that contribute to foster youth's employment success into early adulthood. Low educational attainment is a primary risk factor for low rates of employment and earnings (Hook & Courtney, 2011; Naccarato et al., 2010; Okpych & Courtney, 2014; Pecora et al., 2005). For example, Hook and Courtney (2011) found that nearly one-quarter of youth actively looking for work did not have a high school diploma or equivalency degree, while only one-tenth of youth working full time did not have one of these credentials. Foster youth who remain in care past age 18 obtain higher educational degrees, which lead to better employment outcomes (Hook & Courtney, 2011). Naccarato and colleagues (2010) found that race, a history of drug and alcohol use, and a history of mental illness were risk factors for poor employment outcomes for former foster youth. Additionally, the living arrangements of foster youth are associated with future employment; youth residing in group care or a residential treatment facility are especially vulnerable to poor employment outcomes (Hook & Courtney, 2011). Perhaps unsurprisingly, criminal justice involvement has been identified as a risk factor, with higher incarceration and arrest rates among foster youth contributing to their low employment rates and earnings (Dworsky & Havlicek, 2010; Hook & Courtney, 2011). Motherhood appears to be an additional barrier to employment for former foster youth, with mothers being about 60 percent less likely to be employed than childless women. This is concerning since the majority of young women transitioning to adulthood from foster care are mothers by the age of 24 (Dworsky & Gitlow, 2017; Hook & Courtney, 2011). Dworsky and Gitlow (2017) found that running away more frequently while in foster care and being dually

involved in child welfare and juvenile justice systems were each associated with reduced odds of being employed and with lower earnings. Lastly, Dworsky and Havlicek (2010) found that a lack of job training and placement programs aimed at foster youth contributes to their poor employment outcomes.

Information about current and recent employment is presented in Table 31. Close to 90 percent of respondents reported ever having a job, and about 80 percent had ever worked 10 or more hours per week at a job that lasted nine weeks or more. About 60 percent of participants were employed at the time of the interview. Just under 55 percent of study participants reported working for pay ten or more hours per week. Among youth who had been working ten or more hours per week, most youth (80%) reported having only one job. Most employed study participants reported working 40 hours per week, followed by youth who were working 20 to 34 hours and those working more than 40 hours. The average number of hours youth worked per week was a little over 35. Very few respondents stated that they were currently serving in full-time active duty military. On average, youth earned an hourly wage of $12.48.[18] Most youth worked a regular day, evening, or night shift. However, about one-third of youth worked a rotating shift or a job with irregular hours. Of the young people who were working at least 10 or more hours per week, three-fourths reported being "extremely satisfied" or "satisfied" with their job.

A few gender differences were found in current and recent employment. Males and females differed in their current employment status ($F = 3.3$, $p < .05$).[19] Males reported a significantly higher average hourly wage than did females ($13.25 vs. $11.97, $F = 8.8$, $p < .01$).[20]

Several differences emerged between youth in the CalYOUTH Study and youth in the Add Health study. Add Health participants were more likely than CalYOUTH participants to have ever had a job (96.9% vs. 88.3%, $F = 29.9$, $p < .001$), and this was true for both males (98.0% vs. 88.4%, $F = 14.2$, $p < .001$) and females (96.2% vs. 88.2%, $F = 12.6$, $p < .001$). Similarly, Add Health participants were more likely than CalYOUTH participants to have ever worked 10 or more hours per week for at least nine weeks (93.6% vs. 80.6%, $F = 44.5$, $p < .001$), which was also true for both males (95.0% vs. 80.5%, $F = 20.5$, $p < .001$) and females (92.8% vs. 80.6%, $F = 19.3$, $p < .001$). Add Health respondents were more likely than CalYOUTH respondents to be currently working 10 or more hours per week at the time of interview

[18] Some youth reported wages below the state minimum wage of $10/hr. When these values were recoded as $10/hr, the average wage increased slightly to $12.66 (SD = $3.44).

[19] While the overall distribution of responses to the question about current employment status differed by gender at a statistically significant level, none of the differences between genders for individual response categories (e.g., "not employed" or "employed part time") reached statistical significance. The differences that approached statistical significance were that females were more likely than males to be not employed (45.5% vs. 38.7%) and employed part time (23.5% vs. 18.4%), while males were more likely than females to be employed full time (42.9% vs. 31.0%).

[20] When analyzing the revised earnings variable that recoded all values below the state minimum wage to $10.50, wages were still significantly different for males and females ($13.36 vs. $12.19, $F = 8.1$, $p < .01$).

(64.7% vs. 54.0%, $F = 12.2$, $p < .001$), which was true for both males (70.1% vs. 57.6%, $F = 7.4$, $p < .01$) and females (61.5% vs. 51.9%, $F = 5.7$, $p < .05$). There were gender differences in the number of hours worked per week for males and females. CalYOUTH males were less likely than Add Health males to be working more than 40 hours per week (22.5% vs. 37.2%, $F = 6.6$, $p < .05$). Conversely, CalYOUTH females were more likely than Add Health females to be working more than 40 hours per week (16.1% vs. 8.5%, $F = 4.0$, $p < .05$) and less likely to be working less than 20 hours per week (9.6% vs. 18.3%, $F = 5.1$, $p < .05$).

Table 31. Current and Recent Employment ($n = 612$)[a]

	#	%
Ever had a job	544	88.3
Ever worked 10+ hours/week that lasted at least 9 weeks	494	80.6
Current employment ($n = 607$)[b]		
Not employed	266	42.9
Employed part time[N]	123	21.6
Employed full time[N]	218	35.5
Currently working 10+ hours/week ($n = 607$)[b]	325	54.0
Currently serving in full-time active duty military ($n = 616$)	3	0.2
Among youth working 10+ hours per week ($n = 325$)		
Number of current jobs		
One job	264	80.0
Two or more jobs	61	20.0
Number of hours worked per week on average at main job (Mean (SD))	35.5 (13.3)	
Number of hours worked per week at main job		
10 to 19 hours	30	8.4
20 to 34 hours	94	30.5
35 to 39 hours	35	11.4
40 hours	106	31.0
More than 40 hours	57	18.7
Hourly wage (Mean (SD))[c]	$12.48 ($3.43)	
Type of work shift		
Regular day shift	139	45.2
Regular evening shift	27	7.8
Regular night shift	37	12.0
Shift rotates	66	18.8
Split shift	7	1.5
Irregular schedule/hours	45	14.1

Other	3	0.6
Satisfaction with job		
Extremely satisfied	76	23.2
Satisfied	166	52.1
Neither satisfied/dissatisfied	54	16.1
Dissatisfied	17	6.0
Extremely dissatisfied	11	2.5

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Four youth were not asked these questions during the interview.
[b] Excludes five youth who were incarcerated at the time of the interview. Additionally, four youth were not asked these questions during the interview.
[c] Youth could provide their wage earnings on different pay scales (i.e., hourly, daily, weekly, biweekly, bimonthly, monthly, and annually), although most youth reported on an hourly pay scale (n = 281). The other wage scales were converted to an hourly rate of pay. Of the 325 youth who were asked about their earnings, 2 refused and 3 youth didn't know. None of these youth are represented in the earnings calculation, which included 320 respondents.

Table 32 presents job benefits of the youth who reported working 10 or more hours per week. The most commonly reported types of benefits were paid vacation or sick days, unpaid parental leave, health insurance, and paid parental leave. Of the respondents with paid vacation days or sick days, most reported being able to receive between one and seven days per year of paid vacation or sick days (65%). Among youth who reported that they could receive at least one paid vacation or sick day per year, the average number of days they could receive was 7.5 (SD = 17.3).

Gender and race/ethnicity differences were found in job benefits. Males were more likely than females to report having health insurance as part of their job benefits (70.6% vs. 52.8%, F = 7.4, p < .01). African American youth (70.0%), mixed-race youth (65.6%), and Hispanic youth (62.6%) were significantly more likely than white youth (39.0%) to report having health insurance as part of their job benefits (F = 3.2, p < .05), while youth in the "other" race/ethnicity category (65.1%) did not significantly differ from the other groups. Differences were also found by race/ethnicity in availability of dental benefits (F = 2.8, p < .05). African American youth (63.0%) and Hispanic youth (58.0%) were more likely than white youth (35.3%) to report having dental benefits, while mixed-race youth (59.2%) and youth in the "other" race/ethnicity category (43.4%) did not significantly differ from the other groups. There were also differences by race/ethnicity in the proportion of employed youth who reported having paid vacation or sick days. African American youth (82.2%) and mixed-race youth (83.7%) were both more likely than white youth (62.1%) and youth in the "other" race/ethnicity group (43.5%) to receive paid vacation or sick days as part of their job benefits (F = 3.1, p <.05). Hispanic youth (71.6%) did not significantly differ from the other groups.

Table 32. Job Benefits (n = 325)[a]

	#	%
Life insurance	87	28.1
Health insurance	191	59.9
Dental benefits	167	54.1
Paid parental leave	176	58.0
Unpaid parental leave	221	75.5
Retirement plan/pension	139	46.8
Paid vacation or sick days	227	72.1
Among youth with paid vacation or sick days, number of paid vacation or sick days per year (n = 227)		
1 to 7 days	106	65.2
8 or more days	67	34.9

Note: Unweighted frequencies and weighted percentages.
[a] Includes youth working at least 10 hours per week.
[b] Includes youth who reported having paid vacation or sick days.

Table 33 presents the main reasons for working part time instead of full time among youth who were currently working fewer than 35 hours per week. The most common reason for working part time was school/training followed by difficulty finding full-time work and personal preference to work part time. Just over two-thirds of the part-time workers reported wanting to work in a full-time job.

Table 33. Reasons for Part-Time Work (n = 123)[a]

	#	%
Main reason for working part time		
Slack work/business conditions	6	2.8
Could only find part-time work	28	26.2
Seasonal work	3	1.5
Child care problems	2	1.3
Other family/personal obligations	5	4.7
Health/medical limitations	0	0.0
School/training	47	37.0
Full-time work week is less than 35 hours	5	5.4
Only want to work part time, personal preference	18	14.5
Other	8	6.6
Want to work full time		
Yes	79	68.8
No	43	31.2

Note: Unweighted frequencies and weighted percentages.
[a] Includes youth who were currently working less than 35 hours per week.

Youth who were not currently employed were asked about their efforts to find work, and their responses are displayed in Table 34. Of the young people that were not working at the time of the interview, just over four-fifths reported "yes" or "maybe, it depends" as their level of desire for a job. Of those youth who were able to work, about one-fifth had worked for pay in the previous week, and the remaining youth had either not worked for pay, were disabled, or were unable to work. Among the youth who had not worked in the week before the interview, about three-fifths reported making efforts to find work in the last four weeks. The most common activities to find work included sending out resumes and filling out applications, looking at ads, contacting an employer directly (including having a job interview), and contacting friends or relatives. When asked about how long they had been looking for work, the majority of youth reported looking for a job for "weeks" followed by "months" and then "years." Overall, of the respondents that reported actively looking for work in the last four weeks, almost half of the respondents reported that they were looking for full-time work only, about two-fifths were looking for either full-time or part-time work, and the rest were looking for part-time work only.

Several differences emerged by gender. When asked about currently wanting a job, females were more likely than males to report that they were unable to work (8.6% vs. 0.8% $F = 3.5$, $p < .05$). Females were also less likely than males to work in the last week for pay or profit (14.0% vs. 33.3%, $F = 6.9$, $p < .01$). Finally, in terms of activities done in the past four weeks to find work, females were less likely than males to attend job training programs or courses (16.2% vs. 37.4%, $F = 4.3$, $p < .05$).

Table 34. Efforts to Become Employed (n = 266)[a]

	#	%
Currently want a job		
Yes or maybe, it depends	212	81.6
No	24	9.4
Disabled	11	3.1
Unable to work	18	6.0
Worked last week for pay/profit (n = 237)[b]		
Yes	47	21.0
No	186	78.2
Disabled	0	0.0
Unable to work	4	0.8
Have youth been doing anything to find work in the last 4 weeks?		
Yes	116	61.5
No	65	35.9
Disabled	1	1.2
Unable to work	4	1.5
Activities done in past 4 weeks to find work (can select more than one; n = 116)[c]		
Contacted an employer directly or had a job interview	79	68.7
Contacted an employment agency	53	48.6
Contacted friends or relatives	62	52.3
Contacted a school or university employment center	9	7.6
Sent out resumes or filled out applications	100	87.4
Placed or answered ads	51	43.9
Checked union or professional registers	10	7.2
Looked at ads	80	68.5
Attended job training programs or courses	22	23.6
Other	8	5.1
Length of time looking for work (n = 116)[c]		
Weeks	67	56.7
Months	43	40.5
Years	5	2.9
Looking for work of 35 hours or more per week (n = 116)[c]		
Yes	57	47.8
No	14	13.2
Doesn't matter	45	39.0

Note: Unweighted frequencies and weighted percentages.
[a] Includes youth who were not working at all.
[b] Excludes youth who said they were disabled or unable to work in previous question.
[c] Includes youth who have been trying to find a job in last 4 weeks.

Table 35 presents work experiences of youth in the 12 months prior to the interview, excluding youth who reported that they were disabled or unable to work. Just over four in five youth reported working at least 20 hours per week at a job that lasted three or more months. Of these youth, about half worked for the entire 12 months and more than half worked full time. Very few youth were in the military in the past year. Among all CalYOUTH participants, around three in ten youth had completed a paid or unpaid apprenticeship, internship, or other on-the-job training in the past year.

CalYOUTH and Add Health participants who had worked in the past year were compared in terms of whether they worked for the entire 12 months and whether this work was part time or full time. Add Health participants were more likely than CalYOUTH participants to have been working for the entire year (70.4% vs. 54.4%, $F = 23.4$, $p < .001$), and this was true for both males (73.0% vs. 57.3%, $F = 10.3$, $p < .001$) and females (68.8% vs. 52.4%, $F = 13.8$, $p < .001$). Moreover, Add Health participants were more likely than CalYOUTH participants to have worked full time (65.9% vs. 58.4%, $F = 4.7$, $p < .05$). Gender differences were only significant for males; Add Health males were more likely than CalYOUTH males to have worked full time (75.1% vs. 61.5%, $F = 7.9$, $p < .01$).

Table 35. Work Experience in Past 12 Months (*n* = 573)[a]

	#	%
Worked in last 12 months at job that lasted 3 or more months and worked at least 20 hours per week		
Yes	438	81.4
No	98	18.6
Among youth who worked in past 12 months, worked for entire 12 months (*n* = 438)		
Yes	234	54.4
No	204	45.6
Among youth who worked in past 12 months, worked mostly full time or part time (*n* = 438)		
Full time	259	58.4
Part time	179	41.6
Among youth who worked in past 12 months, work was civilian or military (*n* = 438)		
Civilian	420	99.1
Military	3	0.3
Both civilian and military	3	0.6
Completed apprenticeship, internship, or other on-the-job training (paid or unpaid) during past year[N] (*n* = 612)[b]	177	29.3

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Excludes youth who reported being disabled or unable to work in the questions in the previous table (*n* = 37)
[b] Four youth were not asked the question during the interview.

Youth and Household Earnings

Information on earnings from employment of CalYOUTH respondents and the partner/spouse with whom they live is displayed in Table 36. When asked about earnings received during the 12 months preceding their interview, over 70 percent of youth reported having income from their own employment. Nearly 40 percent of youth who earned any income from employment reported a yearly household income of $5,000 or less. Among all youth, including those who reported earning $0, the average annual income from employment was $8,709 (median was $4,000). Excluding youth who earned $0, the average annual income from employment was almost $12,000 (the median was $8,000). In the year 2016, federal poverty level for a single adult was $11,880 (U.S. Department of Health and Human Services, 2018). When considering all CalYOUTH participants, about 70 percent of the youth were found to have annual incomes below the federal poverty level. Among CalYOUTH participants who had earnings from employment in the past year, just under 60 percent reported annual earnings that fell below the federal poverty level for an individual. These percentages should be interpreted with caution. It is important to

keep in mind that some youth were enrolled in school during the previous year or were not seeking employment. Additionally, the proportions of youth below the federal poverty level reported here considers just income from employment, and CalYOUTH participants may have received income from other sources. Finally, this measure does not consider the combined earnings of participants and their partners for youth who were cohabiting with a partner or spouse.

Almost three-fourths of youth who lived with their spouse or partner reported that their spouse/partner received income from employment during the past year. Among spouses/partners who received any income, 40 percent were earning between $10,001 and $25,000. The average annual earnings for spouses/partners was about $16,000 (the median was $12,000).

Some differences were found by gender and race/ethnicity in terms of household earnings. Among youth who had earnings in the previous year, males reported a higher average income from employment during the past year than did females ($15,384 vs. $9,580, $F = 20.8$, $p < .001$). When considering the previous year's earnings in categories, more females than males reported an amount in the range of $1 to $5,000 (47.4% vs. 26.8%) while more males than females reported an amount in the range of $10,001 to $25,000 (40.9% vs. 25.6%, $F = 7.0$, $p < .001$). The previous year earnings of the youth's spouse or partner was significantly higher for females than males ($17,563 vs. $9,524, $F = 9.7$, $p < .01$). In terms of differences by race/ethnicity, among youth who had any earnings in the past year, African American youth ($8,034) reported significantly lower earnings from employment during the past year than did all other racial groups ("other" race/ethnicity: $15,023; Hispanic: $13,073; mixed race: $12,823; white: $12,723, $F = 4.9$, $p < .001$). Additionally, youth in "other" race/ethnicity group (63.8%) were more likely than white youth (31.2%) and African American youth (16.1%) to report the earnings range of $10,001 to $25,000 ($F = 2.5$, $p < .01$).

We compared participants in the CalYOUTH study and participants in the PSID study in terms of their earnings during the past year. Compared to their counterparts in the PSID study, CalYOUTH participants were less likely to have received any income from a job in the past year (73.4% vs 87.0%, $F = 8.5$, $p < .01$). Gender differences were only significant for females; CalYOUTH females were less likely than PSID females to have received income from a job (70.8% vs .88.6%, $F = 13.7$, $p < .001$). CalYOUTH participants and PSID participants did not significantly differ in the average amount of income from employment, either when comparing all youth ($8,709 for CalYOUTH vs. $9,597 for PSID) or when comparing just those who reported earning income in the previous year ($11,904 for CalYOUTH vs. $11,032 for PSID).[21] Among those with any earnings from employment in the previous year, there were

[21] When interpreting these findings, it is important to keep in mind that California's state minimum wage of $10/hr is greater than the minimum wages of most other states in the U.S. Since PSID is a nationally representative sample, the nonsignificant

also no significant differences in the proportion of youth living below the federal poverty level (59.5% for CalYOUTH vs. 58.6% for PSID) based solely on their earnings.[22] However, if we considered all youth including those who reported no earnings during the past year, CalYOUTH participants were more likely than PSID participants to fall below the federal poverty level (70.4% vs. 50.9%. $F = 13.8$, $p < .001$). Gender differences were only significant for females; CalYOUTH females were more likely than PSID females to fall below the federal poverty level (78.8% vs .56.5%, $F = 9.0$, $p < .01$). The limitations noted earlier in this section about the federal poverty level measure also apply to comparisons made between CalYOUTH and PSID participants.

differences in income from earnings between CalYOUTH participants and PSID participants (particularly when $0 wage earners are included) may be due in part to wage differences between CalYOUTH and the entire U.S. Due to small sample sizes, it was not possible to limit the PSID sample to just young people residing in California.

[22] To make the analysis comparable between the two studies, a binary measure of whether participants fell below the federal poverty level was created for each study for the year before the interviews was conducted. The federal poverty level was based on HHS guidelines. Interviews for the CalYOUTH Study were conducted in 2017, and the proportion of participants below the 2016 federal poverty level for a single person was calculated using the threshold of $11,880. Interviews for the PSID Study (Transition into Adulthood Supplement) were conducted in 2015, and the proportion of participants below the 2014 federal poverty level for a single person was calculated using the threshold of $11,670.

Table 36. Income of Youth and Youths' Partner/Spouse (n = 612)[a]

	#	%
Any income from employment during the past year	457	73.4
Among youth with any earnings in the past year, amount of income from employment (average; n = 457)[b] (Mean (SD))	$11,904 ($11,791)	
Among youth with any earnings in the past year, amount of income from employment (categories; n = 457)[c]		
$1 to $5,000	184	39.2
$5,001 to $10,000	75	19.1
$10,001 to $25,000	140	31.7
More than $25,000	51	10.0
Among all youth, income from earnings was below the 2016 federal poverty level for an individual (n = 616)	418	70.4
Among youth with any earnings in the past year, income from earnings was below the 2016 federal poverty level for an individual (n = 457)	265	59.5
Any income from spouse's/partner's employment during the past year (n =197)[d]	138	73.0
Amount of spouse's/partner's income from employment, if any (average; n = 138)[e] (Mean (SD))	$16,358 ($16,636)	
Amount of spouse's/partner's income from employment, if any (categories; n = 138)[e]		
$1 to $5,000	31	24.2
$5,001 to $10,000	22	20.3
$10,001 to $25,000	56	40.1
More than $25,000	22	15.4

Note: Unweighted frequencies and weighted percentages.

[a] Four youth were not asked these questions during the interview.

[b] Nighty-eight youth reported "don't know" or "refused" to the question about the specific dollar amount of their earnings from employment and were asked a follow-up question with income categories. When calculating mean earnings, the midpoint was used for the following income categories: "$1 to $5,000" ($n$ = 43), "$5,001 to $10,000" ($n$ = 21), "10,001 to $25,000" ($n$ = 27), "$25,001 to $50,000" ($n$ = 5), and "$50,001 to $100,000" ($n$ = 2). The seven remaining youth reported "don't know" or refused" to the question with earnings categories.

[c] Youth were first asked to provide the exact dollar amount of earnings, but if they replied "don't know" or "refused" they were asked a follow-up question with earnings categories. The earnings categories reported here reflect the categories in the latter question. The responses of youth who reported a specific earnings amount were recoded to these categories.

[d] Includes youth who are living with their spouse or partner.

[e] Forty-seven youth reported "don't know" or "refused" to the question about the specific dollar amount of their partner's/spouse's income from employment and were asked a follow-up question with income categories. When calculating mean earnings, the midpoint was used for the following categories: "$1 to $5,000" (*n* = 10), "$5,001 to $10,000" (*n* = 8), "10,001 to $25,000" (*n* = 17), "25,001 to $50,000" (*n* = 4), and "$50,001 to $100,000" (*n* = 1). Seven remaining youth answered "don't know" or "refused" to the question regarding earnings categories.

Income from Other Sources

Youth who were living with their own children, their spouse's/partner's children, or both (*n* = 168) were asked about the income they had received from child support and the Earned Income Tax Credit. These findings are reported in Table 37. Only about one in ten of the young people with children reported that child support payments had been agreed to or awarded during the past year. Among youth that did not have a child support agreement in the past 12 months, about 4 percent said that they or their spouse/partner were supposed to have received child support. Among youth who received or were supposed to receive child support payments in the past 12 months, less than half reported that they received anything. Of the youth living with their own or their spouse's/partner's child (or both), almost one-quarter of the youth did claim an EITC benefit. About one-third of youth were unaware of the EITC program, less than 20 percent were not eligible for EITC, and the remaining youth were either planning to claim or did not claim EITC for other reasons.

Table 37. Income from Child Support and EITC (*n* = 168)[a]

	#	%
Child support payments agreed to or awarded during last 12 months	15	9.0
Among youth for whom child support payments were not agreed to or awarded in last 12 months, supposed to receive child support payments during last 12 months	6	3.8
Amount of child support payments received in last 12 months (*n* = 21)[b]		
$0	10	53.1
$1 to $500	9	46.9
Claimed/planning to claim the EITC (*n* = 168)		
Yes, I did claim the EITC	40	23.4
Yes, planning to claim the EITC	19	12.7
No, not eligible for the EITC	26	17.3
No, not aware of the EITC	54	33.0
No, other reasons	20	13.6

Note: Unweighted frequencies and weighted percentages.
[a] Includes youth living with their child, their partner's/spouse's child, or both.
[b] Includes youth for whom child support payments were agreed to/awarded, or who were supposed to receive payments.

Some youth reported income from sources other than employment, child support, and the Earned Income Tax Credit, which are reported in Table 38. Of the youth living with someone above the age of 14 (not including their spouse/partner), the greatest proportion of youth reported that these individuals had incomes between $10,001 and $25,000, followed by incomes of $5,000 or less. The average income was just over $35,000 (the median income was $17,500).[23] A little under two-fifths of all youth reported that someone else helped them out by giving them money (not including loans) since their last interview. These youth were then asked whether they received money from a family member, friend, or social service agency. Youth most commonly received money from a family member, followed by friends and social service agencies. All youth were then asked if they received money from anyone else, and about 8 percent reported that they did. When asked to estimate the amount they received from all sources since their last interview, the most common total amount was $5,000 or less (56% of the responses). The overall average amount received was about $9,000 (the median was $4,000).[24]

Differences were found by race/ethnicity in the proportion of youth who had received money from "anyone else" ($F = 2.7$, $p < .05$). African American youth (13.2%) were more likely than Hispanic youth (3.8%) to report receiving income from "anyone else," while white youth (7.8%), mixed-race youth (10.1%), and youth in the "other" race/ethnicity group (11.9%) did not significantly differ from other groups.

[23] The reason the average income is considerably larger than the median income is due to several youth who reported large incomes. Sixteen youth reported incomes of household members that exceeded $150,000.

[24] The reason the average amount received is considerably larger than the median amount received is due to several youth who reported large amounts. Eighteen youth reported that they received $30,000 or more in the past year, including 2 youth who reported receiving "more than $250,000." When these 2 youth were excluded, the average amount received was $7,712.

Table 38. Income from Other Sources (n = 612)[a]

	#	%
Amount of income of other household members above age 14 (average; n = 351)[b,c] (Mean (SD))	$35,873 ($50,537)	
Amount of income of other household members above age 14 (categories; n = 351)[b,d]		
$5,000 or less	65	23.9
$5,001 to $10,000	30	10.5
$10,001 to $25,000	67	24.6
$25,001 to $50,000	55	19.0
$50,001 to $100,000	41	17.5
More than $100,000	16	4.6
Not including loans, received money from anyone since last interview (n = 612)	229	37.3
Among youth who received money from anyone since last interview, received money from a family member since last interview (n = 229)	172	76.2
Among youth who received money from anyone since last interview, received money from a friend since last interview (n = 229)	118	47.2
Received money from a social service agency since last interview (n = 612)	256	41.5
Received money from anyone else (n =612)	46	7.5
Among youth who received money, total amount of money received from all people above (average; n = 380)[e,f] (Mean (SD))	$9,074 ($20,389)	
Total amount of money received from all people above (categories; n = 380)[e,g]		
$1 to $5,000	208	55.9
$5,001 to $10,000	67	19.2
$10,001 to $25,000	72	20.1
$25,001 to $50,000	17	4.1
More than $50,000	3	0.8

Note: Unweighted frequencies and weighted percentages.

[a] Four youth were not asked these questions during the interview.

[b] Includes youth who had someone living in their household above the age of 14, other than a spouse or partner. A total of 16 youth said that someone above age 14 lived in their household but had an income of $0. These 16 youth are not included in the calculations in the table.

[c] Two hundred thirty-four youth reported "don't know" or "refused" to the question about the specific dollar amount of their income from employment and were asked a follow-up question with income categories. When calculating the mean income, the midpoint was used for the following income categories: "$1 to $5,000" ($n$ = 39), "$5,001 to $10,000" ($n$ = 22), "10,001 to $25,000" ($n$ = 36), "25,001 to $50,000" ($n$ = 39), "50,001 to $100,000" ($n$ = 27), and "$100,001 to $250,000" ($n$ = 7). Three youth reported "more than $250,000" and $250,000 was entered as the dollar amount for these youth. The 61 remaining youth replied "don't know" or "refused" to the question with income categories.

[d] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

[e] Includes youth who received money from family, friends, social service agencies, or anyone else.

[f] One hundred three youth replied "don't know" or "refused" to the question about the specific dollar amount of money received from others and were asked a follow-up question with categories. When calculating the mean amount of money received, the midpoint was used for the following categories: "$1 to $5,000" (*n* = 41), "$5,001 to $10,000" (*n* = 18), "10,001 to $25,000" (*n* = 22), and "25,001 to $50,000" (*n* = 7). Two youth reported "more than $250,000" and $250,000 was entered as the dollar amount for these youth. The 13 remaining youth reported "don't know" or refused" to the question with categories.

[g] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Housing Costs

Table 39 displays costs of housing and utilities for youth who were not homeless and who were not living in an institutional setting (e.g., residential treatment centers, hospitals, and correctional facilities) at the time of the interview. It would be unlikely for youth residing in institutional settings to have been paying for housing. Nearly 92 percent of these youth reported their current housing status as renting, while only 3 percent reported owning, and 6 percent chose some other type of status besides renting and owning. Youth living in their own place, hotel/motel/SRO, transitional housing placement, with parents, with relatives, with former foster family, with spouse/partner, with friends, and in a college dorm were asked how much they were paying in monthly rent. About 17 percent of these youth reported paying $0 in rent. About 45 percent of youth reported paying $500 or less for rent per month, with another 27 percent of respondents paying between $501 and $1,000 in rent. Excluding those who reported paying $0 per month for rent, the average monthly rent was about $598 (the median rent was $500). Nearly all youth (97.2%) paid rent on a monthly basis. In terms of the cost of utilities, the largest proportion of youth reported that they did not have to pay anything toward utilities, and the next most common amount was utility bills between $51 and $100 per month.

Gender differences were found in the costs of housing and utilities; females reported a higher average monthly rent or mortgage than did males ($652 vs. $507, $F = 12.6$, $p < .001$).

Table 39. Costs of Housing and Utilities

	#	%
Housing status of youth living in their own place or living with a spouse/partner (n = 326)[a]		
Owns	10	2.6
Rents	291	91.8
Other	25	5.6
Among youth living in their own place, hotel/motel/SRO, transitional housing placement, with parents, with relatives, with former foster family, with spouse/partner, with friends, and in a college dorm (n = 553)[b]		
Amount paying for rent per month (categories)[b,c]		
Youth reported paying $0	100	16.8
$500 or less	229	45.4
$501 to $1,000	147	26.6
$1,001 to $1,500	50	7.9
$1,501 to $2,000	13	2.5
More than $2,000	8	0.8
Among youth paying more than $0 for rent, amount paying for rent or mortgage per month (average; n = 453)[b,c] (Mean (SD))	$598 ($410)	
Rent billing period		
Every week or every two weeks	7	1.0
Every month	433	97.2
Other	6	1.8
Amount paying for utilities per month[b,d]		
$0	245	49.7
$1 to $50	65	11.4
$51 to $100	117	20.2
$101 to $150	32	5.4
$151 to $200	42	6.3
$201 to $250	6	1.2
More than $250	38	5.9

Note: Unweighted frequencies and weighted percentages.

[a] This question excludes youth living in other placement types (e.g., college dorms, transitional housing placements, hotels/motels/single room occupancy, with family or foster family members, with friends, in a group home/residential treatment center, in a hospital/rehab/treatment center, in a jail/prison/correctional facility, homeless).

[b] Excludes youth living in a group home/residential treatment center, hospital/rehab/treatment center, jail/prison/correctional facility, and youth who are homeless.

[c] Twenty-two youth reported "don't know" or "refused" to the question about the specific dollar amount of how much they pay for rent and were asked a follow-up question with rent amount categories. When calculating the mean income, the midpoint was used for the following income category: "$501 to $1,000" ($n$ = 5), "$501 to $1,000" ($n$ = 5), "$1,001 to $1,500" ($n$ = 1), and "$1,501 to $2,000" ($n$ = 1). The remaining 10 youth reported "don't know" or refused" to the question with categories.

[d] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Assets and Debts

Table 40 presents information on the checking, savings, and money market accounts of the young people. Over half of youth reported having a checking, savings, or money market account. Of the youth with an account who also reported living with a spouse or partner, almost three-fifths reported that they and their spouse/partner each had their own separate account. The next most common responses were the youth having their own account and the youth and their spouse/partner having a joint account. Of all of the respondents with an account, about half reported having a balance between $1 and $1,000 at the time of the interview. Less than 10 percent reported having no money in their account. Excluding youth who had $0 in their account, the average balance was about $2,900 (the median was $1,000).

Differences by race/ethnicity were found in the proportions of youth who reported having any checking, savings, or money market account or funds ($F = 6.0$, $p < .001$). African American youth (39.4%) were less likely than white youth (56.8%), Hispanic youth (63.3%), and youth in the "other" race/ethnicity group (82.8%) to have an account or funds. Mixed-race youth (51.5%) were also less likely than youth in the "other" race/ethnicity group (82.8%) to have an account or funds.

Differences were also found between the CalYOUTH respondents and PSID respondents.[25] Young people in CalYOUTH were significantly less likely than those in PSID to have a checking, savings, money market account or funds (52.8% vs. 88.2%, $F = 55.2$, $p < .001$), and this was true for both males (54.4% vs. 87.2%, $F = 35.4$, $p < .001$) and females (51.9% vs. 88.9%, $F = 63.3$, $p < .001$). Among youth who had an account, no significant differences were found between CalYOUTH and PSID participants in the dollar amount in their accounts. However, when considering the average balances for all youth (including those with no accounts), PSID participants reported a significantly higher amount than did CalYOUTH participants ($2,528 vs. $1,184, $F = 11.0$, $p < .01$). Significant differences in account amounts were found for males ($3,276 vs. $1,007, $F = 9.7$, $p < .01$) but not for females ($2,072 vs. $1,290, $p > .05$).

[25] In the PSID study, respondents were asked two questions about their accounts (one about checking and savings accounts, and another about other types of accounts such as money market funds, certificates of deposits, government savings bonds, and rights to a trust or estate). In contrast, CalYOUTH participants were asked a single question about their various accounts. To make the studies comparable, we combined the two separate PSID items into a single question. Another difference between the two studies is that PSID participants were asked about their own accounts, while CalYOUTH participants were asked about their own accounts as well as accounts that were jointly owned with a partner. To make the analyses comparable between the two studies, CalYOUTH data were restricted to respondents who only reported about their own assets, which is why the proportions and the means reported in the text do not exactly match those reported in Table 40.

Table 40. Checking Accounts, Savings Accounts, and Money Market Accounts (n = 612)[a]

	#	%
Any checking account, savings account, money market account or funds	342	56.1
Among youth with an account who is living with a spouse/partner, ownership status of bank account(s) (n = 123)		
Has own account	23	18.3
Has account jointly with spouse/partner only	18	11.8
Has own account and account jointly with spouse/partner	10	8.8
All accounts belong to spouse/partner only	7	4.1
Has own account and spouse/partner has their own account	65	57.1
Amount of current balance in all accounts (average; n = 320)[b,c] (Mean (SD))	$2,894 ($5,858)	
Amount of current balance in all accounts (n = 342)[d]		
$0	22	7.2
$1 to $1,000	169	50.8
$1,001 to $2,500	51	15.8
$2,501 to $5,000	46	12.7
$5,001 to $10,000	28	9.8
More than $10,000	13	3.7

Note: Unweighted frequencies and weighted percentages.
[a] Four youth were not asked these questions during the interview.
[b] Thirty-nine youth responded "don't know" or "refused" to the question about the specific dollar amount of their current balance and were asked a follow-up question with categories. When calculating the average amount in all accounts, the midpoint was used for the following categories: "$1 to $1,000" ($n$ = 11), "$1,001 to $2,500" ($n$ = 6), "$2,501 to $5,000" ($n$ = 5), "5,001 to $10,000" ($n$ = 3). One youth reported "more than $50,000" and $50,000 was entered as the dollar amount for these youth. The 13 remaining youth reported "don't know" or refused" to the question with categories.
[c] Excludes 22 youth who reported having $0 in their accounts.
[d] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Responses to questions about vehicle ownership are presented in Table 41. Almost half of youth reported owning any vehicle. Among all respondents that reported owning a vehicle, over half did not owe any money on the vehicle. Among youth who still owed money, more than half owed more than $5,000. Of youth with a vehicle and who were living with a spouse or partner (n = 143), over one-quarter shared ownership of a vehicle with that person.

There were gender and race/ethnicity differences in vehicle ownership. Among youth who owned a vehicle and were cohabitating with a spouse or partner, males were more likely than females to report owning all vehicles alone (43.1% vs. 10.6%, F = 4.4, p < .01). African American youth (27.5%) were significantly less likely than white youth (50.1%), mixed-race youth (53.0%), Hispanic youth (52.1%), and youth in the "other" race/ethnicity group (53.2%) to report owning any vehicles (F = 5.5, p <.001).

Table 41. Vehicle Ownership (n = 616)[a]

	#	%
Owns any vehicles	305	46.5
Amount owed on vehicles (n = 305)[b]		
$0	178	56.4
$1 to $5,000	39	15.3
$5,001 to $10,000	37	11.8
$10,001 or more	48	16.6
Among youth with a vehicle who is living with a spouse/partner, ownership status of vehicle(s) (n = 143)		
Own all vehicles alone	27	18.4
Own all vehicles jointly with spouse/partner	34	26.2
Own vehicles alone and jointly with spouse/partner	5	2.4
Spouse/partner owns vehicles alone	34	27.0
Spouse/partner and I each own vehicle separately	43	26.1

Note: Unweighted frequencies and weighted percentages.
[a] Four youth were not asked these questions during the interview.
[b] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories

Table 42 reports the debts owed by the young people. Sixteen percent of all youth reported ever borrowing at least $200 from relatives or friends/nonrelatives.[26] About 80 percent borrowed money from a relative and about 50 percent borrowed money from a friend or other nonrelative. About half of the youth borrowed less than $500 from anyone. Of the respondents that had borrowed money from anyone, about 70 percent did not currently owe the lender any money and most of the remaining youth owed $500 or less. When youth who were living with a spouse or partner were asked about any other current debts that were owed either alone or with their partner, about 70 percent owed more than $500, with most owing $1,001 to $5,000.

[26] The question about youths' debts excluded money loaned to youth for education expenses (those debts were covered in the section of the survey pertaining to education) and for the purchase or remodeling of a home.

Table 42. Debts (*n* = 612)[a]

	#	%
Ever borrowed at least $200 from relatives or friends	99	16.1
Among youth who ever borrowed, borrowed at least $200 from a relative (*n* = 99)	78	81.1
Among youth who ever borrowed, borrowed at least $200 from a friend/nonrelative (*n* = 99)	54	49.9
Amount borrowed from anyone (*n* = 99)		
$1 to $300	14	18.4
$301 to $500	29	31.9
$501 to $1,000	24	22.8
$1,001 to $5,000	22	20.9
More than $5,001	10	6.1
Amount still owed on loans (*n* = 99)		
$0	65	71.3
$1 to $500	21	20.6
More than $500	13	8.1
Any other current debts owed, either alone or with spouse/partner (*n* = 130)		
$0 to $500	29	28.0
$501 to $1,000	22	17.2
$1,001 to $5,000	57	40.0
More than $5,000	21	14.7

Note: Unweighted frequencies and weighted percentages.
[a] Four youth were not asked these questions during the interview.

Economic Hardship, Food Insecurity, and Public Program Participation

Economic Hardship

Previous research has shown that transition-age foster youth experience economic hardship at higher rates than the general population. These young people's relatively low average earnings from employment, noted above, clearly play a role in these disparities (Barnow et al., 2015; Courtney & Dworsky, 2006; Courtney et al., 2007; Macomber et al., 2008; Stewart et al., 2014). For example, Dworsky (2005) assessed the self-sufficiency of 8,511 young adults who had been in the Wisconsin foster care system after their 16th birthday. The majority of youth were discharged before turning 18, with the median age at discharge being 17 years old. Although earnings increased as youth grew older, the mean and median annual earnings for former foster youth remained below the poverty threshold, even 8 years after

discharge from care. A study by Stewart and colleagues (2014) found that the gap in employment and earning between former foster youth and their same-age peers was still present at age 30.

In addition to having low incomes, research indicates that former foster youth face economic hardships in meeting their everyday needs and paying for living expenses. Courtney and colleagues (2007) found that half of former foster youth at age 21 reported experiencing at least one of five material hardships, such as not having enough money to pay rent or a utility bill. Further, former foster youth at 21 experienced an average of 1.02 types of economic hardships while same-aged youth in Add Health experienced just 0.46 economic hardships on average (Courtney et al., 2007).

Table 43 displays economic hardships CalYOUTH participants experienced during the past 12 months. Some of the more common hardships youth reported were not having enough money to buy clothing, not having enough money to pay rent, and having their cell phone or TV services disconnected. Overall, just under half of the youth reported experiencing one or more of the economic hardships we asked them about. There was one gender difference, with females being more likely than males to report not having enough money to pay utility bills (24.9% vs. 11.2%, $F = 14.5$, $p < .001$).

Table 43. Economic Hardship in the Past 12 Months (n = 609)[a]

	#	%
Not enough money to buy clothing	219	35.5
Not enough money to pay rent	150	24.3
Evicted because unable to pay rent/mortgage	55	9.3
Not enough money to pay utility bills	129	19.8
Cell phone/TV services disconnected	177	28.0
Gas/electricity shut off	54	7.6
Experienced at least one of the economic hardships above	300	48.6

Note: Unweighted frequencies and weighted percentages.
[a] Youth who were incarcerated for 12 or more months were not asked these questions (n = 3). Four additional youth were not asked these questions during the interview.

Food Insecurity

Food insecurity is a particularly important indicator of economic hardship. Courtney and colleagues (2007) used a food security composite score similar to the short form of the United States Department of Agriculture's food security measure and found that more than one-quarter of 21-year-olds in the Midwest Study would be categorized as having low or very low food security. For example, 16 percent of youth reported experiencing a time in the past 12 months when they were hungry but did not eat because they could not afford food. Although limited comparative research has been conducted, some studies suggest that food insecurity is more common for foster youth than for other youth. For example, a large study of

over 33,000 community college students in 24 states found that more than half of individuals who had ever been in foster care (55%) experienced an extreme level of food insecurity compared to just one-third of students who had never been in foster care (33%; Goldrick-Rab, Richardson, & Hernandez, 2017).

Our assessment of food insecurity includes items taken from a measure created by the USDA (Bickel, Nord, Price, Hamilton, & Cook, 2000). All of the questions except for the first item in Table 44 asked about the youths' food situation in the past 12 months. In addition to individual measures of food insecurity five items were used to create a composite score of the United States Department of Agriculture's food security measure. Youth who answered "yes" to two or more of the items were classified as food insecure (see note b below Table 44 for a list of the items).

Table 44 displays food insecurity of CalYOUTH participants. Almost nine in ten youth reported having enough food to eat in the past month, even if it was not the kinds of food they wanted. Participants were also asked about several types of food insecurity in the past 12 months. Over one-quarter of youth said they had to borrow food or food money from relatives or friends, a little over one-fifth reported having to forego paying a bill to purchase food, nearly one-fifth got emergency food from a panty, and about one-fifth ate at a soup kitchen or community meal program. One in six youth reported that someone in their household skipped or cut meals because they could not afford food, and among those who ever skipped or cut a meal, one in five did so almost every month. In the past 12 months, over one in ten youth reported not eating for a whole day, and among those who said they did not eat for an entire day, almost one-quarter had done so almost every month. One in five youth said they ate less than they should, nearly one in five were hungry but did not eat, and one in nine lost weight because of not having enough food. Lastly, about one-third or more of the youth reported that it was "often true" or "sometimes true" for each of the following: they worried about running out of food, they did not have enough money to buy food after the food didn't last, and that they could not afford to eat balanced meals. Overall, 30 percent of the youth qualified as being food insecure using the USDA measure.

Significant differences were found by gender and race/ethnicity in terms of food insecurity. More females than males reported ever having to put off paying a bill to buy food in the past 12 months (26.0% vs. 15.3%, $F = 7.9$, $p < .01$). There were several racial/ethnic differences in the extent to which youth experienced different kinds of food insecurity, with Hispanic youth tending to fare relatively better than one or more of the other groups. There were overall differences based on race/ethnicity in food situation in the household in past month ($F = 2.1$, $p < .05$).[27] In terms of someone in the household having to skip

[27] While the overall distribution of responses to the question about food situation differed among race/ethnicity groups at a statistically significant level, none of the differences among race/ethnicity groups for individual response categories (e.g., "Enough of the kinds of foods wanted" and "Sometimes not enough food to eat") reached statistical significance. Some

or cut the size of meals because there was not enough money for food, Hispanic youth (9.2%) were less likely than white youth (18.6%), African American youth (19.2%), and mixed-race youth (23.8%) to have skipped or cut meals ($F = 3.6$, $p < .01$). Youth in the "other" race/ethnicity group (7.8%) did not significantly differ from the other groups. Similarly, in terms of not eating for a whole day because of not having enough money for food, Hispanic youth (7.0%) were less likely than African American youth (18.3%), and mixed-race youth (19.0%) to not eat for a day ($F = 3.7$, $p < .01$). White youth (10.5%) and youth in the "other" race/ethnicity group (9.8%) did not significantly differ from the other groups. In terms of ever eating less than they should because of not enough money for food, Hispanic youth (13.1%) and youth in the "other" race/ethnicity group (6.0%) were both less likely than white youth (24.2%), African American youth (26.7%), and mixed-race youth (28.4%) to eat less than they should ($F = 4.3$, $p < .01$). Hispanic youth (12.8%) were also less likely than white youth (21.5%), African American youth (25.5%), and mixed-race youth (29.3%) to report having been hungry and not eating because they could not afford food ($F = 3.7$, $p < .01$). Hispanic youth (7.9%) and youth in the "other" race/ethnicity group (1.9%) were both less likely than mixed-race youth (21.0%) to report losing weight due to lack of food ($F = 3.0$, $p < .05$). White youth (12.6%) and African American youth (13.1%) did not significantly differ from the other groups. Finally, white youth were more likely than Hispanic youth to report that they "often" could not afford to eat balanced meals (17.0% vs. 6.5%, $F = 2.2$, $p < .05$). In terms of overall food insecurity, Hispanic youth (22.6%) were less likely than white youth (31.2%), African American youth (37.3%), and mixed-race youth (43.6%) to be food insecure ($F = 3.6$, $p < .01$). Youth in the "other" race/ethnicity group (23.1%) did not differ significantly from the other groups.

differences that approached statistical significance were that African American youth (8.2%) more frequently reported "Often not enough to eat" than other race/ethnicity categories (all under 4.0%).

Table 44. Food Insecurity (*n* = 609)[a]

	#	%
Food situation in the household in past month		
Enough of the kinds of foods wanted	374	63.3
Enough food, but not always the kinds of food wanted	145	22.7
Sometimes not enough food to eat	66	10.5
Often not enough to eat	23	3.5
Food insecurity in past 12 months		
Got food or borrowed money for food from friends or relatives	178	27.5
Put off paying a bill to buy food	142	22.0
Received emergency food from a pantry	110	18.1
Ate meals at a soup kitchen/community meal program	42	5.9
Anyone in household skipped/cut size of meals because of not enough money for food	102	14.6
Frequency of skipping/cutting meals (*n* = 102)		
Almost every month	23	21.4
Some months, but not every month	35	35.4
Only 1 or 2 months	44	43.2
Did not eat for a whole day because of not enough money for food	76	11.4
Frequency of not eating a whole day (*n* = 76)		
Almost every month	17	22.8
Some months, but not every month	26	32.8
Only 1 or 2 months	33	44.4
Ate less than should because of not enough money for food	133	19.8
Was hungry but didn't eat because could not afford food	125	18.9
Lost weight because of not enough food	78	11.0
Worried about running out of food		
Often true	64	9.2
Sometimes true	167	26.1
Never true	377	64.7
Did not have enough money to buy food after food didn't last		
Often true	49	6.7
Sometimes true	155	25.4

Never true	403	67.9
Could not afford to eat balanced meals		
Often true	79	10.4
Sometimes true	142	24.8
Never true	387	64.9
Food insecure[b]	193	29.7

Note: Unweighted frequencies and weighted percentages.
[a] Youth who were incarcerated for 12 or more months were not asked these questions (n = 3). Four additional youth were not asked these questions during the interview.
[b] A youth was classified as food insecure if he or she answered "yes" to two of more of the following items: (1) anyone in household skipped/cut size of meals because of not enough money for food, (2) did not eat for a whole day because of not enough money for food, (3) ate less than they should because of not enough money for food, (4) did not have enough money to buy food after food didn't last (sometimes or often), and (5) could not afford to eat balanced meals (sometimes or often).

Unemployment Benefits

Table 45 displays unemployment and workers' compensation payments youth reported receiving. Less than 4 percent of the youth reported ever receiving unemployment compensation, and about a quarter of these youth said that they were currently receiving compensation. Among youth who ever received unemployment compensation, in the previous 12 months more than one-third had received it for more than four weeks. Among youth who had received unemployment compensation for at least one week in the past 12 months, about two-thirds said they received over $200 per week in unemployment compensation. Workers' compensation receipt was even rarer than receipt of unemployment compensation, with less than 2 percent of youth in the study reporting that they ever received worker's compensation. In terms of gender differences, a greater proportion of males than females reported that they had ever received workers' compensation (3.2% vs. 0.3%, $F = 15.2$, $p < .001$).

Table 45. Unemployment Compensation and Workers' Compensation (*n* = 612)[a]

	#	%
Ever received unemployment compensation	23	3.7
Currently receiving unemployment compensation (*n* = 23)	7	27.1
Number of weeks received unemployment compensation in past 12 months (*n* = 23)		
0 weeks	4	23.4
1 week to 4 weeks	8	40.9
More than 4 weeks	9	35.8
Among youth receiving unemployment benefits for 1 or more weeks, average amount received from unemployment benefits (per week; *n* = 17)		
$1 to $100	4	18.6
$101 to $200	3	15.0
$201 to $300	3	31.0
More than $300	7	35.4
Ever received workers' compensation	9	1.4
Currently receiving workers' compensation (*n* = 9)	0	0.0
Among youth who ever received workers' compensation, number of weeks received workers' compensation in the past 12 months (*n* = 9)		
0 weeks	4	42.5
1 or more weeks	5	57.6

Note: Unweighted frequencies and weighted percentages.
[s] Four youth were not asked these questions during the interview.

Public Program Participation

Past research has shown that a nontrivial percentage of transition-age foster youth participate in various public assistance programs. Dworsky (2005) found that nearly 17 percent of 8,511 former foster youth were recipients of AFDC or TANF cash assistance at some point during their first two years after discharge from foster care in Wisconsin. In addition, nearly a third of these youth received food stamps at some point during their first two years after they left care. Byrne and colleagues (2014) examined receipt of public assistance after discharge for a cohort of 7,492 former foster youth who exited care between 2002 and 2004 in Los Angeles County. These youth were all discharged from care after age 16, with over 70 percent of the young people exiting at age 18 or older. The study found that 28 percent of youth received CalWorks (California's TANF program) or General Relief (general assistance for indigent

adults) during the follow-up period, which ranged from five to eight years depending on when the youth exited care. Courtney and colleagues (2007) reported that among the 21-year-old participants in the Midwest Study, 66 percent of young women and 22 percent of young men received one or more forms of need-based government benefits such as TANF, unemployment insurance, or food stamps. Among females who were living with at least one child, this figure was 86 percent. Further, 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 (Courtney et al., 2007). Finally, Needell and colleagues (2002) examined the characteristics of 12,306 young people who exited foster care due to reaching the age of maturation in California from 1992 and 1997. The study found that 24 to 27 percent of former foster youth were receiving AFDC or TANF related benefits at any point during the 7-year study.

Some studies have reported differences by gender and race. Dworsky (2005) found that not being white increased the likelihood of receiving both cash and food stamp benefits and was associated with a longer duration of receipt. Similar to Dworsky, Byrne and colleagues (2014) found nonwhite youth had a greater likelihood of receiving public assistance than youth who were white. Several studies have found a strong and consistent relationship between gender and public assistance receipt, with women being significantly more likely to receive benefits than men (Byrne et al., 2014; Courtney et al., 2005; Courtney et al., 2007; Dworsky, 2005; Needell et al., 2002).

CalYOUTH participants were asked about receipt of Supplemental Nutrition Assistance Program (SNAP) assistance, which is commonly called Food Stamps, or CalFresh in California. As presented in Table 46, half of the youth reported that they had ever received CalFresh benefits. Of these youth, nearly three-fifths were currently receiving benefits. Among the young people who ever received CalFresh benefits, about one-third had received assistance for more than six months in the past year. The average monthly amount youth reported receiving in CalFresh benefits was about $235 (median = $194). Almost nine in ten mothers with a resident child reported ever receiving Supplemental Nutrition Program for Women, Infants and Children (WIC), and over six in ten reported that they were currently receiving WIC benefits.

Some gender and race/ethnicity differences were found in public food assistance. Females were more likely than males to have ever received CalFresh benefits (54.4% vs. 42.1%, $F = 6.7$, $p < .01$). Among youth who had ever received food assistance, females were also more likely than males to have been currently receiving CalFresh benefits (63.0% vs. 48.0%, $F = 4.6$, $p < .05$). Among youth who participated in the CalFresh program in the past year, the benefit amount varied by gender ($F = 6.6$, $p < .001$). A greater proportion of males than females reported receiving $101 to $200 per month (78.8% vs. 50.0%) while females were more likely than males to report receiving more than $300 per month (25.3% vs.

4.9%). In terms of significant differences by race/ethnicity, African American youth (62.5%) and mixed-race youth (60.3%) were more likely than Hispanic youth (42.1%) and youth in the "other" race/ethnicity group (27.1%) to report having ever received CalFresh benefits ($F = 4.7$, $p < .01$). White youth (51.3%) were also more likely than youth in the "other" race/ethnicity group to have ever received CalFresh benefits.

Table 46. Public Food Assistance ($n = 612$)[a]

	#	% / Mean (SD)
Ever received Food Stamps/CalFresh	302	49.8
Currently receiving Food Stamps/CalFresh ($n = 302$)	173	58.2
Number of months received Food Stamps/CalFresh in the past 12 months ($n = 302$)		
0 months	35	11.2
1 to 3 months	83	28.2
4 to 6 months	74	26.5
7 to 9 months	33	10.4
10 to 12 months	72	23.8
Average amount received in Food Stamps/CalFresh per month (average; $n = 261$)[b,c]	235.3 (131.9)	
Average amount received in Food Stamps/CalFresh per month (categories; $n = 261$)[d]		
$1 to $100	28	10.8
$101 to $200	155	59.1
$201 to $300	30	11.5
More than $300	48	18.7
Among mothers with a resident child, ever received Supplemental Nutrition Program for Women, Infants and Children (WIC; $n = 155$)	136	86.3
Currently receiving WIC ($n = 136$)	82	63.2

Note: Unweighted frequencies and weighted percentages, means, and standard deviations.
[a] Four youth were not asked these questions during the interview.
[b] Includes youth who reported receiving food stamps for 1 or more months during the past year.
[c] Five youth responded "don't know" or "refused" to the question about the specific dollar amount they received in food stamps and were asked a follow-up question with categories. When calculating the average amount of food stamp payments, the midpoint was used for the following categories: "$1 to $100" ($n = 1$), "$100 to $200" ($n = 3$), and "$201 to $300" ($n = 1$).
[d] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Table 47 displays CalYOUTH participants' receipt of public housing and rental assistance support. Less than 5 percent of youth reported ever living in public housing or had received rental assistance. Of those who ever received housing assistance, about one-third of youth were currently receiving this benefit.

Among those who had ever received this benefit in the past 12 months, about half had received housing assistance for 1 month or longer and more than half of these received more than $500 per month toward housing.

Table 47. Public Housing and Rental Assistance (*n* = 612)[a]

	#	%
Ever lived in public housing/rental assistance	25	4.4
Currently receiving any public housing assistance (*n* = 25)[N]	8	35.3
Number of months received public housing/rental assistance in the past 12 months (*n* = 25)		
0 months	11	49.9
1 to 3 months	8	28.3
4 to 12 months	6	21.8
Average amount received for rental assistance (per month; *n* =13)[b]		
$1 to $500	7	45.1
More than $500	6	54.9

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Four youth were not asked these questions during the interview.
[b] Includes youth who reported receiving rental assistance for one or more months in the past year. One youth reported receiving $0 and was not included.

As reported in Table 48, 6 percent of CalYOUTH participants reported ever receiving CalWORKs benefits (CalWORKs is the name of California's Temporary Assistance for Needy Families (TANF) program). Among those who ever participated in the CalWORKs program, four in five were currently receiving these benefits. Almost three-fifths of youth who ever received CalWORKs had received the benefit for more than six months in the past year, and over half reported receiving $500 or less per month. Youth were also asked if they ever received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Fewer than one in ten youth reported receiving SSI or SSDI; over half of those youth were receiving payments at the time of the interview. Of the youth who ever received SSI/SSDI, most received it for less than half of the past year and nine in ten of those received between $500 and $1,000 per month.

A few gender differences were found in TANF receipt. Females were more likely than males to have ever received CalWORKs (8.7% vs. 1.8%, $F = 10.6$, $p < .01$). Among youth who had ever received CalWORKs benefits, females were more likely than males to be current recipients (84.7% vs. 34.5%, $F = 4.4$, $p < .05$).

Differences in CalWORKs receipt were also found between CalYOUTH participants and PSID participants.[28] Young people in the CalYOUTH Study were more likely than those in PSID to have received CalWORKs during the past year (4.8% vs. 0.3%, $F = 25.8$, $p < .001$). CalYOUTH females were more likely than PSID females to have received CalWORKs (7.4% vs. 0.5%, $F = 16.0$, $p < .001$), but a significant difference was not found for males.

Table 48. TANF/CalWORKs and Other Public Welfare Assistance ($n = 612$)[a]

	#	%
Ever received low-income family assistance (TANF/CalWORKs)	34	6.1
Currently receiving TANF/CalWORKs[N] ($n = 34$)	24	79.2
Number of months received TANF/CalWORKs in the past 12 months ($n = 34$)		
0 months	5	12.2
1 to 3 months	10	26.1
4 to 6 months	5	18.6
7 to 12 months	13	43.2
Average amount received in TANF/CalWORKs assistance (per month; $n = 28$)		
$100 to $500 per month	15	53.4
More than $500 per month	13	46.6
Ever received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	51	8.2
Currently receiving SSI or SSDI ($n = 51$)	28	56.6
Number of months received SSI/SSDI in the past 12 months ($n = 51$)		
0 months	17	38.7
1 to 3 months	7	13.0
4 to 6 months	5	7.1
7 to 12 months	19	41.1
Average amount received in SSI/SSDI (per month; $n = 31$)[b]		
$500 or less	0	0.0
$501 to $1,000	29	87.6
More than $1,000	2	12.4

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Four youth were not asked these questions during the interview.
[b] Includes youth who reported receiving payments for one or more months in the past year.

[28] The PSID study asked respondents about receiving any income from TANF in 2014 (i.e., during the last year), whereas the CalYOUTH Study asked about any income from CalWORKs that they were currently receiving. Since a comparable time frame for TANF receipt was not available between studies, these comparisons use the time frames that were available in both studies. However, because the time frames for TANF receipt are not the same, results should be interpreted with caution.

Physical and Mental Health

Physical Health

A policy statement from the American Academy of Pediatrics (2012) underscores the health care needs and service gaps for young adults aging out of foster care. Foster youth transitioning to adulthood have a greater likelihood of experiencing physical and mental health problems when compared to their nonfoster peers (Lee & Morgan, 2017). While the majority of transition-age foster youth rate their health as good, very good, or excellent, a nontrivial proportion of youth report struggling with health limitations (Courtney et al., 2007; Reilly, 2003). In the Midwest Study, 11 percent of 21-year-olds reported having health conditions that limited their daily activities and almost 13 percent reported having chronic medical conditions (Courtney et al., 2007). More than a quarter of Midwest Study participants visited the emergency room two times or more in the past year and nearly one-fifth had been hospitalized at least once in the past year. Overall, pregnancy related hospitalizations accounted for the largest portion of visits (49%), followed by hospitalizations due to illness (19%), injury or accident (16%), and drug use or emotional problems (7%; Courtney et al., 2007).

As displayed in Table 49, when CalYOUTH participants were asked about their current health status, nearly eight in ten youth rated their health as "excellent," "very good," or "good." Gender differences emerged for youths' general health status ($F = 2.5$, $p < .05$).[29]

Youth in the Add Health study saw themselves as being in better health than did the CalYOUTH participants ($F = 33.4$, $p < .001$). For example, nearly three-quarters of Add Health participants rated their health as "excellent" or "very good", while less than a half of CalYOUTH participants gave similar ratings. Similar trends were found when comparisons were made across studies for males ($F = 33.5$, $p < .001$) and for females ($F = 23.5$, $p < .001$).

[29] While the overall distribution of responses to the question about general health status between genders differs at a statistically significant level, none of the differences between genders for individual response categories (e.g., "excellent," "very good") reached statistical significance. The differences that approached statistical significance were that a greater proportion of males (28.8%) than females (18.3%) rated their general health status as excellent. Conversely, females tended to rate their health as "good," "fair," or "poor" at slightly higher rates than did males.

Table 49. Current Health Status (n = 615)[a]

	CalYOUTH		Add Health		
	#	%	#	%	*p*
General health rating					***
Excellent	139	22.3	387	31.2	
Very good	125	21.1	504	43.0	
Good	210	35.2	270	20.8	
Fair	120	19.2	54	4.8	
Poor	20	2.2	3	0.2	

$p < .001$; *Note*: Unweighted frequencies and weighted percentages.
[a] One youth was not asked this question during the interview.

The health and dental insurance coverage for study participants is reported in Table 50. Overall, almost 90 percent of young adults reported having health insurance, and almost 80 percent of young adults had dental insurance coverage. Among those with health and dental coverage, almost 90 percent reported their primary source of insurance as Medi-Cal (California's Medicaid program) or another state program.[30] There were differences by gender in terms of insurance coverage. Females were significantly more likely than males to report having health insurance (92.6% vs. 81.6%, $F = 12.0$, $p < .001$) and dental insurance (82.9% vs. 69.8%, $F = 10.3$, $p < .01$).

Young people in CalYOUTH were more likely than those in Add Health to report having health insurance (88.5% vs. 75.2%, $F = 28.0$, $p < .001$), which was true among males (81.6% vs. 71.1%, $F = 5.8$, $p < .05$) and females (92.6% vs. 77.6%, $F = 26.9$, $p < .001$), though the health insurance policy landscape has changed considerably since the time of the Add Health study.[31]

[30] In addition to the two questions summarized in Table 50, two additional questions were asked that mirrored items in the NYTD survey: "Currently are you on Medi-Cal?" and "Currently do you have health insurance, other than Medi-Cal?" A total of 83.3% of youth responded "yes" to the former question and 18.8% responded "yes" to the latter question.

[31] It is important to note that the Add Health data were collected before the implementation of the Affordable Care Act Medicaid program expansion. The provisions of the law allowed young adults to remain on their parents' health insurance up to age 26. Youth in foster care also qualify for this provision. This likely explains some of the difference observed in rates of health insurance coverage between CalYOUTH and Add Health participants.

Table 50. Health Insurance Coverage and Dental Insurance Coverage (*n* = 615)[a]

	#	%
Health insurance		
Youth has health insurance	546	88.5
Primary source of health insurance (*n* = 546)		
Plan purchased through employer or union	26	5.2
Plan youth/family member bought on their own	8	1.4
Medicaid/Medi-Cal/DENTI-CAL/state program	480	89.9
Tricare (formerly Champus), VA, or military	9	1.6
Other	13	1.9
Dental insurance		
Youth has dental insurance	456	78.1
Primary source of dental insurance (*n* = 456)		
Plan purchased through employer or union	28	6.7
Plan youth/family member bought on their own	8	1.4
Medicaid/Medi-Cal/state program	389	88.7
Tricare (formerly Champus), VA, or military	8	2.1
Alaska Native/Indian Health Service/Tribal Health Services	1	0.2
Other	8	1.0

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked these questions during the interview.

Data on the use of medical care and barriers to care are displayed in Table 51. Over half of the youth in our sample reported having had a physical exam in the year before their interview and about half reported having had a dental exam in the same period. About 14 percent of youth reported being unable to receive needed medical care within the past year, and among these respondents the most common reasons for not being able to receive needed medical care were not having insurance, not knowing where to go, and not having transportation. Additionally, almost 30 percent of respondents said they were unable to access medical care in the past year for some other reason (e.g., was told insurance would not cover procedure, did not think it would help with problem, lost insurance card, did not want to go, did not have transportation or child care, was incarcerated). About 12 percent of youth reported encountering barriers to receiving needed dental care within the past year. The most common barrier to receiving needed dental care was not having insurance, followed by costs being too much and not knowing where to go. Additionally, about one-quarter of the youth gave some "other" reason for not receiving needed dental care. Finally, 18 percent of youth reported having an injury during the past year that was either "serious," "very serious," or "extremely serious."

In terms of gender differences, females were more likely than males to have had a physical exam within the past year (63.9% vs. 38.7%), whereas males were more likely than females to have had their last exam more than two years ago (24.4% vs. 8.8%, $F = 10.4$, $p < .001$). There were also gender differences in terms of the worst injury youth reported experiencing in the past year ($F = 10.4$, $p < .001$). A greater proportion of females than males reported having had a dental exam within the past year (56.6% vs. 41.5%, $F = 3.3$, $p < .05$). Among youth who were unable to receive medical care, females were more likely than males to report not having insurance as a reason they were unable to receive medical care (42.9% vs. 2.7%, $F = 4.1$, $p < .01$). Among youth who were unable to receive dental care, males (24.6%) were more likely than females (0.6%) to report having no transportation, while females (43.9%) were more likely than males (11.7%) to report having no insurance ($F = 5.3$, $p < .001$). There were also race/ethnicity differences in terms of the worst injury youth reported experiencing in the past year ($F = 2.4$, $p < .01$). Hispanic youth were more likely than mixed-race youth to report a "very minor" injury (47.7% vs. 23.6%, $F = 2.4$, $p < .01$).

A few differences in medical care use were found between CalYOUTH and Add Health participants. Add Health participants were more likely than CalYOUTH participants to have their last physical exam less than a year ago (66.7% vs. 54.5%), while CalYOUTH participants were more likely than Add Health participants to have their last physical exam one to two years ago (29.9% vs. 13.3%, $F = 29.5$, $p < .001$).[32] Additionally, fewer CalYOUTH respondents than Add Health respondents reported being unable to receive needed medical care in the past year (13.5% vs. 22.4%, $F = 13.7$, $p < .001$). Differences between CalYOUTH and Add Health participants in receiving a physical exam and needed medical care in the past year were similar for males and females. It is worth noting that the availability of health insurance has changed significantly for young adults and for former foster youth in particular since the Add Health study interviews were conducted.

[32] The CalYOUTH questionnaire only provided a response option for "never." To make the response options comparable between the two studies, the CalYOUTH response category "never" was combined with "2 or more years ago."

Table 51. Medical Care Use and Barriers to Use (n = 615)[a]

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Last physical exam							***
Never	4	1.1	1	1.0	3	1.1	
Less than 1 year ago	316	54.5	86	38.7	230	63.9	
1 to 2 years ago	186	29.9	82	36.0	104	26.2	
2 or more years ago	106	14.6	68	24.4	38	8.8	
Last dental exam							*
Never	5	1.3	2	1.3	3	1.3	
Less than 1 year ago	297	50.9	95	41.5	202	56.6	
1 to 2 years ago	183	28.4	79	32.6	104	25.9	
2 or more years ago	128	19.4	63	24.6	65	16.2	
Unable to receive needed medical care in the past year	84	13.5	28	10.5	56	15.3	
Reason(s) unable to receive medical care (n = 84)							**
Didn't know where to go	13	16.8	5	22.7	8	14.4	
Cost too much	9	9.2	3	12.8	6	7.6	
No transportation	11	10.8	8	23.4	3	5.5	
Hours were inconvenient	4	4.2	3	13.0	1	0.6	
No insurance	25	31.0	2	2.7	25	42.9	
Other reason	22	28.0	7	25.4	15	29.0	
Unable to receive needed dental care in the past year (n = 614)[b]	73	12.2	23	9.9	50	13.6	
Reason(s) unable to receive dental care (n = 73)							***
Didn't know where to go	9	14.5	5	29.4	4	7.9	
Cost too much	15	17.9	1	6.1	14	23.2	
No transportation	6	8.0	5	24.6	1	0.6	
Hours were inconvenient	1	0.4	0	0.0	1	0.6	
No insurance	25	34.0	4	11.7	21	43.9	
Other	17	25.2	8	28.2	9	23.8	
Worst injury in the past year (n = 615) [a]							
Very minor	227	40.9	81	38.1	146	42.5	
Minor	266	41.1	110	42.7	156	40.2	
Serious	71	9.7	31	12.0	40	8.3	
Very serious	33	5.5	12	5.6	21	5.5	
Extremely serious	16	2.8	5	1.6	11	3.5	

*p < .05, **p < .01, ***p < .001; *Note*: Unweighted frequencies and weighted percentages.

[a] One youth was not asked these questions during the interview.

[b] One respondent indicated that they did not need dental care in past year and a second youth was not asked this question at the interview.

Table 52 presents findings on youths' reports of receipt of behavioral health counseling and psychotropic medication use during the past year. Overall, 22 percent of the youth reported receiving psychological or emotional counseling, about 12 percent reported they were prescribed medication for their emotions, and about 7 percent reported receiving treatment for an alcohol or substance abuse problem. In terms of gender differences, females (25.5%) were more likely than males (16.2%) to have ever received psychological or emotional counseling in the past year ($F = 6.0$, $p < .05$).

Young people in the CalYOUTH Study were significantly more likely than those in Add Health to have received psychological or emotional counseling during the past year (22.0% vs. 7.9%, $F = 44.0$, $p < .001$) and treatment for a drug or substance abuse problem in the past year (6.5% vs. 3.2%, $F = 4.4$, $p < .05$). When examining differences across studies, both males and females in CalYOUTH were about three times as likely as their counterparts in Add Health to have received counseling (16.2% vs. 5.6% for males, 25.5% vs. 9.2% for females, both $p < .001$). Gender differences in the proportion of youth receiving alcohol or substance abuse treatment were only significant for females. CalYOUTH females were more likely than Add Health females to have received alcohol or substance abuse treatment (5.7% vs. 2.1%, $F = 5.5$, $p < .05$).

Table 52. Behavioral Health Counseling and Psychotropic Medication Use ($n = 615$)[a]

	#	%
Received psychological or emotional counseling in the past year	146	22.0
Received treatment for an alcohol or substance abuse problem in the past year	39	6.5
Received medication for emotional problems in the past year	89	12.3

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked these questions during the interview.

The health conditions and disabilities of young people in this study are presented in Table 53. Overall, almost one-fifth of young people reported having a health condition or disability that limits their daily activities. Among these youth, over two-fifths reported their health condition limits their activities "a lot," and one-fifth of youth with a health condition/disability reported their health condition developed within the past year. The most commonly reported health conditions were ADHD, hyperactivity, or ADD (29%), followed by asthma or reactive airways disease (27%) and high blood pressure or hypertension (10%).

Gender differences were found for a few of the health conditions that were assessed. Females were more likely than males to have ever been told that they had asthma or reactive airways disease (30.1% vs. 20.9%, $F = 5.0$, $p < .05$) and eating disorders, anorexia, or bulimia (5.9% vs. 2.4%, $F = 4.2$, $p < .05$). Conversely, males were more likely than females to have ever been told that they had ADD/ADHD/hyperactivity (42.5% vs. 20.2%, $F = 27.8$, $p < .001$). In terms of race/ethnicity differences,

African American youth were more likely than white youth to have been told that they had high blood pressure or hypertension (17.4% vs. 5.0%, $F = 3.1$, $p < .05$). Mixed-race youth (10.5%), Hispanic youth (9.9%), and youth in the "other" race/ethnicity group (3.4%) did not significantly differ from the other groups.

Differences in rates of several health conditions emerged between young people in CalYOUTH and Add Health. Participants in CalYOUTH were over three times as likely as their counterparts in Add Health to have a health condition or disability that limits their daily activities (19.8% vs. 6.3%, $F = 37.6$, $p < .001$), which was true for both males (15.2% vs. 3.8%, $F = 19.2$, $p < .001$) and females (22.7% vs. 7.9%, $F = 30.0$, $p < .001$).[33] Respondents in CalYOUTH were more likely than their peers in Add Health to have ever been told that they had high cholesterol or high lipids (6.9% vs. 3.7%, $F = 6.4$, $p < .05$), high blood pressure or hypertension (10.3% vs. 6.4%, $F = 5.3$, $p < .05$), diabetes or high blood sugar (4.8% vs. 0.4%, $F = 40.8$, $p < .001$), or asthma or reactive airways disease (26.6% vs. 16.0%, $F = 19.7$, $p < .001$).[34] Similar trends were found for females when comparisons were made across studies; CalYOUTH females were more likely than Add Health females to report that they had high cholesterol (6.9% vs. 3.5%, $F = 4.9$, $p < .05$), high blood pressure (12.3% vs. 7.3%, $F = 4.3$, $p < .05$), and asthma (30.1% vs. 16.1%, $F = 19.3$, $p < .001$). Both CalYOUTH males (4.2% vs. 0.5%, $F = 81.6$, $p < .001$) and CalYOUTH females (5.2% vs. 0.6%, $F = 23.9$, $p < .001$) were more likely than their counterparts in Add Health to have been told they had diabetes. When interpreting these findings, it is important to keep in mind that there was an upward trend in the prevalence of obesity through the 1990s and into the 2000s (Ogden, Carroll, Kit, & Flegal, 2014). Since health problems such as high cholesterol, high blood pressure, and asthma are associated with obesity (Must & McKeown, 1999), the rise in obesity may have contributed to differences in the prevalence rates of health problems between CalYOUTH participants and Add Health participants.

[33] Add Health asked respondents about whether their health limits them in doing "moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf," whereas CalYOUTH asked respondents about having health conditions or disabilities that limit the "activities that they can do on a typical day."

[34] The question wording about health problems varied slightly for Add Health and CalYOUTH ("high cholesterol" vs. "high cholesterol or high lipids") ("diabetes" vs. "diabetes or high blood sugar") ("asthma" vs. "asthma or reactive airways disease").

Table 53. Health Conditions, Disabilities, and Injuries (n = 615)[a]

	#	%
Has health condition or disability that limits daily activities	131	19.8
Among youth with a health condition/disability, how much health condition or disability limits daily activities (n = 131)		
Limited a little	78	57.6
Limited a lot	53	42.5
Among youth with a health condition/disability, when health conditions or disabilities developed (n = 131)		
Within the past year	26	20.3
More than a year ago	105	79.7
Ever been told they have seizures or epilepsy	26	3.6
Ever been told they have high cholesterol or high lipids	36	6.9
Ever been told they have high blood pressure or hypertension	67	10.3
Ever been told they have diabetes or high blood sugar	39	4.8
Ever been told they have asthma or reactive airways disease	173	26.7
Ever been told they have an eating disorder or anorexia or bulimia	33	4.5
Ever been told they have ADHD, hyperactivity, or ADD	187	28.6

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked these questions during the interview.

Tables 54 and 55 present height and weight information self-reported by CalYOUTH participants and statistics on body mass index (BMI). Using the height and weight information and standard BMI calculations, we computed the mean BMI for the CalYOUTH participants, as well as percentile rankings to indicate the relative position of the youth's BMI among young adults of the same age and sex. Body mass index is a useful measure for assessing the extent to which one's body weight deviates from what is considered desired or healthy for a person of that height and is used for screening of weight categories that may lead to health problems (Centers for Disease Control and Prevention, 2011). As displayed in Table 54, on average, youth are about 66 inches tall and weigh 171 pounds.

A few differences were found by gender and race/ethnicity. In terms of gender differences, males were taller (69.6 vs. 63.8, F = 325.8, p < .001) and heavier (185.0 vs. 162.5, F = 325.8, p < .001) than females.

In terms of race/ethnicity, Hispanic youth (65.4) were shorter than white youth (66.6) and mixed-race youth (67.0, $F = 3.0$, $p < .05$), while African American youth (66.4) and youth in the "other" race/ethnicity group (65.4) did not significantly differ from other groups.

Table 54. Height and Weight ($n = 615$) [a]

	Mean (SD)
Height (in.)	66.0 (4.3)
Weight (lbs.)	171.0 (49.1)

Note: Weighted means and standard deviations.
[a] One youth was not asked these questions during the interview.

Table 55 displays information on the average BMIs for young people in the CalYOUTH Study, both overall and separated by gender. The average BMI for CalYOUTH participants was 27.6. The largest proportion of youth fell within the "healthy" weight classification, although 26 percent fell in the "overweight" category and 30 percent fell in the "obese" category.[35] No significant differences were found between CalYOUTH and PSID participants for BMI and obesity ($p > .05$).

Table 55. Body Mass Index (BMI) and Obesity

	Overall ($n = 615$)[a]		Female ($n = 375$)[a]		Male ($n = 240$)	
Mean BMI (SD)	27.6 (7.4)		28.1 (7.5)		26.7 (7.0)	
	#	%	#	%	#	%
BMI Status						
Underweight (BMI < 19)	22	3.2	12	2.4	10	4.5
Healthy weight (19 ≤ BMI < 25)	248	40.9	145	38.7	103	44.5
Overweight (25 ≤ BMI < 30)	157	26.0	88	25.9	69	26.3
Obese (BMI ≥30)	183	29.9	126	33.1	57	24.8

Note: Unweighted frequencies and weighted percentages and means.
[a] One female was not asked these questions during the interview.

[35] After excluding 26 females who were currently pregnant, the average BMI for females was 28.0 (*SD* = 7.7). The BMI status categories for these participants included underweight (2.6%), healthy weight (29.9%), overweight (25.0%), and obese (32.6%).

As reported in Table 56, about three in ten young adults reported ever smoking regularly (i.e., at least one cigarette every day for 30 days), and nearly as many reported having smoked during the past month. Electronic smoking device use was less frequent than cigarette smoking.

Gender differences were found in the use of electronic smoking devices during the past month. Males were more likely than females to have ever used electronic smoking devices in the past month (18.0% vs. 9.9%, $F = 6.3$, $p < .05$) and to have used them regularly in the past month (15.6% vs. 8.1%, $F = 5.9$, $p < .05$). Differences also emerged by race/ethnicity in rates of smoking and use of electronic smoking devices. White youth (44.0%) were more likely than Hispanic youth (20.1%) to have ever smoked cigarettes regularly ($F = 5.7$, $p < .001$), while no differences were found for African American youth (31.4%), mixed-race youth (32.9%), and youth in the "other" race/ethnicity group (34.6%). Additionally, a greater proportion of white youth (44.5%) than Hispanic youth (15.6%) and African American youth (30.9%) smoked during the past month ($F = 9.1$, $p < .001$), while no differences were present for mixed-race youth (38.5%) and youth in the "other" race/ethnicity group (25.7%). In terms of ever having used electronic smoking devices regularly, white youth (20.5%) were more likely than African American youth (5.2%), mixed-race youth (3.5%), and Hispanic youth (10.7%) to have ever used them regularly ($F = 4.7$, $p < .01$), while use by youth in the "other" race/ethnicity group (14.6%) did not significantly differ from use by the other groups. Finally, a greater proportion of white youth (22.9%) than African American youth (8.9%) and Hispanic youth (10.0%) used electronic smoking devices during the past month ($F = 3.2$, $p < .05$), while no significant differences were found for mixed-race youth (13.6%) and youth in the "other" race/ethnicity group (18.5%).

Finally, participants in Add Health were significantly more likely than CalYOUTH participants to report ever having smoked cigarettes regularly (41.0% vs. 29.1%, $F = 16.9$, $p < .001$), which was true for both males (44.1% vs. 34.1%, $F = 4.5$, $p < .05$) and for females (39.3% vs. 26.0%, $F = 12.9$, $p < .001$). Add Health participants were also more likely than CalYOUTH participants to report ever having smoked cigarettes in the past 30 days (35.4% vs. 27.3%, $F = 8.2$, $p < .01$). This difference was present for females (34.0% vs. 24.7%, $F = 6.6$, $p < .05$) but not for males. Cigarette smoking comparisons between the CalYOUTH and Add Health participants should be interpreted with caution due to the decrease in cigarette smoking among older adolescents and young adults over the past 20 years (Centers for Disease Control and Prevention, 2015).

Table 56. Smoking (n = 615)[a]

	#	%
Ever smoked cigarettes regularly (at least one cigarette per day for 30 days)	202	29.1
Ever smoked cigarettes in the past 30 days	181	27.3
Ever smoked electronic cigarettes, e-cigarettes, electronic pipes, e-pipes, or other kinds of vaporizers such as hookah pens regularly (at least one e-cigarette per day for 30 days)	62	10.9
Ever smoked electronic cigarettes, e-cigarettes, electronic pipes, e-pipes, or other kinds of vaporizers such as hookah pens in the past 30 days	81	13.0

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked these questions during the interview.

Table 57 presents data on youths' most recent hospitalizations. About three in ten young people in our study reported being hospitalized at least one time since their last interview. Among those who were hospitalized at least once, the average number of hospitalizations was 2.8 (*SD* = 6.2). The most commonly reported reasons for their most recent hospitalization were related to pregnancy, illness, or an injury or accident. Over one in ten of these youths reported that their most recent hospitalization was due to experiencing emotional, psychological, or mental health problems. In addition, we asked all CalYOUTH participants if they had ever been hospitalized since their last interview because they experienced emotional, psychological, or mental health problems and about 7 percent of respondents reported that they had been hospitalized for that reason.

A few gender differences were found for hospitalizations. Females were more likely than males to have been hospitalized at least once since their last interview (39.5% vs. 18.0%, $F = 26.4$, $p < .001$). Among youth who were hospitalized, gender differences also emerged in the reason for the most recent hospitalization. Males were more likely than females to have been hospitalized because of an injury/accident (33.5% vs. 9.1%) or an emotional or mental health problem (27.0% vs. 8.0%), while a sizeable proportion of females reported being hospitalized because of pregnancy-related issues (44.7%, $F = 9.3$, $p < .001$).

Differences were also present between the Add Health and CalYOUTH participants in the timing of and reason for their most recent hospitalization. In general, CalYOUTH Study participants were more likely than Add Health participants to have been recently hospitalized ($F = 5.7$, $p < .001$). For example, over twice as many CalYOUTH participants as Add Health participants reported that their most recent hospitalization occurred within the last three months (29.2% vs. 13.0%). Differences in the timing of the most recent hospitalization were present for males ($F = 8.3$, $p < .001$) and females ($F = 3.4$, $p < .01$) across the two studies. For example, CalYOUTH males were much more likely than Add Health males to

have been hospitalized in the three months preceding the interview (30.3% vs. 3.1%). Similarly, CalYOUTH females were more likely than Add Health females to have been hospitalized in the three months preceding the interview (28.9% vs. 15.4%). In terms of the reason for most recent hospitalization, CalYOUTH participants were more likely than Add Health participants to report that they went to the hospital because of illness (30.2% vs. 15.1%) or a drug/alcohol problem or emotional/mental health problem (17.0% vs. 2.3%, $F = 17.9$, $p < .001$).[36] CalYOUTH males were more likely than Add Health males to have been recently hospitalized due to a substance use or psychological health problem (36.7% vs. 7.0%, $F = 13.1$, $p < .001$). CalYOUTH females were more likely than Add Health females to have been recently hospitalized due to illness (30.9% vs. 13.3%) or a substance use or psychological health problem (11.7% vs. 1.2%) and less likely to have been recently hospitalized because of a pregnancy-related issue (44.7% vs. 64.6%, $F = 12.4$, $p < .001$).

Table 57. Hospitalizations (n = 612)[a]

	#	%
Hospitalized since last interview	206	31.4
Among hospitalized youth, number of hospitalizations since last interview (Mean (SD); n = 206)	2.8 (6.2)	
Time of most recent hospitalization (n = 206)		
Within the past 3 months	57	29.2
4 to 6 months ago	34	20.2
7 to 9 months ago	16	8.7
10 to 12 months ago	33	13.3
More than 1 year but less than 2 years ago	47	19.3
At least 2 years ago	18	9.4
Main reason for most recent hospitalization (n = 206)		
Illness	60	30.2
Injury or accident	30	14.3
Alcohol or other drug problem	11	5.0
Emotional or mental health problem	28	12.0
Pregnancy related	68	35.5
Other	8	3.1
Ever hospitalized for mental health since last interview (n = 613)[b]	50	7.2

Note: Unweighted frequencies and weighted percentages.
[a] Four youth were not asked these questions during the interview.
[b] Three youth were not asked these questions during the interview.

[36] The Add Health version of this question had a single response category for emotional or mental health problem and alcohol or other drug problem. These response categories were separate options in the CalYOUTH Study, but were combined into a single category when compared with Add Health.

CalYOUTH respondents were also asked about other health services they received in the past year (see Table 58). Around one in eight youth reported receiving family planning counseling or services, and around three in ten respondents reported receiving testing or treatment for any sexually transmitted diseases or AIDS. Gender and race/ethnicity differences were found for receipt of STD/AIDS testing or treatment in the past year. Females were more likely than males to have received these services (32.0% vs. 22.4%, $F = 4.8$, $p < .05$). Additionally, African American youth (37.4%) were more likely than white youth (21.0%) and Hispanic youth (24.8%) to have received these services ($F = 2.7$, $p < .05$), while no differences were found for mixed-race youth (35.2%) and youth in the "other" race/ethnicity group (37.5%).

Table 58. Other Health Services Received by Youth (n = 615)[a]

	#	%
Received in the past year		
Family planning counseling/services	70	12.1
STD/AIDS testing or treatment	166	28.3

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked these questions during the interview.

Mental Health

Early maltreatment and experiences during out-of-home care, such as placement instability, can influence the psychological development and mental health status of children and adolescents in foster care (Aarons et al., 2010; Oswald, Heil, & Goldbeck, 2010; Pecora, White, Jackson, & Wiggins, 2009; Rubin, O'Reilly, Luan, & Localio, 2007). Older and former foster youth experience a higher prevalence of some current and lifetime mental health problems than young people without foster care involvement (for review see Havlicek, Garcia, & Smith, 2013 and Kang-Yi & Adams, 2017).

In this section, "behavioral health" is used as a broad term that includes both mental health problems and alcohol/drug use problems. At age 21, less than one-tenth of young adults in the Midwest Study (9%) reported having any mental health problems and less than one-sixth (16%) reported having any substance abuse problems in the past 12 months. Alcohol abuse or dependence in the past year was the most common behavioral health problem (14%), while drug abuse or dependence occurred at a lower prevalence rate (6%; Courtney et al., 2007). Moreover, females in this sample were more likely than males to experience any mental health problems (14% vs. 5%). Looking at specific behavioral health problems, males were significantly more likely than females to experience an alcohol use disorder (21% vs. 8%) or a drug use disorder (5% vs. 2%), while females reported significantly higher prevalence rates of PTSD (8% vs. 4%) and major depressive disorder (8% vs. 1%).

Despite high rates of mental health and substance use problems, many youth do not receive needed services, though remaining in care after age 18 is associated with increased access to services (Brown, Courtney, & McMillen, 2015). A recent qualitative study of foster care alumni identified factors that could reduce youths' utilization of mental health services once they leave the foster care system (Sakai et al., 2014). When asked about their experience with mental health services while in care, youth in this study reported a lack of involvement in decisions about their mental health care and a lack of preparation to help them manage their health care when they are on their own. Youth also identified practical difficulties, such as appointment availability and transportation, as impeding their ability to use services after they left care (Sakai et al., 2014).

We assessed the mental health status of youth using the Mini International Neuropsychiatric Interview for Adults (MINI; Sheehan et al., 1998) and assessed suicidal ideation and attempts among youth with the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). The MINI is a brief structured diagnostic tool used to assess DSM-IV and ICD-10 psychiatric disorders in adults. Additionally, symptoms of eating disorders were assessed by using a short version of the Eating Disorder Inventory (EDI-3; Friborg, Clausen, & Rosenvinge, 2013; Garner, 2004) and psychotic thinking was assessed using the Psychoticism dimension of the Symptoms Checklist-90-Revised (SCL-90-R; Derogatis, 1996; Derogatis & Unger, 2010).

As displayed in Table 59, about 17 percent of youth reported thinking about suicide since their last CalYOUTH Study interview. Additionally, 6 percent reported attempting suicide since their last interview. Females were more likely than males to both think about (F = 6.2, p < .05) and attempt suicide (F = 8.2, p < .01) since the last interview.

Table 59. Past Suicidal Ideation and Suicide Attempts (n = 606)[a]

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
Thought about committing suicide since last interview	115	17.1	33	11.8	82	20.3	*
Attempted suicide since last interview	43	6.0	10	2.8	33	8.0	**

*p < .05, **p < .01; *Note*: Unweighted frequencies and weighted percentages.
[a] Ten youth were not asked these questions during the interview.

Table 60 presents diagnostic information for the psychiatric disorders we assessed. The most prevalent behavioral health disorders were major depression, social phobia, antisocial personality disorder, psychotic thinking, alcohol dependence/abuse, and substance dependence/abuse. For each of the following disorders, fewer than 5 percent of respondents screened positive: mania (i.e., manic episode, hypomanic episode, hypomanic symptoms), panic disorder, obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder, anorexia nervosa, and bulimia nervosa. Overall, about one in

four youth had a positive screen for at least one of the current mental health disorders that we assessed, roughly one in eight screened positive for an alcohol or substance use disorder, and about three in ten screened positive for either a mental health or substance use disorder.

Table 60. Mental Health Diagnoses (*n* = 606)[a]

	Positive diagnosis		Negative diagnosis		Other		Don't know/ Refused*	
	#	%	#	%	#	%	#	%
Major depressive episode								
Current	69	9.2	537	90.8	—	—	37	6.4
Past	121	15.8	485	84.2	—	—	42	7.4
Recurrent	65	7.2	541	92.8	—	—	51	8.7
Manic episode								
Current	15	1.8	591	98.2	—	—	58	10.0
Past	17	1.9	589	98.1	—	—	87	14.3
Hypomanic episode								
Current	4	0.4	587	99.6	15	1.8[b]	58	10.0
Past	18	2.4	571	97.6	17	1.9[b]	86	14.4
Hypomanic symptoms								
Current	8	1.3	579	98.7	19	2.2[b]	57	9.9
Past	36	5.2	535	94.8	35	4.3[b]	82	14.7
Panic disorder								
Lifetime	32	4.0	574	96.0	—	—	49	8.5
Limited symptom	31	4.0	575	96.0	—	—	46	8.1
Current	16	1.8	590	98.2	—	—	53	8.9
Social phobia (social anxiety disorder)								
Current	41	6.5	565	93.5	—	—	31	5.2
Generalized (subtype)	33	5.1	573	94.9	—	—		
Nongeneralized (subtype)	8	1.4	599	98.7	—	—		
Obsessive-compulsive disorder	27	3.4	579	96.6	—	—	33	6.2
Posttraumatic stress disorder	29	3.5	577	96.5	—	—	37	6.4
Generalized anxiety disorder	31	4.2	575	95.8	—	—	27	4.6
Alcohol dependence	41	5.3	565	94.7	—	—	35	6.1
Alcohol abuse	30	4.2	535	95.8	41	5.3[c]	20	4.7
Substance dependence (nonalcohol)	29	3.9	577	96.1	—	—	29	5.1
Substance abuse (nonalcohol)	19	2.0	558	98.0	29	3.9[c]	26	4.7
Antisocial personality disorder	45	6.0	561	94.0	—	—	35	6.2
Psychotic thinking (current; *n* = 582)[d]	39	5.8	543	94.2	—	—	28	6.0
Eating disorder[e]								
Anorexia nervosa	24	4.7	582	95.3	—	—	30	4.9
Bulimia nervosa (*n* = 591)	10	1.8	581	98.2	—	—	5	0.8
Any current mental health disorder (*n* = 593)[f]	168	25.0	425	75.0	—	—	65	14.5
Any current substance/alcohol use disorder (*n* = 606)[g]	92	12.2	514	87.8	—	—	41	7.5

Any current mental health or substance/alcohol use disorder (n = 593)	204	30.0	389	70.0	—	—	65	15.6

Note: Unweighted frequencies and weighted percentages.
*The absence of affirmative responses to all items necessary for a positive diagnosis resulted in a negative diagnosis, even when this was the result of "don't know/refused" responses. The "Don't know/Refused" columns indicate the number and percentage of youth who received a negative diagnosis due to one or more "don't know/refused" responses.
[a] Ten youth were not asked these questions during the interview.
[b] Not explored due to positive screen on a more severe disorder (e.g., manic episode is more severe than hypomanic episode).
[c] Not applicable: Respondents in this category met the criteria for dependence, which preempts abuse.
[d] Excludes 24 respondents who answered four or fewer items. Scores were only calculated for respondents who answered five or more items. Among youth who answered five or more items, the mean of the answered items was calculated and compared to norms from nonclinical population (separately for males and females, adult norms for youth 20 years and older). Respondents whose average raw score corresponded to a t-score greater than 63 were coded as a positive case of psychotic thinking (see Derogatis & Unger, 2010). Given the limitations mentioned above, results for psychotic thinking should be interpreted with caution.
[e] A brief version of the EDI-3 was used to screen for anorexia nervosa and bulimia nervosa (Friborg et al., 2013). Four items were used to assess anorexia and two items were used to assess bulimia. For each eating disorder, raw scores were converted to criteria scores and then summed (Garner, 2004), and cut scores were used to determine positive cases (Friborg et al., 2013). Given the brevity of the instrument, results for anorexia and bulimia should be interpreted with caution.
[f] Includes positive screen for MDE (current and recurrent), manic episode, hypomanic episode, panic disorder, social phobia, OCD, PTSD, GAD, APD, anorexia, or bulimia.
[g] Includes positive screen for substance abuse, substance dependence, alcohol abuse, or alcohol dependence.

Table 61 displays the results of the mental health screen separately for males and females. Compared to males, females were more likely to report symptoms consistent with depression, panic disorder, and symptoms of bulimia. There were also a few differences in prevalence rates by race/ethnicity at the time of the interview. A greater proportion of white youth (21.8%) and youth in the "other" race/ethnicity category (30.8%) screened positive for major depressive episode (past) than did African American youth (8.8%, $F = 3.0$, $p < .05$). Rates of past major depressive episode were not significantly different for mixed-race youth (16.0%) and Hispanic youth (15.1%). In terms of major depressive episode (recurrent), a greater proportion of youth in the "other" race/ethnicity group (23.1%) screened positive than did African American youth (3.1%) and Hispanic youth (6.8%, $F = 3.6$, $p < .01$). White youth (10.0%) also had a higher prevalence rate of major depressive episode (recurrent) than did African American youth. Mixed-race youth (7.5%) did not significantly differ from the other groups in major depressive episode (recurrent).

Table 61. Mental Health Diagnoses by Gender (n = 606)[a]

	Overall		Males		Females		
	#	%	#	%	#	%	*p*
Major depressive episode							
Current	69	9.2	17	5.5	52	11.4	*
Past	121	15.8	27	8.2	94	20.4	***
Recurrent	65	7.2	16	4.5	49	8.8	*
Manic episode							
Current	15	1.8	3	1.4	12	2.0	
Past	17	1.9	9	2.9	8	1.3	
Hypomanic episode							
Current	4	0.4	3	0.7	1	0.2	
Past	18	2.4	7	2.9	11	2.1	
Hypomanic symptoms							
Current	8	1.3	3	1.9	5	0.9	
Past	36	4.9	14	5.4	22	4.7	
Panic disorder							
Lifetime	32	4.0	4	1.3	28	5.7	**
Limited symptom	31	4.0	3	0.6	28	6.0	***
Current	16	1.8	2	0.4	14	2.7	**
Social phobia (social anxiety disorder)							
Current	41	6.5	9	4.1	32	7.9	
Generalized (subtype)	33	5.1	7	3.5	26	6.1	
Nongeneralized (subtype)	8	1.4	2	0.6	6	1.9	
Obsessive-compulsive disorder	27	3.4	5	2.0	22	4.2	
Posttraumatic stress disorder	29	3.5	5	1.8	24	4.6	
Generalized anxiety disorder	31	4.2	5	2.7	26	5.1	
Alcohol dependence	41	5.3	21	6.8	20	4.4	
Alcohol abuse	30	4.2	14	5.4	16	3.6	
Substance dependence (nonalcohol)	29	3.9	13	4.8	16	3.3	
Substance abuse (nonalcohol)	19	2.0	7	2.1	12	1.9	
Antisocial personality disorder	45	6.0	21	7.6	24	5.0	
Psychotic thinking (current, n = 582)	39	5.8	13	4.7	26	6.4	
Eating disorder symptoms							
Anorexia nervosa	24	4.7	5	3.8	19	5.2	
Bulimia nervosa	10	1.8	0	0.0	10	2.9	*
Any current mental health disorder (n = 593)	168	25.0	53	21.5	115	27.2	
Any current substance/alcohol use disorder (n = 606)	92	12.2	41	14.0	51	11.1	
Any current mental health or substance/alcohol use disorder (n = 593)	204	30.0	75	28.6	129	31.0	

*p < .05, **p < .01, ***p < .001; *Note*: Unweighted frequencies and weighted percentages.

[a] Ten youth were not asked these questions during the interview.

Life Skills and Satisfaction with Services

Independent living services play a large role in preparing foster youth for the transition to adulthood. Since the Chafee Foster Care Independence Program was launched in 2000, federal funds have been granted to provide foster youth with independent living services across several domains (Collins, 2004). Independent living services target life domains such as secondary and postsecondary education, vocational training and employment, budgeting and financial management, health education, housing, and youth development. A national analysis of Chafee-funded independent living services among foster youth aged 16 to 21 found that around 50 percent of youth received at least one type of service (Okpych, 2015). The Midwest Study asked youth about six types of independent living services they had received, both since their last interview and since exiting foster care. At age 21, between a quarter and a third of participants had received independent living services since their last interview in the domains of education (32%), employment (29%), and health education (27%; Courtney et al., 2007). While participants were eligible to receive services until age 21, the majority of youth received services before leaving foster care (Courtney et al., 2007). Remaining in care after age 18 was associated with an increase in the number of services youth reported receiving through age 21 (Courtney, Lee, & Perez, 2011). In addition, around 30 to 50 percent of these young adults reported that the services they received in each domain were somewhat to very helpful (Courtney et al., 2007). Most youth reported feeling "somewhat" or "very prepared" for self-sufficiency in each of the service domains.

Some studies have found differences in service receipt by sex, race/ethnicity, urbanicity, and age of exit from foster care (Courtney et al., 2011; Courtney et al., 2001; Courtney et al., 2005; Okpych, 2015). Generally, females are more likely to receive services than males. For example, a recent national study based on state reports to the National Youth in Transition Database (NYTD) found that 54 percent of females received at least one type of service compared to 47 percent of males. Higher proportions of females received services in 12 of the 13 service areas that were examined (Okpych, 2015). Similarly, a multivariate analysis of service receipt through age 21 based on Midwest Study data found that males received fewer education and health related services than did their female peers. Studies have reported mixed findings regarding the relationship between race and ethnicity and service receipt (Courtney et al., 2011). The study based on NYTD data found that multiracial and Hispanic youth were more likely than average to receive services, while African American youth were less likely than average to receive services (Okpych, 2015). In contrast, analysis of Midwest Study data found that African Americans received more education-related services between the ages of 17 and 19 than did their white peers, whereas white and African American youth received more services than youth of other races/ethnicities did between the ages of 19 and 21 (Courtney et al., 2011). Research findings are also mixed regarding the

relationship between service receipt and geographic region. Some studies have found youth residing in large urban areas are less likely to receive services than those in rural or nonmetropolitan areas (Courtney et al., 2001; Okpych, 2015), whereas other research has found no relationship between county-level urbanicity and service receipt (Courtney et al., 2011).

Youth were asked about their level of satisfaction with the life skills training and services they received in the 12 areas: education, employment, housing, financial literacy, independent living skills, physical health, mental health, substance abuse, sexual health, family planning, parenting, and relationship skills. Responses ranged from 1, "very dissatisfied," to 4, "very satisfied." The average level of satisfaction with each service area is reported in Table 62, with responses suggesting that youth were, on average, "satisfied" with the services they received. Youth were the most satisfied with the services they received in the area of sexual health and family planning. Youth reported being the least satisfied with the preparation they received in the areas of housing and financial literacy.

Table 62. Satisfaction with Life Skills Preparation, Support Services, or Training (*n* = 612)[a]

	Mean (SD)
Education	3.1 (0.7)
Employment	3.1 (0.7)
Housing	3.0 (0.8)
Financial literacy	3.0 (0.7)
Independent living skills	3.2 (0.7)
Physical health	3.1 (0.7)
Mental health	3.1 (0.7)
Substance abuse	3.2 (0.7)
Sexual health	3.4 (0.6)
Family planning	3.3 (0.6)
Parenting (*n* = 193)	3.2 (0.7)
Relationship skills	3.2 (0.7)

Note: Unweighted frequencies and weighted means.
The scale for this item ranged from 1, "very dissatisfied," to 4, "very satisfied"
[a] Four youth were not asked these questions during the interview.

Community Connections and Social Support

Civic Engagement

Civic engagement is believed to allow youth to form social networks, build social capital, and connect to educational and occupational opportunities (Flanagan & Levine, 2010). Youth advisory boards (YABs) are one way for foster care youth to participate in advocacy. Members of YABs discuss foster youth issues, make decisions alongside adults, and advise their state's agency director (Havlicek et al., 2016a). This enables foster care youth to influence policies related to their needs and to cultivate their voice

(Havlicek et al., 2016b). However, dropping out of high school and being arrested have been linked to reduced civic engagement, which is particularly concerning since foster youth experience these outcomes at higher rates than their nonfoster peers (Flanagan & Levine, 2010). Little is known about the civic participation of transition-age foster youth. Courtney and colleagues (2007) found Midwest Study participants at age 21 to be less likely than their Add Health counterparts to report performing any unpaid volunteer or community service over the prior 12 months. Of the Midwest Study participants that did perform unpaid volunteer or community service, most participated in activities with church groups, community centers, or youth organizations (Courtney et al., 2007). Midwest Study participants' political participation was similar to that of their Add Health counterparts (Courtney et al., 2007).

Table 63 displays information about CalYOUTH participants' civic engagement. Few youth reported being involved in local municipal meetings or activities with neighbors to address community issues and fewer than three in ten reported voting in the last national election.

Table 63. Civic Engagement (*n* = 614)[a]

	#	%
How often attended a meeting for a local board, council, or organization that deals with any community problems during the past year		
Never	530	85.7
Once	29	5.4
2 to 3 times	21	3.4
About once a month	21	3.1
More than once a month	12	2.3
Worked with or gotten together informally with others in community/neighborhood to try to deal with community issues	80	11.7
Voted in the last national election	163	28.0

Note: Unweighted frequencies and weighted percentages.
[a] Two youth were not asked these questions during the interview.

Perceptions of Neighborhoods

Limited research is available regarding the neighborhoods in which former foster youth live, particularly youth who have exited extended foster care. This is not surprising given that extended foster care policy has only recently created a variety of new living arrangements for nonminor dependents. However, neighborhoods are important to understand as they provide an important developmental context for young adults. For example, research has shown that both fear and mistrust are higher among residents who characterize their neighborhoods as disordered (Ross & Jang, 2000). Additionally, research has found that people who describe their neighborhoods as having high levels of disorder report somewhat lower levels of formal participation in neighborhood organizations (Ross & Jang, 2000), which may have lasting effects on young people's civic engagement. Housing options that foster youth can afford may be more

likely to be in unsafe neighborhoods (Hormuth, 2001). A study by Berzen, Rhodes, and Curtis (2011) showed that foster youth were more likely than a matched nonfoster youth sample to live in neighborhoods of poorer quality, defined as neighborhoods where gangs were present and buildings were in poor condition or had poor exteriors. Further, a study by Tam and colleagues (2016) found that supportive housing and shelters for former foster youth in the Los Angeles area were predominately located in low-income neighborhoods, which may not have the same employment and educational opportunities as more affluent neighborhoods. In a qualitative study of nonminor dependents in California, Napolitano and Courtney (2014) found that youth lived in a variety of different types of neighborhoods. While some youth described their neighborhoods as safe and quiet, others described their neighborhoods as places where violence and crime occurred regularly.

Youth were asked several questions about their interactions with people in their neighborhood. As seen in Table 64, nearly two-fifths of youth agreed ("agreed" or "strongly agreed") that they live in a close-knit neighborhood, and two-fifths of youth agreed that their neighbors are willing to help each other. However, about one-third reported that their neighbors do not share the same values. One-quarter of youth agreed that their neighbors could be trusted.

To test gender and race/ethnicity differences for the questions in Table 64, we combined the five response categories into three categories: agree ("agree" or "strongly agree"), neither agree nor disagree, and disagree ("disagree" or "strongly disagree"). Significant differences were found by race/ethnicity in youths' perception that they lived in a close-knit neighborhood.[37] There were also differences by race/ethnicity in the extent to which people in the neighborhood were perceived to be trustworthy. A greater proportion of white youth (40.6%) than African American (14.1%) and Hispanic youth (25%) agreed that people in their neighborhood could be trusted, and a greater proportion of African American youth (50.5%) than white youth (27.1%) and Hispanic youth (31.2%) disagreed with the statement that people in their neighborhood could be trusted ($F = 4.2$, $p < .001$).

[37] While the overall distribution of responses about how close-knit the neighborhood is differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. Some notable differences are reported. African American youth, Hispanic youth, and youth in the "other" race/ethnicity category were roughly equally distributed among the three response categories, whereas white youth had more polarized perceptions (47.5% agree, 17.8% neither agree nor disagree, 34.6% disagree) and a large proportion of mixed-race youth had neutral views (29.7% agree, 47.5% neither agree nor disagree, 22.9% disagree).

Table 64. Neighborhood Social Cohesion (*n* = 613)[a]

	#	%
Lives in a close-knit neighborhood		
Strongly agree	65	10.6
Agree	177	27.9
Neither agree nor disagree	170	28.5
Disagree	131	23.2
Strongly disagree	68	9.9
People around are willing to help their neighbors		
Strongly agree	52	7.8
Agree	205	33.2
Neither agree nor disagree	211	35.6
Disagree	98	16.6
Strongly disagree	41	6.8
People in the neighborhood do not share the same values		
Strongly agree	45	7.1
Agree	149	26.0
Neither agree nor disagree	280	47.1
Disagree	93	13.7
Strongly disagree	37	6.1
People in the neighborhood can be trusted		
Strongly agree	30	4.2
Agree	146	21.4
Neither agree nor disagree	239	40.2
Disagree	117	21.5
Strongly disagree	76	12.7

Note: Unweighted frequencies and weighted percentages

[a] Three youth were not asked these questions during the interview.

Table 65 reports youths' perceptions of how likely their neighbors would be to intervene to address various kinds of antisocial behaviors in their neighborhood. Overall, two-fifths of youth reported it is likely ("very likely" or "likely") that their neighbors would intervene if children were loitering around a street corner. Almost three-quarters of youth said that it is likely that their neighbors would intervene if children were painting graffiti on a building, and about seven-tenths of youth reported that their neighbors would break up a fight if someone was being hurt. Nearly half of the respondents reported it is likely that their neighbors would scold a child for showing disrespect to an adult.

To test gender and race/ethnicity differences for the questions in Table 64, we combined the five response categories into three categories: agree ("agree" or "strongly agree"), neither agree nor disagree, and disagree ("disagree" or "strongly disagree"). A couple of significant differences were found by race/ethnicity. Greater proportions of white youth (56.5%) than African American youth (31.0%) and

Hispanic youth (39.6%) agreed that neighbors would intervene if children were loitering, while greater proportions of African American youth (39.7%) and Hispanic youth (44.5%) than white youth (21.4%) neither agreed nor disagreed about the likelihood of neighbors intervening ($F = 3.9$, $p < .001$). There were also race/ethnicity differences in perceptions of whether neighbors would break up a fight.[38]

Table 65. Neighborhood Social Control ($n = 613$)[a]

	#	%
Likelihood that neighbors would intervene if a group of neighborhood children were skipping school and hanging out on a street corner		
Very likely	105	17.7
Likely	139	23.0
Unlikely	217	38.1
Very unlikely	131	21.2
Likelihood that neighbors would intervene if some children were spray painting graffiti on a local building		
Very likely	217	32.6
Likely	223	40.4
Unlikely	108	17.2
Very unlikely	54	9.8
Likelihood that people in neighborhood would scold child if a child was showing disrespect to an adult		
Very likely	97	16.0
Likely	195	31.5
Unlikely	201	37.3
Very unlikely	96	15.2
Likelihood that neighbors would break up a fight in front of house if someone was being beaten or threatened		
Very likely	204	32.7
Likely	208	35.9
Unlikely	126	22.2
Very unlikely	60	9.3

Note: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.

Youth were asked about how safe they felt in their neighborhood and how happy they were living in their neighborhood. As shown in Table 66, nearly nine in ten youth indicated that they felt safe in their

[38] While the overall distribution of responses about whether neighbors would break up a fight differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. White youth (71.3%), Hispanic youth (73.3%), and youth in the "other" race/ethnicity category (68.7%) each had about 70 percent or more agreeing that someone would break up a fight, whereas 60 percent of African American youth (60.1%) and mixed-race youth (60.1%) agreed. A relatively large proportion of mixed-race youth disagreed about neighbors breaking up a fight (23.4%) compared to white youth (11.3%), African American youth (12.5%), Hispanic youth (3.9%), and youth in the "other" race/ethnicity category (7.8%).

neighborhood, and over half said that they were "very happy" or "somewhat happy" living in their neighborhood.

Table 66. Neighborhood Safety and Satisfaction (*n* = 613)[a]

	#	%
Feel safe in neighborhood	532	86.5
On the whole, how happy living in neighborhood		
Very happy	219	34.7
Somewhat happy	130	19.8
Neutral	206	37.0
Somewhat unhappy	27	3.9
Not at all happy	27	4.6

Note: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.

Religiosity

A limited amount of research has been conducted on religiosity and its relationship to other outcomes for transition-age foster care youth. Courtney and colleagues (2007) found that Midwest Study participants at age 21 were less likely to have attended religious services during the past 12 months than their Add Health counterparts (57% vs. 70%). Despite lower religious service attendance rates, Midwest Study participants were more likely than Add Health participants to report that their religious faith was more important to them than anything else (15% vs. 8%; Courtney et al., 2007).

The few studies that examine the relationship between religiosity and other outcomes for youth with foster care involvement show mixed findings. A study of 189 former foster youth found that youth who reported greater spiritual support demonstrated higher resilience in the areas of education participation, avoidance of early parenthood, employment history, avoidance of drug use, and avoidance of criminal activity (Daining & DePanfilis, 2007). Another study found that religious service attendance was inversely correlated with current cigarette use for teens in foster care (Scott, Munson, McMillen & Ollie, 2006). However, not all studies have found religiosity to be correlated with positive outcomes for current or former foster youth. For example, a study of 325 older youth in foster care found no correlation between religious beliefs and practices and teen pregnancy (Oshima, Narendorf, & McMillen, 2013). A study conducted by Shpiegel (2016) with 351 older foster youth found that their religious affiliation did not significantly contribute to resilience, an interesting finding given that the opposite has been found in other high-risk adolescent groups. Even less research has investigated foster youth characteristics that are associated with increased religiosity. A notable exception is the study by Scott and colleagues (2006), which found that women, African Americans, and youth with a history of being sexually abused were more likely than other foster youth to engage in religious practices.

Table 67 presents data on youths' participation in religious services. About two-fifths of youth attended a religious service at least once in the past year. Significant differences were found between CalYOUTH participants and Add Health participants. Compared to their peers in Add Health, CalYOUTH participants were more likely to never attend religious services during the past year and less likely to attend a service at least once in the past year ($F = 43.6$, $p < .001$). This difference was statistically significant for both males ($F = 11.6$, $p < .001$) and females ($F = 35.5$, $p < .001$). Lower rates of participation in religious activities between CalYOUTH participants and Add Health participants may be at least partly a reflection of the overall trend in the U.S. of declining involvement with organized religion (Pew Research Center, 2015).

Table 67. Religiosity ($n = 614$)[a]

	CalYOUTH		Add Health		
	#	%	#	%	*p*
How often attended religious services during past year					***
Once a week or more	56	10.6	217	17.6	
Once a month or more, but less than once a week	51	9.1	190	16.5	
Less than once a month	120	21.5	466	38.5	
Never	386	58.8	335	27.5	

***$p < .001$; *Note*: Unweighted frequencies and weighted percentages.
[a] Two youth were not asked these questions during the interview.

Social Support

The importance of supportive relationships for foster youth transitioning to adulthood has been underscored by a number of studies (Mccauley, Bogen, & Miller, 2017; Thompson, Greeson, & Brunsink, 2016; Blakeslee, 2015; Curry & Abrams, 2015; Jones, 2014; Nesmith & Christophersen, 2014). However, researchers have found that maintaining supportive relationships is difficult for some foster youth due to histories of unstable living arrangements, caregiver maltreatment, and attachment difficulties due to experiences in out-of-home care (Thompson et al., 2016; Samuels & Pryce, 2008).

Researchers have investigated the social relationships of foster youth in terms of the types of support they receive, the adequacy of their social support, and the structural characteristics of their relationships. With regard to the types of social support these youth receive, Courtney and colleagues (2007) asked 21-year-old Midwest Study participants questions about their receipt of four types of social support (emotional/informational, tangible, positive social interaction, and affectionate). Although levels of support were generally high, more youth received affectionate support and positive social interaction rather than emotional/informational or tangible support (Courtney et al., 2007). With respect to the adequacy of their social support, the majority of foster youth reported that they had enough people to turn to for different needs, including helping with favors (59%), loaning money (50%), encouraging goals (54%), and listening (66%; Courtney et al., 2007). The structural characteristics of foster youths' social

networks have been studied by a variety of researchers. Their studies show that large proportions of youth maintain close relationships with one or more members of their biological family despite the fact that they were removed from their care (Collins et al., 2010; Samuels & Pryce, 2008; Courtney et al., 2007). Foster youth tend to maintain close ties to their siblings (Courtney et al., 2007) and they remain close to their mothers and grandparents (Collins et al., 2010; Courtney et al., 2007). However, foster youth often report receiving emotional support and assistance from other sources, such as their foster families and natural mentors, which has been linked to improved well-being outcomes (Thompson et al., 2016; Samuels & Pryce, 2008).

Data on CalYOUTH participants' social networks and supports were collected from a modified version of the Social Support Network Questionnaire (SSNQ; Gee & Rhodes, 2007; Rhodes, Ebert, & Fischer, 1992). The SSNQ is a brief instrument designed to capture a wide range of characteristics of respondents' social support networks including size, perceived availability of support, satisfaction with received support, relationship strain, frequency of contact, and relationship type. In the original instrument, five types of social support are measured: emotional, tangible, guidance/advice, positive feedback, and social participation. A sixth type of social support is measured in individuals who are pregnant or parenting: prenatal/parenting support. For each type of support, respondents generate names of individuals they perceive as being available to provide that support. The respondents then rate their satisfaction with the support they received from each individual in the past month. Next, youths evaluate four types of strain and whether they are present in their relationships with each individual they nominated (disappointment, intrusiveness, criticism, and conflict). Finally, respondents provide additional information about each nominated support, such as the type of relationship the youth has to each nominee (e.g., parent, friend, professional), the age of the nominee, the frequency of contact with the nominee, and the geographic distance from the nominee.

The full-length SSNQ takes approximately 20 to 25 minutes to complete; in this case, the instrument was modified to reduce the administration time. Three of the five types of social support were included (emotional, tangible, and advice/guidance), respondents were limited to nominating up to three individuals for each type of support, and youth were not asked about their satisfaction with recent support they received. Thus, if a youth nominated three unique individuals for each type of support, a maximum of nine individuals could be nominated. However, to gauge the network size for each type of support and for their entire support network, respondents were asked how many people they could turn to for each specific type of support and the total number of people they could rely on for any type of support. Questions about the four types of strain were kept in the survey. While questions about the nature of the relationship and the frequency of contact with each nominated individual were retained, questions about the age of and geographic distance from the individual were omitted. Response categories were added to

the question about the nature of the relationship with each nominee so that the options would include types of relationships that youth in foster care commonly encounter (e.g., foster mother, foster father, caseworker).

Before asking youth about specific people they could turn to for social support, we asked youth to estimate the size of their social support networks. Table 68 presents the youths' estimates of how many people they have for each of the three types of social support, as well as the total number of people they could turn to if they needed any kind of support. For all four of these measures, the possible range was 0 to 99. On average, youth said they had about 3 people they could turn to for tangible support (someone who can lend or give something the youth needed) and for advice/guidance (someone to give advice or information), and about 4 people they could turn to for emotional support (someone to talk about something private). Youth reported having an average of 5.1 people in total that they could turn to if they needed support. For each of the three types of support, more than 5 percent of youth reported having zero people to turn to for support. Overall, about 2 percent of youth said they had no one to turn to for any of the types of support.

There were significant gender differences in the estimated number of available supports, with males generally reporting less support than females. A greater proportion of males than females said they had no one to count on for emotional support (9.6% vs. 3.5%, $F = 7.3$, $p < .01$). Compared to females, males reported having significantly fewer people to rely on for emotional support (4.8 vs. 3.7, $F = 4.1$, $p < .05$), tangible support (3.5 vs. 2.6, $F = 8.1$, $p < .01$), and advice/guidance (3.7 vs. 2.8, $F = 4.7$, $p < .05$).

Table 68. Estimated Number of Available Supports, by Type of Support ($n = 615$) [a]

	None		Median	Mean (SD)
	#	%	Overall	Overall
Emotional	35	5.8	3.0	4.1 (5.8)
Tangible	45	7.7	2.0	3.0 (2.8)
Advice/guidance	38	6.4	2.0	3.1 (4.4)
All supports	12	2.3	4.0	5.1 (5.6)

Note: Unweighted frequencies, and weighted percentages and weighted means.
[a] One youth was not asked these questions during the interview.

Table 69 displays the number of people that youth nominated as someone they could turn to for support, as gathered by the SSNQ instrument. About three-fifths of youth nominated two or more people for emotional support, a little more than one-half nominated two or more people for tangible support, and less than one-half nominated two or more people as a source of advice/guidance. Relatively few youth nominated no one for each type of support, although the proportion was higher for tangible support than the other two support types.

There were a couple of significant differences by race/ethnicity in average number of nominated individuals available for emotional support, with African American youth (1.6) nominating fewer nominees for emotional support than white youth (1.9) and youth in the "other" race/ethnicity group (2.2, $F = 3.0$, $p < .05$). Mixed race youth (1.9) and Hispanic youth (1.8) did not significantly differ from the other groups in nominated emotional supports. African American youth (1.4) also nominated fewer individuals for advice/guidance than did white youth (1.8) and mixed-race youth (1.9, $F = 3.1$, $p < .05$). Hispanic youth (1.6) and youth in the "other" race/ethnicity group (1.6) did not significantly differ from the other groups in average number of nominees available for advice/guidance.

Table 69. Number of Individuals Nominated, by Type of Support (n = 615)[a]

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
None	36	6.0	49	8.1	39	6.4
One individual	208	35.3	247	39.0	277	45.6
Two individuals	174	29.0	164	28.4	159	26.2
Three individuals	197	29.6	155	24.5	140	21.8

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked these questions during the interview.

The total number of distinct individuals that the youths nominated appears in Table 70. Almost all youth (98.3%) nominated at least one individual whom they could turn to for social support. On average, youth nominated 2.8 distinct individuals. There were significant gender differences for the total number of nominated individuals, with males nominating fewer people than females (2.6 vs. 2.9, $p < .05$).

Table 70. Total Number of Nominated Individuals (n = 615)[a]

	None		Median	Mean (SD)
	#	%	Overall	Overall
Total number of nominated individuals	14	2.7	3.0	2.8 (1.3)

Note: Unweighted frequencies, and weighted percentages and weighted means.
[a] One youth was not asked these questions during the interview.

Since relationships with important people can also be sources of stress, youth were asked about how often they experienced strain with each social support nominee (see Table 71). Youth were asked about how often they experienced four types of strain and responded using a range from 1 (never) to 5 (always): disappointment (breaks promises, does not come through when needed), intrusiveness (butts into youth's business, bosses youth around, acts like they know what's best for youth), criticism (puts youth down, makes youth feel stupid), and conflict (has fights or strong disagreements with youth).

Table 71 presents the distribution of youths' responses to questions about relationship strain for each type of strain across all of the individuals who were nominated by the youth (n = 1,744). Overall, strain was

relatively uncommon in the youths' relationship with people they could turn to for support; "never" and "rarely" were the most common responses for all four types of strain. When looking at strain that occurred frequently ("often" or always"), intrusiveness was the most common type of strain, with youth reporting their support person frequently butting into their business in a little under one in five relationships. In contrast, the three other types of strain occurred frequently in only about one in twenty relationships (conflict) or less (disappointment and criticism).

Differences in youths' characterization of relationship strain were found by gender and race/ethnicity. Females were more likely than males to report that disappointment was "sometimes" present (19.5% vs. 14.3%) and "often" present (4.5% vs. 1.0%), while males were more likely than females to report that disappointment was "rarely" present (44.9% vs. 38.1%, $F = 6.6$, $p < .001$). For conflict, females were more likely than males to report that strain was "sometimes" present (18.7% vs. 12.8%), whereas males were more likely than females to report that conflict was "never" present (51.9% vs. 40.8%, $F = 5.9$, $p < .001$). Race/ethnicity differences were found for intrusiveness.[39] Additionally, in terms of criticism, youth in the "other" race/ethnicity group (66.5%) were less likely than mixed-race youth (83.9%) and Hispanic youth (82.2%) to report "never" experiencing strain, but they were more likely than all of the other groups to report "rarely" experiencing strain (29.7% vs. less than 16%, $F = 2.3$, $p < .01$).

Table 71. Frequency of Relationship Strain (*n* = 1744 individuals nominated as supports)[a]

	Disappointment		Intrusiveness		Criticism		Conflict	
	#	%	#	%	#	%	#	%
Never	626	38.3	735	43.0	1,350	79.5	756	44.7
Rarely	728	40.5	390	22.3	247	12.9	568	32.4
Sometimes	321	17.6	298	16.8	107	5.8	302	16.6
Often	51	3.2	167	10.0	31	1.4	87	5.0
Always	7	0.3	149	8.0	8	0.4	30	1.4

Note: Unweighted frequencies and weighted percentages.
[a] The youth's relationship to nominee was not asked about for 15 nominees.

We also examined variation in average scores for our measures of relationship strain, on a range of 1 to 5 (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Always). Average scores for the measures of relationship ranged from 1.3 to 2.2, indicating that youth experienced the various forms of strain their relationships rarely to almost never (see Table 72). Intrusiveness had the highest overall average, followed by disappointment, conflict, and criticism. There were gender and race/ethnicity differences in

[39] While the overall distribution of responses about intrusiveness differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The differences that approach statistical significance tend to suggest that African American youth and youth in the "other" race/ethnicity category were less likely than the rest of the groups to report intrusiveness "never" or "rarely" occurred and slightly more likely to report that intrusiveness "often" or "always" occurred.

the average amount of relationship strain. Compared to males, females reported higher average disappointment (1.9 vs. 1.8, $F = 9.2$, $p < .01$), intrusiveness (2.3 vs. 2.0, $F = 9.3$, $p < .01$), and conflict (1.9 vs. 1.7, $F = 20.6$, $p < .001$). Additionally, white youth (1.4) reported higher criticism than did mixed-race youth (1.3) and Hispanic youth (1.3, $F = 2.6$, $p < .05$). African American youth (1.3) and youth in the "other" race/ethnicity group (1.4) did not significantly differ from the other groups with respect to their experience of criticism in their relationships.

Table 72. Average Relationship Strain (*n* = 1,744 individuals nominated as supports)[a]

	Median	Mean (SD)
	Overall	**Overall**
Disappointment	2.0	1.9 (0.8)
Intrusiveness	2.0	2.2 (1.3)
Criticism	1.0	1.3 (0.7)
Conflict	2.0	1.9 (1.0)

Note: Unweighted frequencies and weighted means.
[a] The youth's relationship to nominee was not asked about for 15 nominees.

Youth were asked to classify their relationship to each of the people they nominated as someone they could turn to for support. As shown in Table 73, friends, siblings, and romantic partners were the most common people named as a support. In total, about 39 percent of the nominees were relatives by blood or marriage (including stepparents), 24 percent were friends, 13 percent were romantic partners or spouses, 7 percent were people linked to the youth's foster care involvement (e.g., foster or adoptive parent, transitional housing staff), 8 percent were other professionals (e.g., professional at school or training program, therapist/counselor, mentor, or "other professional"), and 9 percent were other individuals who did not fit into these categories (i.e., family friend, in-law of romantic partner/spouse, roommate, coworker, and "other" individual).

Significant differences were found by gender ($F = 2.3$, $p < .01$). Some notable differences were that females more frequently nominated romantic partners/spouses and family members of their partners than did males, while males more frequently nominated friends than did females.

Table 73. Relationship to Nominated Supports (*n* = 1,744 individuals nominated as supports)[a]

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
Relationship to nominated individual							**
Biological mother	123	7.2	42	7.7	81	7.0	
Biological father	49	2.9	17	2.4	32	3.2	
Stepparent	22	1.6	10	1.9	12	1.5	
Former foster parent	100	5.7	41	7.2	59	4.8	
Adoptive parent	19	0.7	5	0.4	14	0.8	
Sibling	235	14.5	92	13.9	143	14.8	
Aunt/uncle	77	4.4	26	3.1	51	5.1	
Grandparent	84	5.0	33	5.6	51	4.6	
Cousin	49	3.2	19	3.1	30	3.2	
Family friend	22	1.1	8	1.1	14	1.0	
Romantic partner/spouse	225	13.0	60	8.5	165	15.4	
In-laws of romantic partner/spouse	61	3.5	11	2.3	50	4.3	
Friend	447	24.2	194	27.8	253	22.2	
Roommate	12	0.6	6	0.8	6	0.4	
Coworker	15	0.9	7	1.4	8	0.6	
Mentor	69	4.0	30	4.5	39	3.8	
Therapist/counselor	29	1.5	14	1.8	15	1.2	
Staff person at transitional housing program	9	0.6	1	0.1	8	0.9	
Professional at school/college/training program	9	0.7	4	1.1	5	0.4	
Other professional (volunteered)	44	2.3	14	1.8	30	2.6	
Other	43	2.6	18	3.4	25	2.2	

***p* < .01; *Note*: Unweighted frequencies and weighted percentages.

[a] The youth's relationship to nominee was not asked about for 15 nominees.

Table 74 presents information about how often youth were in contact with individuals that they nominated for support, either by phone, email, or in person. Overall, youth reported being in regular contact with their supports. About three-quarters of the nominees were in touch with the youth a few times a week or more. Gender differences were found in frequency of contact ($F = 5.9$, $p < .001$). Females were more likely than males to talk with their supports "almost every day" (56.2% vs. 44.2%), while males were more likely than females to talk with their supports "a few times every week" (28.5% vs. 21.6%).

Table 74. Frequency of Contact with Nominated Supports (*n* = 1,744 individuals nominated as supports)[a]

	#	%
Almost every day	883	51.9
A few times every week	421	24.0
About once a week	208	11.3
More than once a month	146	7.7
Less than once a month	84	5.0

Note: Unweighted frequencies and weighted percentages.
[a] The youth's frequency of contact with nominee was not asked about for 15 nominees.

In addition to questions that ask youth about people whom they can turn to for support, the youth were also asked about the overall adequacy of support and the amount of strain they experienced in all of their relationships with people who were important to them. Table 75 shows that more than half of youth reported having "enough people" to count on for each support type. About 45 percent indicated not having enough people ("too few people" or "no one to count on") for tangible support, about 38 percent reported not having enough people for emotional support, and about 34 percent reported not having enough people to turn to for advice and guidance.

We created a dichotomous version of support sufficiency to examine differences by gender and race/ethnicity, distinguishing between youth who reported having enough people and not enough people ("too few people" and "no one to count on"). There were significant race/ethnicity differences for all three support types, with fewer African American youth saying that they had enough support than one or more other groups. For emotional support, a smaller proportion of African American youth (42.5%) than white youth (75.0%), mixed-race youth (73.0%), Hispanic youth (63.8%), and youth in the "other" race/ethnicity group (67.1%) had enough people ($F = 7.3$, $p < .001$). For tangible support, fewer African American youth (40.3%) than white youth (67.0%), mixed-race youth (62.0%), Hispanic youth (54.7%), and youth in the "other" race/ethnicity group (67.4%) had enough people ($F = 4.6$, $p < .01$). For advice/guidance support, fewer African American youth (54.3%) than white youth (76.2%) and Hispanic youth (66.9%) had enough people ($F = 3.1$, $p < .05$). Mixed-race youth (67.5%) and youth in the "other" race/ethnicity group (72.6%) did not significantly differ from the other groups in terms of sufficiency of advice/guidance.

Table 75. Sufficiency of Overall Amount of Support (*n* = 615)[a]

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
Enough people	398	62.4	353	55.4	419	66.5
Too few people	184	31.5	225	37.5	168	28.3
No one to count on	32	6.1	35	7.0	26	5.2

Note: Unweighted frequencies and weighted percentages.
[a] One youth was not asked this question during the interview.

The amount of strain youth experienced in their relationships with people who were important to them is displayed in Table 76. Youth were asked to indicate whether there were "too many people," "some people," "just a few people," or "no one" in their lives for each of the four types of relationship strain. Overall, the largest proportions of youth reported having "too many people" or "some people" in their lives from whom they experienced disappointment (32.2%) and intrusiveness (23.9%). In contrast, less than one-fifth of youth reported having "too many people" or "some people" that were sources of criticism or conflict.

Gender differences were found for all four types of relationship strain, with females reporting more frequent strain than males. For disappointment, females were more likely than males to report "just a few" relationships with disappointment while males were more likely than females to report "no one" ($F = 3.2$, $p < .05$). Similarly, for intrusiveness, females were more likely than males to report "just a few" intrusive relationships while males were more likely than females to report "no one" ($F = 6.0$, $p < .001$). For criticism, females were more likely than males to report "some people" and "just a few" relationships, while males were more likely than females to report "no one" ($F = 6.0$, $p < .001$). A similar trend was found for conflict, with females being more likely than males to report "some people" and "just a few" relationships, while males were more likely than females to report "no one" ($F = 10.5$, $p < .001$). Differences by race/ethnicity emerged for conflict, with a greater proportion of white youth than African American youth reporting "just a few" relationships (63.1% vs. 45.8%) and a greater proportion of African American youth than white youth reporting "no one" (39.8% vs. 20.6%, $F = 1.9$, $p < .05$).

Table 76. Overall Relationships with Strain (n = 614)[a]

	Disappointment							Intrusiveness						
	Overall		Male		Female		*p*	Overall		Male		Female		*p*
	#	%	#	%	#	%	*	#	%	#	%	#	%	***
Too many	76	11.4	25	10.1	51	12.1		45	6.6	13	5.5	32	7.2	
Some	135	20.8	54	22.7	81	19.7		104	17.3	33	14.3	71	19.2	
Just a few	300	51.0	102	44.3	198	55.0		306	50.2	104	43.3	202	54.4	
None	101	16.8	56	23.0	45	13.1		158	25.9	88	37.0	70	19.2	
	Criticism							Conflict						
	Overall		Male		Female		*p*	Overall		Male		Female		*p*
	#	%	#	%	#	%	***	#	%	#	%	#	%	***
Too many	34	4.9	10	4.7	24	5.0		24	3.1	7	2.4	17	3.5	
Some	76	12.2	16	5.2	60	16.3		94	14.8	26	9.6	68	17.8	
Just a few	254	41.4	89	37.1	165	44.0		337	53.9	114	45.6	223	58.9	
None	248	41.6	122	53.0	126	34.7		157	28.2	90	42.4	67	19.7	

*p < .05, ***p < .001; *Note*: Unweighted frequencies and weighted percentages.
[a] Two youths were not asked these questions during the interview.

Sexual Orientation, Sexuality, STDs, and Pregnancy

In the Midwest Study, most young adults transitioning from foster care identify their sexual orientation as 100 percent heterosexual, with 8 percent of 21-year-olds self-identified as "bisexual," "mostly homosexual," or "100 percent homosexual" (Courtney et al., 2007). Males were more likely than females to report their sexual orientation as 100 percent heterosexual (Courtney et al., 2007).

In terms of sexual behavior, at age 21 most Midwest Study participants reported ever having sex (92%), and most of the participants reported having sex in the past year (75%). Among those who had been sexually active in the past year, around half reported having protected sex during their most recent sexual encounter (58% used birth control, and 47% used a condom; Courtney et al., 2007). Furthermore, a relatively small number of the Midwest Study participants engaged in risky sexual behaviors. Ten percent said they had ever been paid by someone to have sex, 3 percent reported that they ever paid someone to have sex, and 2 percent said they ever had sex with an injection drug user (Courtney et al., 2007). Males were more likely than females to report having ever been paid for sex (14% vs. 7%) and having ever paid someone for sex (6% vs. 1%).

Some differences were also found between Midwest Study participants and Add Health participants. For females, Midwest Study participants were more likely than Add Health participants to have ever had sex and to have used a condom during recent sexual encounters, but were less likely to have used birth control. Additionally, Midwest Study females were more likely than Add Health females to report engaging in risky sexual behavior (i.e., having sex with someone with an STD in the past year and having

ever been paid by someone else to have sex). For males, Midwest Study participants were less likely than their Add Health counterparts to have had sex in the past year and less likely to have used birth control during recent sexual encounters. Similar to females, Midwest Study males were more likely than Add Health males to report engaging in risky sexual behavior (i.e., having ever been paid by someone to have sex).

Table 77 displays CalYOUTH participants' self-reported sexual orientation. Overall, nearly four-fifths of the youth identified as being "100 percent heterosexual or straight." Gender differences were present in terms of sexual orientation ($F = 9.0$, $p < .001$). Males were more likely than females to report being "100 percent heterosexual or straight" (90.6% vs. 69.6%), while females were more likely than males to report being "mostly heterosexual or straight" (10.4% vs. 3.4%) or "bisexual" (12.1% vs. 1.0%).

Differences in sexual orientation were present between youth in the CalYOUTH Study and youth in the Add Health study ($F = 19.6$, $p < .001$). Add Health respondents were more likely than CalYOUTH respondents to identify as "100 percent heterosexual or straight" (88.7% vs. 77.7%), while CalYOUTH respondents were more likely than Add Health respondents to report being "bisexual" (7.8% vs. 1.7%) or "100 percent homosexual or gay" (4.4% vs. 0.3%). When comparing youth from the two studies by gender, only females differed in their sexual orientations ($F = 89.9$, $p < .001$). CalYOUTH females were more likely than Add Health females to report being "bisexual" (12.1% vs. 2.0%) or "100 percent homosexual or gay" (5.0% vs. 0.0%), and less likely than Add Health females to report being "100 percent heterosexual or straight" (69.6% vs. 86.1%).

Table 77. Sexual Orientation (n = 607)[a]

	#	%
Sexual orientation		
100% heterosexual or straight	444	77.7
Mostly heterosexual or straight, but somewhat attracted to people of my own sex	53	7.7
Bisexual (attracted to men and women equally)	52	7.8
100% homosexual or gay	22	4.4
Mostly homosexual or gay but somewhat attracted to people of the opposite sex	13	1.6
Not sexually attracted to either males or females	6	0.9

Note: Unweighted frequencies and weighted percentages.
[a] Nine youth were not asked this question during the interview.

Responses to questions about youths' sexual activity are displayed in Table 78. Over nine in ten youth reported ever having sexual intercourse.[40] Among youth who ever had sex, about half reported first

[40] Youth were asked: "Have you ever had sexual intercourse?" Youth may have included consensual and nonconsensual intercourse.

having sex when they were 16 years old or older. Among youth who ever had sex, the average number of lifetime sexual partners was 6.4 (the median was 4) and the average number of sexual partners over the past 12 months was 2.0 (the median was 1).[41]

When looking at differences by gender, females were more likely than males to have ever had sexual intercourse (94.5% vs. 88.7%, $F = 4.9$, $p < .05$). Among youth who had ever had sex, gender differences were present for the number of sexual partners. On average, males had more lifetime partners than females (6.3 vs. 4.3, $F = 6.6$, $p < .01$), and males had more partners in the past 12 months than females (2.5 vs. 1.7, $F = 6.6$, $p < .05$). In terms of differences by race/ethnicity, significant differences were found for youth in the average number of lifetime sexual partners ($F = 3.8$, $p < .01$). Among youth who ever had sex, on average, white youth (8.2) had more sexual partners than did Hispanic youth (5.5) and youth in the "other" race/ethnicity category (4.2). Mixed-race youth (7.3) and African American youth (6.1) did not significantly differ from the other groups in terms of number of sexual partners in the past year.

Add Health respondents differed from CalYOUTH respondents in a few ways with regard to sexual activity.[42] CalYOUTH respondents were more likely than Add Health respondents to report ever having had sexual intercourse (92.3% vs. 88.7%, $F = 3.9$, $p < .05$). CalYOUTH females were more likely than Add Health females to have ever had sex (94.5% vs. 89.1%, $F = 5.6$, $p < .05$), but males' responses did not differ between studies in this regard. Among young people who had ever had sex, CalYOUTH respondents were also more likely than Add Health respondents to report first having sexual intercourse between the ages of 10 and 12 years old (11.1% vs. 4.0%, $F = 14.6$, $p < .001$) or at the age of 13 years old (11.0% vs. 6.1%, $F = 6.4$, $p < .05$). CalYOUTH respondents were less likely to report first having sexual intercourse at the age of 16 years old (12.7% vs. 17.9%, $F = 4.9$, $p < .05$). This difference was statistically significant for both males ($F = 4.0$, $p < .001$) and females ($F = 3.6$, $p < .01$). Among youth who ever had sex, the average number of sexual partners over their lifetime and over the past year did not differ between the studies.

[41] Youth were asked: "With how many partners have you ever had sexual intercourse, even if only once?" and "With how many different partners have you had sexual intercourse in the past 12 months?" Youth may have included consensual and nonconsensual partners.

[42] For all four questions in Table 78, Add Health asked respondents about engaging in "vaginal intercourse" whereas CalYOUTH participants were asked about engaging in "sexual intercourse." Thus, findings should be interpreted with caution.

Table 78. Sexual Activity

	CalYOUTH (*n* = 607)[a]	
	Overall	
	#	%/ Mean (SD)
Ever had sexual intercourse	552	92.3
Age at first sexual intercourse that youth agreed to[b]		
10 to 12 years old	51	11.1
13 years old	54	11.0
14 years old	61	13.2
15 years old	65	15.3
16 years old	68	12.7
17 years old	57	12.8
18–21 years old	104	23.9
Number of partners, lifetime[c]	6.4 (7.4)	
Number of partners in the past year	2.0 (2.6)	

Note: Unweighted frequencies and weighted percentages, means, and standard deviations.
[a] Nine youth were not asked these questions during the interview.
[b] Item is missing 16.7% for CalYOUTH participants due to "don't know" and "refused" responses.
[c] Item is missing 16.3% for CalYOUTH participants due to "don't know" and "refused" responses.

Youths' reports of sexually transmitted infections are presented in Table 79. Among youth who reported having one or more sexual partners in the past year, fewer than 10 percent reported that at least one of their partners had an STI. Nearly 15 percent of youth who ever had sex reported that they had ever had an STI. Gender differences were found in the proportion of youth who ever had an STI. Among youth who had ever had sex, females (18.9%) were more likely than males (7.8%) to report ever having had an STI ($F = 10.8$, $p < .01$). There were race/ethnicity differences in the proportion of youth who ever had an STI ($F = 2.8$, $p < .05$), with African American youth (24.7%) being more likely than Hispanic youth (11.0%) to have ever had an STI. No race/ethnicity differences were found in the rates of ever having an STI among youth in the "other" race/ethnicity category (17.9%), mixed-race youth (13.8%), and white youth (13.4%).

Table 79. Sexually Transmitted Infections

	Overall	
	#	%
Among youth who had one or more sexual partners in past year, any sexual partner ever had an STD (*n* = 472)	49	9.7
Among youth who ever had sex, ever had an STD (*n* = 552)	91	14.8

Note: Unweighted frequencies and weighted percentages.

Table 80 displays data on contraceptive use among youth who reported having intercourse with one or more sexual partners in the past year. Among youth who had sex in the past year, youth had vaginal intercourse an average of about 62 times (the median was 20). When youth were asked about how frequently they or their partner used some form of birth control in the past year, over one-third reported not using birth control at all and close to another third reported using birth control all of the time. One-half of youth reported they or their partner used some form of birth control during the most recent time they had sexual intercourse. When the same question was asked about condom usage during the past year, slightly over two-fifths of youth reported not using a condom at all and close to one-fifth said they used a condom all of the time. Nearly two-fifths of youth reported using a condom the last time they had sexual intercourse.

Among young people who had been sexually active in the past year, gender differences were present in the average number of times youth had vaginal intercourse in the past year ($F = 5.9$, $p < .05$). Males reported having sex a greater number of times in the past year than did females (88.1 vs. 49.1). Gender differences were also present in terms of the number of occasions birth control was used by youth or their sexual partner in the past year ($F = 3.4$, $p < .01$). Males (21.0%) were more likely than females (8.6%) to report that either they or their sexual partner used birth control "most" of the time in the past year. Additionally, females (69.4%) were more likely than males (44.9%) to have not used a condom at the time of their most recent sexual intercourse ($F = 20.1$, $p < .001$).

Differences in the average number of times youth had vaginal intercourse in the past year were found between race/ethnicity groups ($F = 3.8$, $p < .01$). Among those that had been sexually active in the past year, white youth (103.2 times) and mixed-race youth (106.3) both reported having sex on more occasions than did Hispanic youth (45.6), African American youth (42.0), and youth in the "other" race/ethnicity category (40.9).

CalYOUTH participants who had ever had sex were compared with Add Health participants who had ever had sex in terms of their sexual activity and contraceptive use in the past year.[43] As shown in Table 80, when asked about the number of times they had sexual intercourse in the past year, the average for CalYOUTH participants was significantly lower than the average for Add Health participants ($F = 60.1$, $p < .001$).[44] This difference was statistically significant for both males (88.1 vs. 132.1, $F = 6.5$, $p < .05$) and for females (49.1 vs. 135.1, $F = 62.4$, $p < .01$). In terms of the frequency with which birth control was used during sexual intercourse in the past year, CalYOUTH respondents were more likely than Add Health respondents to report "none" or "some" and were less likely than Add Health respondents to report "most" or "all" of the time ($F = 18.5$, $p < .001$), which was true for both males ($F = 6.1$, $p < .05$) and females ($F = 13.6$, $p < .001$). Similarly, regarding the frequency of using a condom in the past year, CalYOUTH participants were more likely than Add Health participants to report "none" and were less likely than Add Health respondents to report using a condom "most" of the time ($F = 3.3$, $p < .05$). This difference was significant for females ($F = 3.3$, $p < .05$), but significant differences were not found for males. Finally, CalYOUTH participants were less likely than Add Health participants to report using birth control at the time of their most recent sexual intercourse ($F = 24.9$, $p < .001$), and similar trends were found for males (51.2% vs. 64.2%, $F = 5.3$, $p < .05$) and females (49.6% vs. 68.8%, $F = 19.9$, $p < .001$).

[43] For the last two questions in Table 80 (birth control and condom use during most recent intercourse), CalYOUTH asked about "sexual intercourse" while Add Health asked about "vaginal intercourse." Thus, findings should be interpreted with caution.

[44] The number of times a youth had sex in the past year was top-coded at 365 times (or once per day).

Table 80. Contraceptive Use in Past Year

	CalYOUTH (n = 472)[a]		Add Health (n = 1,004)		
	Overall		Overall		
	#	% / Mean (SD)	#	% / Mean (SD)	*p*
Number of times had vaginal intercourse in the past year[b]	62.3 (100.8)		134.0 (129.6)		***
Frequency of using birth control during sexual intercourse in the past year					***
None of the time	152	35.7	143	15.6	
Some of the time	71	15.5	94	9.3	
Half of the time	29	6.3	75	7.1	
Most of the time	63	12.4	202	19.1	
All of the time	138	30.0	463	48.8	
Frequency of using a condom in the past year					*
None of the time	205	43.8	301	33.3	
Some of the time	86	18.6	196	17.5	
Half of the time	35	7.5	84	8.8	
Most of the time	51	11.6	190	18.2	
All of the time	85	18.6	215	22.2	
Used birth control at the time of most recent sexual intercourse	244	50.1	668	67.2	***
Used a condom at the time of most recent sexual intercourse	177	38.7	425	40.7	

Note: Unweighted frequencies and weighted percentages and means and standard deviations.
[a] Questions in this table were asked to respondents who reported having one or more sexual partners in the past year.
[b] Table is missing 32.2% of responses due to "don't know" or "refused" responses. Additionally, 31 youth reported having sex zero times, and they were also removed from this calculation. The original variable had a maximum answer of 999 times, but the responses were top-coded at 365 when calculating the mean.

Youths' reports of engagement in risky sexual activities are displayed in Table 81. Among youth who have had sexual intercourse, close to one in ten youth reported ever being paid to have sex with someone. For the youth who were paid for sex, three-fifths reported being paid for sex in the past year. Less than 3 percent of youth who had ever had sex did so with someone who took or shot street drugs using a needle. Among these youth, more than half had sex with an intravenous drug user in the past year.

There were differences in risky sexual behavior between CalYOUTH and Add Health study participants. Young people in the CalYOUTH Study were more likely than young people in the Add Health study to report ever having sex with someone for money (9.0% vs. 2.6%, $F = 24.5$, $p < .001$). CalYOUTH

females were more likely than Add Health females to have ever had sex with someone for money (11.2% vs. 1.7%, $F = 31.6$, $p < .001$), but significant differences were not found for males.

Table 81. Risky Sexual Activity ($n = 552$)[a]

	#	%
Ever had sex with someone who paid them to do so	47	9.0
Among youth who ever had paid sex, times had sex with someone who paid them to do so during the past year ($n = 47$)[b]		
Never	16	39.7
One time	5	18.1
Two or three times	4	9.5
Four or more times	17	32.7
Ever had sex with someone who takes or shoots street drugs using a needle	19	2.6
Among youth who ever had sex with drug user, times had sex with someone who takes or shoots street drugs using a needle in past year ($n = 19$)[c]		
Zero times	8	45.5
One or more times	8	54.6

Note: Unweighted frequencies and weighted percentages.
[a] Questions in this table were only asked to youth who reported ever having sex.
[b] Table is missing 10.6% due to "don't know" or "refused" responses.
[c] Table is missing 15.8% due to "don't know" or "refused" responses.

Pregnancy

Studies of transition-age foster care youth report that, by age 21, between 33 and 49 percent of young people have ever been pregnant or impregnated a female (Combs, Begun, Rinehart, & Taussig, 2017; Dworsky & DeCoursey, 2009; Putnam-Hornstein & King, 2014; Shpiegel & Cascardi, 2018). Rates have been found to be higher for females than for males. When Midwest Study participants were interviewed at age 21, 71 percent of females had ever been pregnant while 49 percent of males had ever gotten a female pregnant (Courtney et al., 2007). Rates among Midwest Study participants were found to be higher than rates for participants in the Add Health Study, where 34 percent of females had ever been pregnant and 19 percent of males reported ever getting a female pregnant (Courtney et al., 2007). Young mothers transitioning out of foster care have also been found to have high rates of repeat pregnancies prior to age 20 (Dworsky & DeCoursey, 2009; Putnam-Hornstein & King, 2014). Placement in disadvantaged neighborhoods, lack of access to contraception and health resources, inadequate education on developing healthy relationships, and adverse childhood experiences of young adults in care may play a role in unplanned pregnancies among foster care youth (Plax, Jain, & Kaushik, 2016).

Table 82 presents female CalYOUTH participants' pregnancy histories. Close to three in five females reported ever being pregnant and under two in five reported having ever given birth. Just over two-fifths of females reported that they had been pregnant since they were last interviewed. Among the youth that were pregnant since the last interview, just over two-thirds had been pregnant only one time and close to three-quarters gave birth to a child. A little over one-sixth of the female youth that had become pregnant since the last interview reported using birth control at the time of their most recent pregnancy. When asked about their desire to become pregnant at the time, over one-quarter reported that they definitely did not want to have a baby and close to one-third reported that they definitely wanted to have a baby, with the remaining youth falling somewhere in between these two responses. Over half of the youth who had become pregnant since the last interview wanted to marry their partner at the time. A little more than one-half of the youth saw a doctor or nurse within the first or second month of being pregnant, while close to one-eighth of youth said that they never received prenatal care. Most pregnancies ended in a live birth, but over one-third ended in a still birth, miscarriage, or abortion.

Race/ethnicity differences were found in terms of whether or not females wanted to become pregnant at the time of their most recent pregnancy ($F = 2.9$, $p < .001$). White females (38.0%) were more likely than Hispanic females (11.4%) to report that they "neither wanted nor didn't want" to become pregnant at the time of their most recent pregnancy. Females in the "other" race/ethnicity category (48.7%) and African American females (41.2%) were more likely than white females (1.0%) to report "probably yes" about their desire to become pregnant at the time of their most recent pregnancy.

Table 82. Pregnancy History (Females; *n* = 376)[a]

	#	%
Ever been pregnant[b]	211	58.7
Ever given birth to a child[N,c]	141	38.6
Ever been pregnant since last interview	150	41.3
Among females who have been pregnant since last interview, number of times been pregnant since last interview (*n* = 150)		
1	104	67.6
2	37	28.1
3 or more	7	4.4
Among females who have been pregnant since last interview, given birth to any child/children since last interview (*n* = 150)	107	73.4
Among females who have been pregnant since last interview, the questions below are about their most recent pregnancy (*n* = 150)		
Used birth control at time of pregnancy	24	17.9
Wanted to become pregnant at that time		
Definitely no	35	26.5
Probably no	11	7.3
Neither wanted nor didn't want	34	21.1
Probably yes	14	13.3
Definitely yes	44	31.8
Wanted to marry partner at that time		
Yes	75	55.4
No	50	37.6
Didn't care	11	7.1
Month of pregnancy first saw doctor or nurse		
Month 1	53	40.2
Month 2	24	14.6
Month 3	21	14.2
Months 4 to 6	17	14.7
Months 7 to 9	6	4.3
Didn't receive prenatal care	15	12.0
How pregnancy ended (*n* = 124)[d]		
Live birth	77	64.8
Still birth/Miscarriage	21	18.4
Abortion	20	16.8

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey item.

[a] Three females were not asked these questions during the interview.

[b] During the Wave 3 interview, female respondents were asked if they had ever been pregnant since their last interview. We used data from previous interviews (Wave 1 and Wave 2) to calculate the percentage of females who had ever been pregnant.

[c] The Wave 3 question "Have you ever given birth to any children?" was only asked of females who had been pregnant since last interview. Of the 150 youth who had been pregnant since last interview, 107 had given birth. We also used information from previous CalYOUTH interviews to obtain information on child births for females who had not gotten

pregnant since last interview. This identified an additional 34 females, bringing the total number of females who had ever given birth to 141.
[d] Excludes females who were currently pregnant at the time of the interview (n = 26).

Table 83 presents male CalYOUTH participants' histories of impregnating females and fathering children. Less than two-fifths of males had ever gotten a female pregnant and about one-fifth had ever fathered a child. Among males who had ever gotten a female pregnant, most impregnated just one female. Close to one-seventh of males had gotten a female pregnant since they were last interviewed. Among males who had gotten a female pregnant since the last interview, nearly all had only gotten only one female pregnant, and four-fifths had ever fathered a child that was born. When asked about the most recent time they got someone pregnant since their last interview, less than 10 percent said they or their partner were using any kind of birth control at the time of the pregnancy. A little over 20 percent of these males definitely did not want their partner to become pregnant and a little under 20 percent definitely did want their partner to become pregnant when the pregnancy occurred. The remaining males gave responses that were less definitive. Most of the males who had gotten a female pregnant since the last interview reported that they wanted to marry their partner at the time they became pregnant.

Table 83. History of Impregnating Females (Males; *n* = 240)[a]

	#	%
Ever gotten female pregnant[b]	90	37.4
Number of females respondent has ever gotten pregnant[b]		
0	144	62.6
1	84	35.7
2 or more	6	1.7
Ever fathered a child that was born[N c]	49	19.9
Any partner became pregnant since last interview	35	15.0
Among males who had gotten a partner pregnant since last interview (*n* = 35)		
Number of females respondent has gotten pregnant since last interview		
1	34	99.0
2	1	1.0
Ever fathered a child that was born	27	81.0
Among males who had gotten a partner pregnant since last interview, most recent time got female pregnant (*n* = 35)		
Used birth control at time partner became pregnant[d]	2	6.9
Wanted partner to become pregnant at that time[e]		
Definitely no	8	21.3
Probably no	2	9.3
Neither wanted nor didn't want	9	28.5
Probably yes	7	22.7
Definitely yes	5	18.2
Wanted to marry partner at time partner became pregnant[f]		
Yes	22	72.5
No	7	20.8
Didn't care	2	6.7

Note: Unweighted frequencies and weighted percentages. [N] = NYTD survey item.

[a] Two males were not asked these questions during the interview.

[b] During Wave 3, youth who had ever had sexual intercourse were asked to report the number of females they had ever gotten pregnant. A total of 53 males reported having ever gotten one or more females pregnant. However, 30 youth who reported that they impregnated zero females during the Wave 3 interview had said that they had gotten a female pregnant or fathered a child at an earlier interview wave. Additionally, 7 youth reported "don't know" or "refused" to the Wave 3 impregnation question or were missing data on the question, but had reported that they had gotten a female pregnant or fathered a child at an earlier interview wave. In the estimate reported in the table, these 37 youth were added to the 53 youth who reported ever impregnating a female at Wave 3. Thus, the number of males who had ever gotten a female pregnant by Wave 3 sums to 90.

[c] The Wave 3 question "Have you ever fathered any children that were born?" was only asked to males who had gotten a female pregnant since last interview. Of the 35 males who had gotten a female pregnant since last interview, 27 had fathered a child that was born. We also used information from previous CalYOUTH interviews to obtain information on child births for males who had not gotten a female pregnant since last interview. This identified an additional 22 males, bringing the total number of males who had ever fathered a child to 49.

[d] Table is missing 17.5% due to "don't know" or "refused" responses.

[e] Table is missing 15% due to "don't know" or "refused" responses.

[f] Table is missing 10% due to "don't know" or "refused" responses.

Children and Parenting

Transition-age foster youth are also more likely than their nonfoster care counterparts to parent a child (Combs et al., 2017; Courtney & Dworsky, 2006; Dworsky & Courtney, 2010b; Lieberman, L. D., Bryant, L. L., Boyce, K., & Beresford, P., 2014; Oshima et al., 2013; Shpiegel & Cascardi, 2015; Svoboda, Shaw, Barth, & Bright, 2012). In the Midwest Study, more than half of females and nearly one-third of males had at least one living child at age 21 (Courtney et al., 2007). In comparison, females (56%) and males (30%) in the Midwest Study were more than twice as likely than their same-aged female (23%) and male (11%) Add Health counterparts to have had at least one living child (Courtney et al., 2007). At age 21, most young women and men who reported having at least one child had only one child; no gender differences were found for the number of children the young women and men had (Courtney et al., 2007).

In the Midwest Study, of the roughly 260 respondents who had a living child at age 21, only about 2 percent reported that one of their children was living with foster parents and about 3.5 percent said one of their children lived with adoptive parents (Courtney et al., 2007). A study by Dworsky (2015) used administrative data from Illinois to track child welfare involvement of 2,487 children born to a youth who was under the care of the Illinois Department of Children and Family Services when the foster youth first became a parent. Dworsky (2015) found that of the 2,487 children, 39 percent had at least one child protective services investigation, 17 percent had at least one report that was indicated for abuse and/or neglect, and 11 percent were placed in foster care at least once prior to their 5th birthday.

Table 84 reports the number of children and the dependency status of the children for CalYOUTH participants. Close to one-third of young people had one or more living children. Among youth with a living child, most parents had only one child, and few parents (11.0%) had at least one child who was a dependent of the court. Among all CalYOUTH participants, fewer than five percent (3.5%) had a child who was a dependent of the court.

Females were more likely than males to have a living child ($F = 29.4$, $p < .001$) and to have at least one living child who was a dependent of the court (4.9% vs. 1.2%, $F = 6.3$, $p < .05$). However, as seen in Table 84, among youth who were parents, there was no significant gender difference in the proportion of youth with a child who was a dependent of the court. In terms of race/ethnicity, significant differences were found in the proportion of youth who had a living child, with more Hispanic youth (40.5%) than white youth (26.7%), African American youth (27.2%), mixed-race youth (23.9%), and youth in the "other" race/ethnicity group (17.5%) having a child ($F = 3.5$, $p. < .05$).

Table 84. Number of Children and Dependency Status (*n* = 613)[a]

	Overall		Male		Female		*p*
	#	%	#	%	#	%	
Has a living child	193	32.2	38	17.1	155	41.3	***
Among parents, number of living children (*n* = 193)							
1 child	136	69.6	30	77.1	106	67.7	
2 children	46	24.7	7	21.3	39	25.5	
3 children	11	5.7	1	1.6	10	6.8	
Among parents, number of youth who have at least one child who is a dependent of the court (*n* = 193)	19	11.0	2	7.2	17	12.0	

*$p < .05$, ***$p < .001$; *Note*: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.

Information on the age and gender for the 261 children of CalYOUTH participants are reported in Table 85. More than 60 percent of the children were two years old or younger. There was nearly an equal proportion of male and female children.

Table 85. Age and Gender of Youth's Child (*n* = 261 children)

	#	%
Child's age		
Less than 1 year old	61	24.8
1 year old	51	19.2
2 years old	69	28.4
3 years old	34	10.1
4 years old	21	9.7
5 years old or older	25	8.0
Child's gender		
Female	132	49.0
Male	129	51.0

Note: Unweighted frequencies and weighted percentages.

Parental Involvement

Research exploring the level of involvement that young parents transitioning from care have with their children is sparse. At age 21, mothers in the Midwest Study were more likely than fathers to be living with their children. Among the parents, only 15 percent of females had at least one nonresident child compared to 67 percent of males (Courtney et al., 2007). The proportions of Midwest Study parents who were not living with at least one of their children were higher than the proportions among Add Health parents for both and females (1%) and males (12%; Courtney et al., 2007).

For nonresident children of Midwest Study participants, the most common living arrangements of the child reported by mothers at age 21 were with adoptive parents, maternal relatives, paternal relatives, and

the child's other parent. The most common living arrangements of the child reported by fathers at age 21 were with the child's other parent and/or maternal relatives. No differences were found between young parents who were still in care at age 21 and youth who had left care in terms of the living arrangements of their children (Courtney et al., 2007). At age 21, the majority of Midwest Study respondents with nonresident children had visited their children at least once per month during the prior year (Courtney et al., 2007).

At age 21, only a small proportion of parents in the Midwest Study reported that a child had health problems or disabilities (Courtney et al., 2007). When it came to child care, the most common childcare arrangements for Midwest Study participants who were currently working or in school were with formal providers (daycare, nursery school, and pre-K; 27%), the child's other parent (24%), and grandparents (23%). At age 21, roughly one-third of these young parents reported that finding child care while they were working or attending school was difficult, two-fifths had missed work in the previous 6 months because of lack of child care, and one-quarter had changed childcare providers within the past 6 months. In terms of payment for childcare, one-third (35%) were receiving childcare assistance. Not counting childcare assistance, about half paid out-of-pocket costs for childcare (Courtney et al., 2007).

Studies of the experiences of young mothers aging out of care have found that they often report feeling overwhelmed and stressed with parenting (Aparicio, 2017; Aparicio, Pecukonis, & O'Neale, 2015; Budd, Holdsworth, & Hogan-Bruen, 2006; Connolly, Heifetz, & Bohr, 2012; Haight, Finet, Bamba, & Helton, 2009; Radey, Schelbe, McWey, Holtrop, & Canto, 2016). Sparse research has been conducted on the experiences of fathers aging out of the child welfare system. In a recent study that included young mothers and fathers aging out of care, participants reported facing struggles in parenthood, but also found joy in their children and desired a better life for them (Schelbe & Geiger, 2017). While most parents in the Midwest Study did not report experiencing high levels of parenting stress, the majority acknowledged that being a parent was harder than they had expected. When it came to messages around parenting, many young parents in the Midwest Study identified their biological mother, another relative, foster mother, or a friend as sources of information about parenting and as someone who had taught them how to be a good parent (Courtney et al., 2007). In terms of discipline, parents in the Midwest Study were more likely to report using nonviolent modes of discipline than psychological aggression or physical discipline, with consistently higher percentages of young mothers than young fathers reporting using a specific action to discipline their child during the past year. The most common type of physical discipline used was spanking a child with a bare hand, which was reported by nearly half of young mothers and one-third of young fathers. Most young parents in the Midwest Study did not report engaging in any neglect of their children.

Table 86 presents information on the living arrangements and parental contact of the 261 children of CalYOUTH Study participants. Over four-fifths of the children live with the CalYOUTH participant. In about two-fifths of the cases, the child's other parent lives with the youth. For about one-sixth of the children, CalYOUTH participants have a legal custody agreement with the other parent. For children who live with the CalYOUTH participant, we asked the respondent about how much time the child spends with the respondent and with the other parent. More than one-half of the children spend more time with the CalYOUTH parent and just over two-fifths spend equal time with both parents. For children who do not live with the respondent, we asked the respondent how often they see the child. Nearly three-quarters of children who do not live the respondent are visited by the CalYOUTH parent a few times a month or more ("few times per month" or "about once a week"). For the children who are not currently residing with the respondent, we asked the respondent to name all of the people that the child is living with. The child's other biological parent was the most commonly reported person the child is living with, followed by the other partner's parents or relatives. Among respondents who have a child that does not live with the other parent, respondents were asked how often the other parent visits with the child. For over one-half of the children, the other parent visits the child infrequently ("never" or "less than once a month").

There were differences by gender in terms of child living arrangements. The children of female respondents were more likely than children of male respondents to be living with the respondent (86.9% vs. 61.3%, $F = 13.9$, $p < .001$). Male respondents (58.7%) were more likely than female respondents (36.0%) to be living with their child's other parent ($F = 4.7$, $p < .05$). In terms of legal custody agreements, male respondents (31.7%) were more likely than female respondents (14.2%) to have a legal agreement regarding custody with their child's other parent ($F = 6.7$, $p < .05$). Gender differences were also found in terms of the child's time spent with their parents among children who were living with the youth ($F = 28.3$, $p < .001$). Female respondents (63.6%) were more likely than male respondents (5.6%) to report that their child spends more time with the respondent than the child's other parent, while male respondents (87.7%) were more likely than female respondents (33.5%) to report that their child spends equal time with the respondent and the child's other parent. Among children not living with the respondent, females were more likely than males to have their child living with the child's other biological parent (15.7% vs. 10.3%, $F = 12.3$, $p < .001$).

Among children whose other parent is not currently living with the youth, race/ethnicity differences were found for whether the other parent ever lived with the youth ($F = 3.2$, $p < .05$). The children of African

American youth (35.2%) were less likely to have ever lived with the other parent than the children of white youth (65.2%), mixed-race youth (73.4%), and Hispanic youth (66.6%).[45]

[45] All of the youth in the "other" race/ethnicity group who were not currently living with the child's other parent reported that the other parent had lived with the youth at some time in the past.

Table 86. Living Arrangements and Parental Contact (*n* = 261 children)

	Overall	
	#	%
Child currently lives with youth in same household (*n* = 261)	213	82.2
If not living with youth, child ever lived with youth in same household in the past (*n* = 48)	38	76.7
Child's other parent currently lives with youth (*n* = 261)	111	40.1
If not living with youth, child's other parent ever lived with youth in the past (*n* = 150)	85	59.8
Youth has legal agreement regarding custody with other parent (*n* = 261)	49	17.4
Among youth living with their child, other parent has a court requirement to pay child support (*n* = 213)	32	15.9
If child lives with the youth (child *n* = 213)		
Child's time spent with their parents		
More time with youth	126	55.6
Equal time with youth and other parent	94	41.0
More time with other parent	11	3.4
If child does not live with youth (child *n* = 48)		
Frequency of visitation for youth with a child in the past year		
Never	5	11.1
Less than once a month	10	15.5
Few times per month	25	58.5
About once a week	8	15.0
Current residence of child (can be living with more than one person)		
Living with other biological parent	26	47.3
Living with maternal grandparents	11	21.5
Living with other maternal relatives	6	10.6
Living with paternal grandparents	8	11.1
Living with other paternal relatives	4	7.1
Living with friends	2	4.2
Living with adoptive parents	5	10.2
Living with foster parents	6	20.4
If child does not live with other parent (*n* = 124)		
Frequency of visitation for other parent with child in the past year		
Never	43	38.5

Less than once a month	18	14.9
Few times per month	31	22.7
About once a week	28	23.9

Note: Unweighted frequencies and weighted percentages.

Table 87 displays the overall health of the 261 children, as reported by their CalYOUTH participant parents. Most children were reported to be in better than good health ("excellent" or "very good"). Moreover, few children were reported to have physical, emotional, or mental disabilities that would affect their ability to learn or inhibit them in performing age-related activities.

Table 87. Child Health and Problems (*n* = 261 children)

	Overall	
	#	**%**
Youth's description of their child's health		
Excellent	164	64.4
Very good	60	23.3
Good	26	9.3
Fair	5	2.7
Poor	2	0.4
Child has physical, emotional, or mental disabilities that limit or interfere with the child's ability to learn	7	2.5
Child has physical, emotional, or mental disabilities that keep the child from doing activities most children their age normally do	9	3.0

Note: Unweighted frequencies and weighted percentages.

CalYOUTH participant parents who were residing with their children reported on parental involvement among all their children. These findings are reported in Table 88. Among all children, 3.5 percent (*n* = 11) did not have contact with their CalYOUTH parent in the past four weeks and one additional CalYOUTH parent refused to answer the question about contact with children in the past four weeks. Among all children who have had contact with their CalYOUTH parent in the previous four weeks, most children were shown physical affection by their CalYOUTH parent, were praised for doing something worthwhile by their CalYOUTH parent, and ate evening meals with their CalYOUTH parent on a daily basis ("every day") during the previous four weeks. Among children under 5 years old, during the last month CalYOUTH parents were actively involved ("every day") with feeding the child, putting the child to bed, changing diapers or helping with toilet training, playing with the child, and bathing the child. Among children 5 years old or older, 52 percent were helped with their homework or had their homework checked by a CalYOUTH parent daily ("every day") in the previous four weeks, while 41 percent had never ("not at all") been helped with their homework or had it checked by their CalYOUTH parent during that period. Lastly, most children 5 years old or older had CalYOUTH parents who knew only a little ("knows a little") about the children's close friends.

For parents residing with their children, some parental involvement differences were found by gender. When resident parents who had contact with their child(ren) in the past four weeks were asked about the frequency of eating evening meals with their child(ren) in the past four weeks, males (32.1%) were more likely than females (10.4%) to report "several times a week," while females (71.3%) were more likely than males (42.0%) to report "every day" ($F = 4.3$, $p < .01$). Among resident parents who had contact with their child(ren) who were under the age of 5 years old, males were more likely than females to report that they did not bathe their child(ren) in the past four weeks (18.8% vs. 3.0%). Females were more likely than males to report that they bathed their child "every day" (65.9% vs. 46.8%, $F = 4.8$, $p < .001$). When resident parents of children under the age of 5 were asked about the frequency of putting their child(ren) to bed during the previous four weeks, males were more likely than females to report "several times a week" (22.6% vs. 5.5%) while females were more likely than males to report "every day" (89.1% vs. 60.2%) ($F = 5.1$, $p < .001$).

Table 88. Parental Involvement among Resident Parents (*n* = 249 children)[a]

	Not at all		Less than once a week		About once a week		Several times a week		Every day	
	#	%	#	%	#	%	#	%	#	%
Among parents who had contact with their child(ren) in the past four weeks (*n* = 249 children)										
Spent time with child on an outing away from home to places such as museums, zoos, movies, sports, playgrounds, or parks	32	14.2	20	8.6	104	40.7	70	27.9	22	8.7
Ate evening meals together with child	20	8.6	3	1.7	21	9.5	39	14.4	165	65.9
Showed child physical affection, such as a kiss, hug, or stroking their hair	9	2.9	0	0.0	11	5.1	24	12.2	204	79.9
Praised child for doing something worthwhile	15	6.4	5	2.2	17	8.5	32	12.8	178	70.1
Among parents who had contact with their child(ren) in the past four weeks and child(ren) is under five years old (*n* = 227 children)										
Played with or played games with child	10	4.6	2	0.9	13	8.4	30	15.4	171	70.8
Read to child	36	16.1	15	5.0	57	29.5	53	20.6	65	28.7
Fed child	7	3.3	2	0.9	9	5.1	11	4.5	196	86.3
Gave child a bath	13	6.0	3	1.8	11	4.9	59	25.2	139	62.2
Changed child's diaper or helped child use the toilet	18	8.2	1	0.1	5	2.7	22	9.1	178	79.9
Put child to bed	9	3.0	3	2.1	7	2.6	24	8.8	182	83.5
Among youth who had contact with their child(ren) in the past four weeks and child is five years or older (*n* = 22 children)										
Helped child with their homework or checked that their child did homework	9	41.1	0	0.0	1	3.8	1	3.8	11	51.5
	Knows nothing		**Knows a little**		**Knows some things**		**Knows most things**		**Knows everything**	
	#	%	#	%	#	%	#	%	#	%
Knows about child's close friends	2	12.3	3	60.6	2	7.2	11	8.8	4	11.2

Note: Unweighted frequencies and weighted percentages.

[a] Differences by race/ethnicity were not able to be compared due to too many cells with zero respondents.

Table 89 reports findings on visitation and child support among children not residing with their CalYOUTH parents. Among nonresident parents, most children saw the respondent weekly ("about once a week" or "several times a week") in the previous four weeks. Nonresident parents were asked about their satisfaction with the frequency of visitation with their nonresident children. The response options for satisfaction with frequency of visitation were originally on a scale from 0 "very dissatisfied" to 10 "very satisfied," but were recoded into five categories for this report. "Very dissatisfied" included a score of 0, "dissatisfied" included scores of 1 to 4, "neither dissatisfied nor satisfied" included a score of 5, "satisfied" included scores of 5 to 9, and "very satisfied" included a score of 10. Approximately 46 percent reported being dissatisfied ("very dissatisfied" or "dissatisfied"), 12 percent reported being "neither dissatisfied nor satisfied," and 42 percent reported being satisfied ("satisfied" or "very satisfied") with the frequency of visitation with their nonresident children. For nearly two in five nonresident children, CalYOUTH parents had contributed money or child support for their child's upbringing in the past 12 months.

Among nonresident parents, gender differences were found in terms of child support in the past 12 months ($F = 11.5$, $p < .01$). Males (64.2%) were more likely than females (15.7%) to contribute money or child support for their child. When asked about the amount of money or child support contributed, females were more likely than males to report contributing zero dollars for their child in the past 12 months (84.3% vs. 35.8, $F = 4.4$, $p < .01$).

Table 89. Visitation and Child Support among Nonresident Parents (*n* = 48)[a]

	Overall	
How often youth saw their child in the last four weeks (*n* = 36)[b]	#	%
Not at all	4	9.1
Less than once a week	4	11.4
About once a week	10	32.8
Several times a week	12	38.3
Every day	3	8.4
Youth's satisfaction with frequency of visitation with child (*n* = 36)[b]		
Very dissatisfied	7	19.0
Dissatisfied	9	27.3
Neither dissatisfied nor satisfied	4	11.8
Satisfied	6	14.6
Very satisfied	8	27.3
In last 12 months, youth contributed money or child support for child's upbringing (*n* = 48)[b]	18	37.1
In last 12 months, amount youth contributed money or child support for child's upbringing (*n* = 48) [c]		
$0	25	62.9
$1 to $1,000	6	12.3
$1,001 to $3,000	8	13.8
More than $3,000	4	11.0
Among youth who contributed in past 12 months, were contributions paid as part of a child support order (*n* = 18)	3	8.7

Note: Unweighted frequencies and weighted percentages.

[a] Due to small sample sizes, we were not able to test differences by race/ethnicity.

[b] Includes child of youth who were not living with the youth (*n* = 48). Due to a programming error, 12 youth were not asked these questions.

[c] Item missing 10.4% due to "don't know" and "refused" responses.

Table 90 reports responses among CalYOUTH parents regarding parenting stress. All CalYOUTH parents were asked to report their feelings about being a parent of each of their children. For most children, parents reported that each of the six statements regarding parenting stress was "not at all true." When asked about general feelings about being a parent, most parents reported not feeling like they were trapped by parental responsibilities or were giving up their life to meet their child's needs. However, most CalYOUTH parents reported that the statement "Being a parent was harder than I thought it would be" was at least "a little true".

Race/ethnicity differences were found in terms of parenting stress. African American youth (58.6%) were more likely than Hispanic youth (20.7%) to report that the statement "Being a parent was harder than I

thought it would be" was "not at all true," while Hispanic youth (47.8%) were more likely than African American youth (15.1%) to report that the statement was "a little true" ($F = 2.3$, $p < .01$).

Table 90. Parenting Stress

	Not at all true		A little true		Moderately true		Mostly true		Very true	
	#	%	#	%	#	%	#	%	#	%
Feelings about being a parent to each child (n = 261 children)										
Felt that taking care of their child was more work than pleasure	201	77.7	31	11.6	10	4.8	1	0.8	14	5.1
Their child seemed to be much harder to care for than most other children	219	85.1	24	10.2	2	0.4	2	1.1	8	3.3
Their child did things that really bothered youth a lot	200	78.2	50	19.8	4	1.7	0	0.0	1	0.2
Sometimes youth lost patience with child's demands and questions and didn't listen to the child anymore	219	87.0	30	11.1	4	1.3	1	0.5	1	0.1
Often felt angry with child	235	93.1	19	6.1	1	0.8	0	0.0	0	0.0
Child had been a lot of trouble to raise	235	91.6	17	6.9	3	1.6	0	0.0	0	0.0
General feelings about being a parent (n = 193 youth)										
Felt I was giving up my life to meet child's needs	143	74.7	25	13.4	6	3.4	7	5.1	9	3.4
Felt trapped by my responsibilities as a parent	167	86.9	17	8.7	2	2.3	1	0.7	3	1.4
Being a parent was harder than I thought it would be	61	32.2	69	37.2	19	10.6	8	4.2	33	15.8

Note: Unweighted frequencies and weighted percentages.

Information about child care among CalYOUTH parents living with at least one of their children appears in Table 91. Just over two-thirds of parents had another person care for their child(ren) when they were working or going to school. For the parents that had another person care for their child(ren) when they were at work or school, we asked the respondent to name all of the people that normally care for the child(ren). The child's other biological parent was the most commonly reported person, followed by the other partner's parents or relatives. About half of CalYOUTH parents who had someone care for their children when they worked or went to school said that finding another person to care for their child(ren) was difficult ("very difficult" or "somewhat difficult"), and about half of youth had to miss work or school in the previous 6 months because they did not have child care. About one-third of youth said that they had to change childcare providers in the previous six months, and nearly two-fifths of youth had to pay any out-of-pocket expenses for child care while they were at work or school.

Table 91. Child Care (*n* = 125 youth)[a]

	#	%
Youth ever had someone else care for their child(ren) because they were working or going to school	78	67.1
Among youth who ever had someone else care for their child(ren) (*n* = 78)		
Person normally caring for youth's child(ren) when they were working or going to school		
Child(ren)'s other parent	23	31.3
Child(ren)'s grandparent	19	23.8
Child(ren)'s other relative	11	13.2
Neighbor or babysitter	5	6.1
Day center, nursery school, or preschool	15	17.7
Other	5	7.9
Difficulty for youth to find someone to care for their child(ren) while they were working or going to school		
Very difficult	6	9.9
Somewhat difficult	29	38.7
Not at all difficult	43	51.4
Times youth had to miss work or school during the previous 6 months because they did not have childcare		
Never	38	48.5
Once or twice	24	29.5
Three or four times	10	15.5
Five or more times	5	6.5
Times youth had to change childcare providers during the previous 6 months		
Never	53	67.8
Once or twice	22	31.1
Three or four times	2	1.2
Youth currently receiving any type of childcare assistance from a state or county agency to help pay for child care	20	23.9
Amount youth usually paid out-of-pocket for child care each week while working or going to school		
$0	43	58.6
$1 to $100	13	14.1
$101 to $200	16	22.1
More than $200	3	5.2

Note: Unweighted frequencies and weighted percentages.

[a] Includes youth who were living with at least one of their children (*n* = 155). Due to a programming error, 30 youth were not asked these questions.

Marriage and Romantic Relationships

Dating and exploring romantic relationships is a common feature of early adulthood (Arnett, 2000; Montgomery, 2005). Courtney and colleagues (2007) found that among 21-year-olds in the Midwest Study, over one-half of participants reported being currently involved in a dating or romantic relationship, and the majority of those in a romantic relationship were exclusively dating one partner. While most participants were in romantic relationships, fewer youth were living with their partners or married to their partners. At age 21, over one in five young women and less than one in five young men reported currently cohabitating with a partner (i.e., living with a partner in a "marriage-like" relationship), and over one in ten young women and less than one in twenty young men reported being currently married (Courtney et al., 2007).

Youth were asked a number of questions about their current relationship and marital status. As displayed in Table 92, excluding participants who were married (n = 35), more than half of youth reported being currently involved in a dating or romantic relationship, and almost 90 percent of these respondents reported being involved with their partner on a steady basis. Among the young people in a dating or romantic relationship, nearly three-fifths were living with their partner, the majority was dating their partner exclusively, and just over three-fifths had been in a relationship with their partner for more than a year. Of the respondents who had a child and who were either in a romantic relationship or were married, over two-thirds of respondents reported that their current partner was the parent of their child. Among the parents who were not currently in a relationship with their child's other parent, just over half of them reported that they hardly or never interact with the child's other parent.

Some differences in romantic involvement were found by gender. Females were more likely than males to report being currently involved in a romantic relationship (65.2% vs. 41.1%, F = 24.2, p < .001). Among those in romantic relationships, females (62.8%) were more likely than males (47.9%) to live with their partner (F = 4.4, p < .05). Males (8.1%) were more likely than females (0.9%) to report that they were dating their romantic partner "once in a while" (F = 4.3, p < .01). Significant gender differences were also found for the number of months youth were in relationships with their partner.[46]

[46] While the overall distribution of responses to the question about the duration of the romantic relationship differed between genders at a statistically significant level, none of the differences between genders for individual response categories (e.g., "Less than one month," "1 to 6 months") reached statistical significance. The differences that approached statistical significance were females' (46.5%) greater likelihood than males (35.9%) of reporting being in a relationship for "25 or more months" and males' (30.2%) greater likelihood than females (16.2%) of reporting being in a relationship for "1 to 6 months".

Table 92. Relationship Status and Involvement (n = 578)[a]

	#	%
Currently involved in a romantic relationship	330	56.0
Description of relationship with current partner (n = 330)		
Romantically involved on a steady basis	293	86.5
Romantically involved on-again/off-again	24	8.8
Just friends	11	4.3
Hardly ever see or talk to each other	2	0.4
Among respondents currently involved in romantic relationship (n = 317)[b]		
Respondent lives with partner	190	58.7
Dating status		
Dating exclusively	291	91.4
Dating frequently, but not exclusively	15	4.7
Dating once in a while	8	2.9
Only having sex	3	1.0
Total number of months romantically involved with partner (n = 316)[c]		
Less than 1 month	4	1.4
1 to 6 months	60	20.1
7 to 12 months	54	15.1
13 to 24 months	69	19.9
25 or more months	129	43.6
Among youth with child who are in romantic relationship/married, current spouse/romantic partner is the parent of your child/one of your children (n = 143)	95	68.6
Relationship status with child's other parent if youth is not currently in a romantic relationship with child's other parent (n = 48)		
Romantically involved on-again/off-again	9	8.7
Just friends	32	32.4
Hardly ever see or talk to each other	27	24.7
Do not see or talk to each other	25	27.3
Other parent is deceased	5	6.9

Note: Unweighted frequencies and weighted percentages.
[a] Excludes 35 youth who were married at the time of the interview. Three youth were not asked these questions during the interview.
[b] Excludes thirteen youth who reported in the previous question that they are "just friends" with their romantic partner, or that they "hardly ever see or talk to each other."
[c] One youth was not asked this question during the interview.

Table 93 displays youths' marital status and involvement in marriage-like relationships. Less than one in ten youth reported ever being married. Among youth in a romantic relationship, over three-quarters

reported ever living with someone in a "marriage-like" relationship for at least a month. Among these youth, about three-quarters reported currently living with their partner.

Gender differences were present in terms of ever living with someone in a marriage-like relationship (F = 13.6, $p < .001$). Among youth in a romantic relationship, females were more likely than males to report ever living with someone in a marriage-like relationship for at least one month (80.2% vs. 57.3%).

Table 93. Marriage and Marriage-Like Relationships (n = 613)[a]

	#	%
Current marital status		
Married	35	6.4
Widowed	1	0.2
Divorced	0	0.0
Separated	6	0.8
Never married	571	92.5
Among youth in a romantic relationship, ever lived with someone in a marriage-like relationship for one month or more (n = 317)[b]	228	74.0
Number of people lived with in a marriage-like relationship (n = 228)		
1 person	160	73.4
2 people	53	21.5
3 or more people	13	5.0
Still living together (n = 228)	165	72.5

Note: Unweighted frequencies and weighted percentages.
[a] Three youth were not asked these questions during the interview.
[b] A total of 330 youth said they were in a romantic relationship. Excludes 13 youth who reported in the previous question that they are "just friends" with their romantic partner, or that they "hardly ever see or talk to each other".

Among young people who were married or involved in a romantic relationship, most youth reported loving their partner "a lot," being "very happy" in general with their partner, and being "completely committed" to their partner (see Table 94). Differences in relationship commitment were found by race/ethnicity (F = 2.4, $p < .05$). Among youth that were married or dating, a greater proportion of white youth (82.4%) than Hispanic youth (54.9%) and African American youth (52.7%) reported that they were "completely committed" to their partner, while greater proportions of Hispanic youth (8.8%) and African American youth (10.7%) said that they were "somewhat committed" than white youth (0.4%).

Table 94. Love, Happiness, and Commitment in Romantic Relationships (*n* = 352)[a]

Among youth who are married or in a dating relationship	#	%
How much love partner		
A lot	318	91.6
Somewhat	24	6.2
A little	4	1.4
Not at all	3	0.8
How happy in the relationship with partner in general		
Very happy	256	75.0
Fairly happy	86	22.4
Not too happy	8	2.7
How committed to the relationship with partner		
Completely committed	222	61.7
Very committed	109	31.2
Somewhat committed	19	7.1
Not at all committed	0	0.0

Note: Unweighted frequencies and weighted percentages.

[a] A total of 330 youth said they were in a romantic relationship. Excludes 13 youth who reported in the previous question that they are "just friends" with their romantic partner, or that they "hardly ever see or talk to each other. Includes 35 additional youth who were currently married.

Youth who were married or in a romantic relationship answered several questions about the quality of their relationship with their partner. As displayed in Table 95, overall, respondents had positive views of their relationships in terms of communication, affection, encouragement, sex life, and willingness to compromise. However, about one-fifth of respondents were on the fence or did not agree ("neither agree nor disagree," "disagree," or "strongly disagree") that their partner is "fair and willing to compromise."

Table 95. Relationship Quality (*n* = 352)[a]

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
Among youth who are married or in a dating relationship	#	%	#	%	#	%	#	%	#	%
My partner listens to me when I need someone to talk to	201	58.7	115	32.2	23	6.2	8	2.3	3	0.6
My partner expresses love and affection to me	218	63.0	114	32.2	10	3.2	7	1.5	1	0.2
My partner is fair and willing to compromise when we have a disagreement	125	35.1	149	43.9	45	11.3	22	6.7	9	3.1
My partner encourages or helps me to do things that are important to me	206	61.4	125	32.7	12	3.0	6	2.5	1	0.4
I am satisfied with our sex life	202	59.4	119	34.0	17	4.4	7	1.6	4	0.6
I trust my partner to be faithful to me	224	64.7	93	24.8	18	5.8	8	3.0	7	1.8

Note: Unweighted frequencies and weighted percentages.
[a] A total of 330 youth said they were in a romantic relationship. Excludes 13 youth who reported in the previous question that they are "just friends" with their romantic partner or that "hardly ever see or talk to each other. Includes 35 additional youth who were married.

Young people who reported being involved in a romantic relationship were also asked questions about whether they felt their partner is critical of or manipulative toward them. Table 96 shows that most youth in romantic relationships do not report experiencing criticism or manipulation in their romantic relationships.

Table 96. Relationship Criticism and Manipulation (*n* = 352)[a]

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
Among youth who are married or in a dating relationship	#	%	#	%	#	%	#	%	#	%
My partner insults or criticizes me or my ideas	8	1.7	22	6.3	46	11.4	125	35.6	149	44.9
My partner tries to keep me from seeing or talking with friends or family	6	1.8	21	5.4	22	7.6	103	30.7	198	54.5
My partner tries to prevent me from going to work or school	1	0.2	4	1.0	13	4.7	99	28.5	233	65.6
My partner withholds money, makes me ask for money, or takes my money	3	0.7	7	1.6	13	3.4	95	27.2	232	67.1

Note: Unweighted frequencies and weighted percentages.
[a] A total of 330 youth said they were in a romantic relationship. Excludes 13 youth who reported in the previous question that they are "just friends" with their romantic partner or that they "hardly ever see or talk to each other." Includes 35 additional youth who were married.

Intimate Partner Violence

Several studies have highlighted the negative health effects of intimate partner violence (Longmore, Manning, Copp, & Giordano, 2016; Lundgren & Amin, 2015; Smith, Greenman, Thornberry, Henry, & Ireland, 2015). These include physical, mental, and emotional harm, as well as a greater likelihood of subsequent victimization or perpetration of dating violence (Longmore et al., 2016; Lundgren & Amin, 2015; Cui, Ueno, Gordon, & Fincham, 2013). Around 70 percent of women and 60 percent of men who are victims of intimate partner violence first experienced it before age 25 (Breiding, 2014).

Intimate partner violence has not been widely studied among transition-age foster youth, and most studies have involved participants in their late teenage years (e.g., Jonson-Reid, Scott, McMillen, & Edmond, 2007). While information on intimate partner violence was not collected at age 21 in the Midwest Study, information on four types of violence were assessed at age 23/24: psychological aggression, physical assault, sexual coercion, and physical injury. Among youth in romantic relationships, it was found that 26 percent of Midwest Study participants had experienced one or more types of relationship violence and 22 percent had reported perpetration of one or more types of violence (Courtney, Dworsky, Lee, & Raap, 2010). It was also found that females reported higher rates of violence perpetration than did males (27% vs. 17%). Finally, the study also found differences between Midwest Study participants and Add Health participants in rates of victimization of intimate partner violence. Midwest Study youth were more likely than Add Health youth to report being threatened with violence, being pushed, or having something thrown at them (males only); to report being slapped, hit, or kicked (males and females); and to report being injured (males and females; Courtney et al., 2010).

Some research has investigated factors that are associated with intimate partner violence among former foster care youth. One study drew on data from the Midwest Study and classified respondents into five categories based on their relationship status at age 23/24: not involved in a dating or romantic relationship (35%), involved in a nonviolent relationship (45%), involved in a violent relationship where the participant was the victim (6%), involved in violent relationship where the participant was the perpetrator (4%), involved in violent relationship where the participant was both the victim and perpetrator (bidirectional violence; 11%; Katz, Courtney, & Sapiro, 2017). With involvement in a nonviolent relationship as the reference group, several factors were found to be associated with involvement in relationships with intimate partner violence. For example, greater placement instability in foster care, exposure to neglect while in care, and exposure to intimate partner violence in their home of origin each increased the likelihood of participants being in an intimate relationship with bidirectional violence at age 23/24. The researchers also found that females were more likely than males to report perpetrating intimate partner violence, while males were more likely than females to report being victimized by dating violence (Katz et al., 2017).

Table 97 displays youths' perceptions about intimate partner violence. The original response options included seven categories about the frequency of each behavior in the past year: 1 = "never," 2 = "once," 3 = "twice," 4 = "three to five times," 5 = "six to 10 times," 6 = "11 to 20 times," and 7 = "more than 20 times." The response options 4 to 7 were combined into a single category because youth infrequently selected these categories. Among young people who reported being involved in a romantic relationship, most do not report experiencing intimate partner violence in their romantic relationships. The most common type of violence (which occurred in about one-sixth of the relationships in the past year) involved the respondent's spouse or partner threatening them with violence, pushing or shoving them, or throwing something at them that could hurt.

Table 97. Intimate Partner Violence (*n* = 355)[a]

	Never		Once		Twice		Three or more times	
Among youth who are married or in a dating relationship. During the past year:	#	%	#	%	#	#	%	%
Spouse or partner threatened respondent with violence, pushed or shoved respondent, or threw something at respondent that could hurt	272	83.0	27	6.7	13	3.7	30	6.5
Spouse or partner slapped, hit, or kicked respondent	297	89.2	12	3.1	11	2.6	22	5.0
Spouse or partner insisted on or made respondent have sexual relations with partner when respondent didn't want to	323	96.2	13	2.2	0	0.0	6	1.6
Respondent had an injury, such as a sprain, bruise, or cut, because of a fight with their spouse or partner	308	91.5	19	5.3	3	0.6	9	2.5
Respondent threatened partner with violence, pushed or shoved partner, or threw something at spouse or partner that could hurt them	286	86.5	18	4.2	13	3.8	23	5.5
Respondent slapped, hit, or kicked spouse or partner	288	87.1	23	5.2	14	4.3	15	3.4
Respondent insisted on or made spouse or partner have sexual relations with respondent when they didn't want to	335	98.4	4	1.0	0	0.0	4	0.6
Spouse or partner had an injury, such as a sprain, bruise, or cut, because of a fight with respondent	319	93.1	15	4.0	2	1.1	8	1.9

Note: Unweighted frequencies and weighted percentages.

[a] A total of 330 youth said they were in a romantic relationship. Excludes 13 youth who reported in the previous question that they are "just friends" with their romantic partner or that "hardly ever see or talk to each other. Includes 35 additional youth who were married. Includes 3 youth who are not currently dating or involved in a romantic relationship but are involved with their child's father on a steady basis or in an on again/off again relationship.

Crime, Criminal Justice System Involvement, and Victimization

Criminal Behavior

Several studies have investigated engagement in criminal behaviors and involvement in the criminal justice system among former foster youth (Courtney & Heuring, 2005; Cusick, Havlicek, & Courtney, 2012; Reilly, 2003). Courtney and colleagues (2007) asked Midwest Study participants at age 21 about their criminal justice involvement since they were last interviewed at age 19. The researchers found that 31 percent reported being arrested, 15 percent reported being convicted of a crime, and nearly 30 percent reported spending a night in a correctional facility. Some differences were found between Midwest Study participants and Add Health participants in rates of engaging in criminal behavior in the past year. Midwest Study males were more likely than Add Health males to have stolen something worth more than $50 (9% vs. 4%), to have entered a house or building to steal something (6% vs. 2%), and to have pulled a knife or gun on someone (6% vs. 2%). Midwest Study females were also more likely than their Add Health counterparts to have pulled a knife or gun on someone (4% vs. < 1%).

Researchers have also reported differences in criminal justice outcomes based on certain demographic characteristics. At age 21, males in the Midwest Study were found to be more likely than females to have engaged in criminal behavior and to have had formal involvement in the criminal justice system (Courtney et al., 2007). Race also appears to be related to criminal justice involvement. In an analysis of Midwest Study participants' legal involvement through their early 20s, black men faced significantly higher odds of incarceration than white men (Lee, Courtney, & Hook, 2012). Education was also found to play a significant role for men in this analysis. School enrollment and attainment of a high school diploma were associated with lower odds of both legal system involvement and criminal behaviors for men in the Midwest Study (Lee et al., 2012). Another study found that foster youth with aspirations to enroll in college at age 17 had lower arrest rates as adults than did those who did not aspire to go to college (Cusick et al., 2012).

Table 98 presents the frequency of CalYOUTH participants' self-reported criminal behavior compared to that of their peers in Add Health. Youth were asked about how often they engaged in different behaviors in the previous 12 months. The majority of youth reported "never" engaging in the behaviors they were asked about. Participants most frequently reported (one time or more) engaging in the following behaviors: deliberately damaging someone else's property; selling marijuana or other drugs; stealing something worth more than $50; stealing something worth less than $50; and taking part in a fight against another group.

Significant differences between CalYOUTH participants and Add Health participants were present for some of the behaviors. CalYOUTH participants were more likely than their nationally representative peers to deliberately damage property that did not belong to them ($F = 6.2$, $p < .001$); steal something worth more than $50 ($F = 12.2$, $p < .001$); enter a house or building to steal something ($F = 8.2$, $p < .001$); use or threaten to use a weapon to get something from someone ($F = 3.7$, $p < .05$); or sell marijuana or other drugs ($F = 3.3$, $p < .05$). In contrast, CalYOUTH participants were less likely than Add Health participants to take part in a physical fight involving one group against another ($F = 3.6$, $p < .05$) or own a handgun ($F = 6.3$, $p < .05$).

Table 98. Criminal Behavior during Past 12 Months (n = 606)[a]

	CalYOUTH								Add Health								
	Never		1 or 2 times		3 or 4 times		5 or more times		Never		1 or 2 times		3 or 4 times		5 or more times		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	*p*
Deliberately damaged property that did not belong to respondent	484	82.7	84	13.5	17	2.9	7	0.9	1,082	90.8	106	7.8	11	0.8	6	0.6	***
Stole something worth more than $50	536	90.5	49	7.8	6	0.9	5	0.8	1,172	97.7	27	1.6	2	0.4	4	0.4	***
Entered a house or building to steal something	558	94.9	30	4.4	3	0.4	2	0.3	1,186	98.8	17	1.1	1	<0.1	2	0.1	***
Used or threatened to use a weapon to get something from someone	564	95.8	25	3.3	3	0.5	3	0.5	1,185	98.2	18	1.6	2	<0.1	2	0.1	*
Sold marijuana or other drugs	514	89.4	27	3.7	10	1.3	40	5.7	1,113	93.2	30	3.4	11	0.8	40	2.7	*
Stole something worth less than $50	538	92.0	37	5.5	13	1.5	7	1.1	1,108	92.9	72	5.4	10	0.8	16	0.9	
Took part in a physical fight involving one group against another	539	92.2	35	4.7	12	1.7	9	1.3	1,077	89.6	105	8.6	18	1.4	6	0.4	*
Bought, sold, or held stolen property	557	94.2	30	5.1	5	0.6	1	0.1	1,148	96.2	50	3.3	5	0.2	3	0.2	
Used someone else's credit card, bankcard, or automatic teller card without their permission	576	97.2	17	2.4	0	0.0	3	0.4	1,190	98.6	13	1.1	2	0.3	0	0.0	
Used a weapon in a fight	574	97.2	18	2.6	0	0.0	2	0.2	1,175	97.5	18	1.6	7	0.8	2	0.1	
Became injured in a fight and needed medical treatment	566	95.8	22	3.6	2	0.2	3	0.4	1,141	95.6	45	3.9	3	<0.1	7	0.4	
Hurt someone badly enough in a physical fight that medical care was needed	562	95.5	24	3.5	3	0.2	5	0.8	1,111	92.4	71	6.8	7	0.3	8	0.5	
	#				%				#				%				*p*
Own a handgun (not for work)	27				4.8				115				9.0				*

*p < .05, ***p < .001; *Note*: Unweighted frequencies and weighted percentages.

[a] Ten youth were not asked these questions during the interview.

Gender differences were found in terms of criminal behavior in the past 12 months (see Table 99). Males were more likely than females to have stolen something worth more than $50 “3 or 4 times” in the past 12 months (2.2% vs. 0.1%, $F = 4.2$, $p < .01$). Males were also more likely than females to have taken part in a group fight “5 or more times” in the past 12 months (3.4% vs. 0.1%, $F = 5.1$, $p < .01$). Finally, males were more likely than females to have hurt someone badly enough in a physical fight to require medical attention “5 or more times” in the past year (2.2% vs. 0.0%, $F = 5.1$, $p < .05$).

When comparing gender differences across studies, CalYOUTH females were significantly more likely than Add Health females to report engaging in several behaviors: deliberately damaging property that did not belong to them ($F = 7.4$, $p < .001$); stealing something worth more than $50 ($F = 8.9$, $p < .001$); entering a house or building to steal something ($F = 9.2$, $p < .001$); using or threatening to use a weapon to get something from someone ($F = 4.9$, $p < .01$); selling marijuana or other drugs ($F = 4.4$, $p < .01$); and using someone else’s credit card, bankcard, or automatic teller card without permission ($F = 4.5$, $p < .05$). Similarly, CalYOUTH males were more likely than their male counterparts in Add Health to report the following activities: stealing something worth less than $50 ($F = 59.3$, $p < .001$) and entering a house or building to steal something ($F = 3.1$, $p < .05$). Conversely, Add Health males were more likely than CalYOUTH males to report taking part in a physical fight involving one group against another ($F = 8.8$, $p < .01$), hurting someone badly enough in a physical fight that medical care was needed ($F = 5.7$, $p < .01$), and owning a handgun other than for work ($F = 13.1$, $p < .001$).

Table 99. Criminal Behavior during Past 12 Months, By Gender (n = 606)[a]

	CalYOUTH									Add Health								
	Never		1 or 2 times		3 or 4 times		5 or more times			Never		1 or 2 times		3 or 4 times		5 or more times		
	Male	Female	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female	Male	Female	
	%	%	%	%	%	%	%	%		%	%	%	%	%	%	%	%	*p*
Deliberately damaged property that did not belong to respondent	81.4	83.5	13.7	13.4	3.1	2.8	1.9	0.3		84.6	94.4	12.7	4.9	1.3	0.6	1.4	<0.1	g
Stole something worth more than $50	87.1	92.6	10.1	6.4	2.2	0.1	0.6	0.9		96.7	98.2	2.9	0.9	2.2	0.5	0.4	0.3	d, g
Entered a house or building to steal something	94.8	94.9	4.0	4.6	0.9	0.1	0.3	0.4		98.1	99.1	1.6	0.8	0.1	<0.1	0.2	<0.1	b, g
Used or threatened to use a weapon to get something from someone	95.8	95.8	2.7	3.6	0.3	0.6	1.2	0.0		97.1	98.9	2.5	1.0	<0.1	<0.1	0.4	0.0	f
Sold marijuana or other drugs	87.7	90.4	3.2	4.0	1.5	1.1	7.5	4.5		88.0	96.2	5.1	2.3	1.6	0.3	5.3	1.2	f
Stole something worth less than $50	91.3	92.4	4.9	5.9	2.1	1.1	1.7	0.6		89.1	95.2	7.8	3.9	1.8	0.2	1.3	0.7	
Took part in a physical fight involving one group against another	88.6	94.4	5.6	4.1	2.4	1.3	3.4	<0.1		78.0	96.3	17.2	3.7	3.7	1.3	1.1	0.0	c
Bought, sold, or held stolen property	93.7	94.5	5.4	4.9	0.6	0.6	0.3	0.0		92.5	98.4	6.6	1.4	0.6	<0.1	0.4	0.2	
Used someone else's credit card, bankcard, or automatic teller card without permission	97.5	97.1	1.9	2.7	0.0	0.0	0.6	0.3		97.3	99.3	2.6	0.3	0.1	0.5	0.0	0.0	e
Used a weapon in a fight	96.8	97.4	2.9	2.5	0.0	0.0	0.3	<0.1		95.9	98.4	1.7	1.6	2.0	<0.1	0.4	0.0	
Became injured in a fight that medical treatment was needed	95.5	96.0	3.7	3.6	0.0	0.3	0.8	0.2		91.2	98.2	7.5	1.8	0.2	0.0	1.2	0.0	
Hurt someone badly enough in a physical fight that medical care was needed	94.0	96.3	3.4	3.6	0.4	<0.1	2.1	0.0		83.0	97.9	15.1	2.0	0.7	<0.1	1.2	0.0	c
Carried a hand gun at school or work	85.2	83.0	1.7	1.4	12.6	15.4	0.4	0.2		97.2	99.8	0.9	0.2	0.8	0.0	1.1	0.0	d, g
	Male (%)				Female (%)					Male (%)				Female (%)				*p*
Own a handgun (not for work)	5.4				4.4					17.5				4.1				d

*p < .05, **p < .01, ***p < .001; *Note*: Weighted percentages.

[a] Ten youth were not asked these questions during the interview.

[b] Significant difference in CalYOUTH males vs. Add Health males (p < .05)

[c] Significant difference in CalYOUTH males vs. Add Health males (p < .01)

[d] Significant difference in CalYOUTH males vs. Add Health males ($p < .001$)
[e] Significant difference in CalYOUTH females vs. Add Health females ($p < .05$)
[f] Significant difference in CalYOUTH females vs. Add Health females ($p < .01$)
[g] Significant difference in CalYOUTH females vs. Add Health females ($p < .001$)

Criminal Justice System Involvement

Information on youths' involvement in the criminal justice system is presented in Table 100. Since their last interview, about 15 percent of youth reported having ever been arrested, fewer than one in ten said they were convicted of a crime, and more than one in ten were confined in a correctional facility for at least one night. Among youth who had been arrested or convicted of a crime since their last interview, the greatest proportion of youth reported that a violent crime led to an arrest or conviction. Among youth who had been convicted of a crime since their last interview, a little less than half reported that the crime they were convicted of was a felony.

A few differences by gender and race/ethnicity were found for criminal justice system involvement since the youths' last interview. Males were more likely than females to have been arrested ($F = 14.5$, $p < .001$), convicted of a crime ($F = 8.2$, $p < .01$), and incarcerated ($F = 25.8$, $p < .001$). A greater proportion of African American youth (25.1%) and mixed-race youth (23.1%) than Hispanic youth (10.1%) reported having been arrested since their last interview ($F = 4.3$, $p < .01$). African American youth were also more likely than youth in the "other" race/ethnicity group (5.9%) to have been arrested since last interview. Rates of arrest for white youth (14.3%) did not significantly differ from the other groups. There were also race/ethnicity differences in convictions since last interview. African American youth (12.9%) and mixed-race youth (12.2%) were more likely than Hispanic youth (4.0%) to have been convicted since last interview ($F = 2.8$, $p < .05$). White youth (9.4%) and youth in the "other" race/ethnicity group (5.9%) did not significantly differ from the other groups.

Young people in the CalYOUTH Study were compared to their peers in the PSID study on whether they had ever been arrested (in their lifetime) and whether they had ever spent time in jail or prison (in their lifetime).[47] CalYOUTH participants were more likely than PSID participants to have ever been arrested (51.7% vs. 10.4%, $F = 67.9$, $p < .001$), which was true for both males (56.3% vs. 18.3%, $F = 25.8$, $p < .001$) and females (48.9% vs. 5.7%, $F = 38.6$, $p < .001$). CalYOUTH participants were also more likely than PSID participants to have ever spent time in jail or prison (39.4% vs. 4.5%, $F = 38.8$, $p < .001$), which was also true for both males (46.5% vs. 6.4%, $F = 26.2$, $p < .001$) and females (34.9% vs. 3.4%, $F = 15.6$, $p < .001$).

[47] PSID asked respondents about "serving time in jail for an offense," whereas CalYOUTH participants were asked about "spending at least one night in in a jail, prison, juvenile hall, or another correctional facility."

Table 100. Criminal Justice System Involvement (n = 606)[a]

Type of Involvement	Overall		Male		Female		p
	#	%	#	%	#	%	
Ever been arrested since last interview	91	15.2	55	23.4	36	10.2	***
Arrested for violent crime (n = 91)	17	18.2	12	23.8	5	10.3	
Arrested for property crime (n = 91)	15	16.3	11	19.9	4	11.3	
Arrested for drug-related crime (n = 91)	18	17.1	10	14.6	8	20.5	
Ever been convicted of a crime since last interview	50	7.9	30	12.4	20	5.1	**
Convicted for violent crime (n = 50)	15	25.3	9	25.1	6	25.6	
Convicted for property crime (n = 50)	10	21.9	6	24.1	4	18.5	
Convicted for drug-related crime (n = 50)	8	12.5	4	11.0	4	14.6	
Any convictions for a felony (n = 50)	19	45.1	15	56.8	4	27.3	
Spent at least one night in jail, prison, juvenile hall, or another correctional facility since last interview[N]	80	12.5	53	22.4	27	6.5	***

**p < .01, ***p < .001; *Note*: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.
[a] Ten youth were not asked these questions during the interview.

Victimization and Perpetration

Foster youth also experienced high rates of victimization. At age 21, both males and females in the Midwest Study reported higher rates than their Add Health counterparts of being victims of violent acts (Courtney et al., 2007). Midwest Study participants were more likely than their same-age peers to report being cut or stabbed by someone (among men), to report being beaten up with nothing stolen (among women), and to report seeing someone shot or stabbed (among men and women; Courtney et al., 2007). Furthermore, young women were more likely than young men in the Midwest Study to report having experienced forced sexual penetration by a male (Courtney et al., 2007).

Table 101 shows youths' exposure to and perpetration of violence in the past 12 months. The vast majority of youth did not experience, witness, or perpetrate acts of violence during that period. The youth most commonly reported experiencing having a gun or knife pulled on them. As displayed in the table, about 13 percent of youth experienced at least one of the seven types of victimization they were asked about. A very small proportion of youth reported perpetration of violence. Sexual victimization was also rare, and the most common forms of victimization involved unwanted touching or penetration. Overall about 11 percent of youth experienced at least one of the seven types of sexual victimization they were asked about.

Significant gender differences were found for rates of victimization and perpetration. In the 12 months prior to the interview, males were more likely than females to report seeing someone being shot or stabbed (F = 6.2, p < .05), having a gun pulled on them (F = 14.5, p < .001), having a knife pulled on them (F = 15.1, p < .001), being shot at (F = 10.4, p < .01), and being stabbed (F = 7.7, p < .01). Overall,

males were more than twice as likely as females to have experienced at least one of the seven types of victimization ($F = 11.2$, $p < .001$). Males were also more likely to have pulled a knife or gun on someone in the past 12 months ($F = 3.9$, $p < .05$). Females reported higher rates of sexual victimization than did males. Females were more likely than males to have had a male put his penis inside of the respondent when the respondent did not want him to ($F = 14.1$, $p < .001$) and to have been subjected to unwanted penetration by someone's fingers or objects ($F = 5.4$, $p < .05$). Additionally, females were more likely than males to have had someone touch their private sexual parts when the respondent did not want them to ($F = 11.3$, $p < .001$) and to have had someone make the respondent touch their private sexual parts when respondent did not want to ($F = 4.0$, $p < .05$). Overall, females were more likely than males to have experienced at least one of the seven types of sexual victimization ($F = 4.4$, $p < .05$).

Some race/ethnicity differences in reports of victimization and perpetration of violence were also found. A greater proportion of mixed-race youth (11.0%) and youth in the "other" race/ethnicity group (12.1%) than of Hispanic youth (1.7%) reported seeing someone being shot or stabbed ($F = 3.3$, $p < .05$). White youth (3.9%) and African American youth (6.0%) did not vary significantly from the other groups in seeing a shooting or stabbing. Race/ethnicity differences were found for reports of youths' sexual parts being touched by someone when they did not want them to. White youth (10.3%) were more likely than African American youth (2.2%) and Hispanic youth (3.9%) to report unwanted sexual contact ($F = 2.4$, $p < .05$). Mixed-race youth (6.1%) and youth in the "other" race/ethnicity group (3.8%) did not significantly differ from the other groups in terms of unwanted contact with the youth's sexual parts. Finally, a greater proportion of white youth (11.7%) than African American youth (2.9%) and Hispanic youth (2.9%) reported that someone touched other parts of their body in a sexual way when the respondent did not want them to ($F = 2.4$, $p < .05$). Mixed-race youth (4.9%) and youth in the "other" race/ethnicity group (3.7%) did not significantly differ from the other groups in being touched on other parts of their body when they did not want to be touched.

Table 101. Victimization and Perpetration (n = 606)[a]

	Overall		Male		Female		p
During the past 12 months	#	%	#	%	#	%	
Saw someone being shot or stabbed	31	4.5	20	7.4	11	2.7	*
Someone pulled a gun on respondent	38	7.2	26	13.4	12	3.4	***
Someone pulled a knife on respondent	39	5.9	28	11.2	11	2.7	***
Someone shot respondent	6	1.0	5	2.5	1	0.2	**
Someone stabbed respondent	7	1.1	5	2.4	2	0.3	**
Someone beat up respondent, but did not steal anything from respondent	23	3.3	6	2.1	17	4.0	
Someone beat up respondent and stole something from respondent	14	2.2	5	2.2	9	2.2	
Experienced at least one of the above forms of victimization in the past 12 months	83	13.1	47	19.8	36	9.0	***
Respondent pulled a knife or gun on someone	13	1.4	8	2.3	5	0.8	*
Respondent shot or stabbed someone	2	0.2	1	0.3	1	0.2	
Since the last interview							
A male put his penis inside of respondent's private sexual parts or rear end when respondent did not want them to	38	5.7	2	0.9	36	8.7	***
Someone put their fingers or objects inside of respondent's private sexual parts or rear end when respondent did not want them to	28	4.6	2	1.3	26	6.7	*
Someone put their mouth on respondent's private sexual parts when respondent did not want them to	25	3.5	7	2.4	18	4.1	
Someone touched respondent's private sexual parts when respondent didn't want them to	32	5.1	4	1.4	28	7.5	***
Someone made respondent touch their private sexual parts when respondent didn't want to	22	3.9	2	1.3	20	5.6	
Someone touched other parts of respondent's body in a sexual way when respondent didn't want them to	29	5.0	4	2.4	25	6.6	*
A female put respondent's body part inside her body when respondent didn't want her to	7	0.9	3	0.9	4	0.9	
Experienced at least one of the above forms of sexual victimization since last interview	69	11.4	18	7.5	51	13.9	*

*p < .05, **p < .01, ***p < .001; *Note*: Unweighted frequencies and weighted percentages.
[a] Ten youth were not asked these questions during the interview.

Summary and Next Steps

The *CalYOUTH Wave 3 Youth Survey* provides the most comprehensive view to date of young adults making the transition to adulthood from foster care in California, the state with the largest foster care population in the nation, at a point in the transition when they have all exited the California foster care system. What the youth told us about themselves, their relationships with others, and their relationships with the institutions charged with assisting them is valuable information for policymakers, program developers, advocates, and others interested in better meeting the needs of youth transitioning from foster care to adulthood. Policy and practice should be informed by a deeper understanding of the strengths and challenges these young people bring to the transition to adulthood as well as by what the youth say about the effectiveness of services intended to help them. The practical implications of findings from the *CalYOUTH Wave 3 Youth Survey* will become clearer as future analyses dig beneath the descriptive information provided here, but some broad initial takeaways from the findings are worthy of note.

First, most of these young adults chose to take advantage of their opportunity to remain in extended foster care; three-quarters of CalYOUTH participants were in care at age 19 and two-thirds were still in care on or around their 21st birthday. Moreover, they report being generally satisfied with the services they received through extended care.

Second, it is important to acknowledge that despite the help they received, on average these young people are faring poorly compared to their age peers across many measures of well-being, including their educational attainment, employment, economic self-sufficiency, physical and mental health, and involvement with the criminal justice system. These relatively poor average outcomes should not be simply attributed to their time in foster care, since they generally came into care from marginalized communities where many young people struggle during the transition to adulthood and they had often suffered long histories of trauma prior to entering care. Nevertheless, our findings indicate that more work can and should be done to better support them during the transition to adulthood.

Third, the diversity of the CalYOUTH participants and their experiences to date clearly indicate that a one-size-fits-all approach to extended foster care is not appropriate. Like other young adults these days, CalYOUTH participants are actively exploring a variety of social roles (Arnett, 2000; IOM & NRC, 2015). Some are in school, but some are not and have little interest in continuing their education. While most are employed, only about one-third are working full time, and a third of those working part time prefer it that way. Some of them live on their own, others with friends, and many others live with members of their family of origin. Most are in romantic relationships and three in ten live with their romantic partner. Many of these young people are now parents, and while most of the parents live with their children, many others try to manage continuing relationships with noncustodial children. While it is important to acknowledge that, on average, these young people are faring poorly compared to other young adults, it is equally important to recognize that such averages can be deceiving. For example, while many of these youths are on track to complete a college degree they have long desired, are connected to multiple supportive adults, and have no serious health problems to challenge their progress, others are isolated, face multiple challenges to a successful transition to adulthood, and will likely require intensive and ongoing support to avoid future hardship. Our findings add to the growing body of evidence that extended care should provide young adults with developmentally appropriate living arrangements and connect them to formal and informal supports that recognize the wide variety of their aspirations and needs.

Fourth, our findings suggest that gender, race and ethnicity condition these youths' experiences, as they do for all young people in America (IOM & NRC, 2015). Reflecting the rapidly changing U.S. population, CalYOUTH participants are primarily people of color. It is encouraging that some disparities by race and ethnicity in indicators of disadvantage seen in the general population were not seen in the CalYOUTH population; for example, we found no differences between African American, Hispanic, and white youth in the likelihood of having a high school diploma or GED. Nevertheless, other indicators of disadvantage were more common for youth of color, such as the much lower average earnings for African American youth than for all other youth. Outcomes also differed by gender, with males faring worse than females in educational attainment and involvement in the criminal justice system while earning more on average from their employment. One-sixth of the men and two-fifths of the women have become parents by age 21, with the young women being much more likely than the men to be living with their children.

Lastly, the *CalYOUTH Wave 3 Youth Survey* identifies potential opportunities to improve California's approach to extended foster care, and foster care more generally. For example, while most youth in care were generally satisfied with the services they received and their interactions with professionals associated with the system, many expressed dissatisfaction. Youth were least satisfied with the services

they received to help them find and maintain housing and acquire financial literacy. Nearly one in ten CalYOUTH participants reported that they left care because they were discharged while they were incarcerated or on runaway status, or were told that they were not meeting the requirements to remain in care. This finding suggests that there may be opportunities to better address the needs of youth who are currently excluded from extended care.

This report is descriptive in nature. It provides a wealth of information about how young people transitioning to adulthood from foster care in California are faring as young adults. Policymakers, administrators, practitioners, and advocates should find this information useful to their work. However, this report does not provide insight into key questions guiding the CalYOUTH project. Did the enactment of the California Fostering Connections Act, through extending foster care past age 18, improve outcomes for youth transitioning to adulthood from care? If so, how did extended care convey those benefits and what might that tell us about how to improve extended care? The CalYOUTH project will issue a summary report in summer 2018 on our findings regarding the impact of extended care on youths' outcomes, based on our youth survey data and administrative records on youths' college enrollment, employment and earnings, and receipt of needs-based government programs. We will also continue to release brief reports on special topics of interest to the child welfare services community.

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Appendix A. Summary of Scales and Items Used in the Wave 3 Youth Survey

Table A-1. Abbreviation Descriptions

Abbreviation	Description
AH	National Longitudinal Study of Adolescent Health
CAL	California Youth Transitions to Adulthood Study*
CIDI	Composite International Diagnostic Interview
CTS	Conflict Tactics Scales
EDI	Eating Disorder Inventory
Festinger	Festinger, T. (author of scale from which items were adapted)
FF	Fragile Families and Child Wellbeing Study
LEQ	Lifetime Experiences Questionnaire
MINI	Mini International Neuropsychiatric Interview
MWS	Midwest Study of the Adult Functioning of Former Foster Youth
NLSY	National Longitudinal Survey of Youth 1997
NSFG	National Survey of Family Growth
NYTD	The National Youth in Transition Database
PMS	Pearlin Mastery Scale
PSID	Panel Study on Income Dynamics
RSES	Rosenberg's Self Esteem Scale
SCL	Symptoms Checklist-90-Revised
SSNQ	Social Support Network Questionnaire
USDA	United States Department of Agriculture

***** Study domains denoted with CAL are items that were constructed by the CalYOUTH research team.

	SOURCE
A. INDIVIDUAL CHARACTERISTICS AND FAMILY BACKGROUND	
Demographic characteristics	MWS, CAL, NYTD
Foster care status	MWS
Documents currently in youth's possession	CAL
Birth family	MWS
B. HOUSEHOLD AND CURRENT LIVING ARRANGEMENT	
Housing situation since last interview	CAL
Homelessness and couch surfing	MWS
Current living situation	CAL, MWS
Individuals residing with the youth	CAL
Relatives and significant others residing with the youth	CAL
C. EXPERIENCES IN CARE	
Experiences with county caseworkers for youth in foster care after 20th birthday	CAL
Experiences with courts, attorneys, and judges for youth in foster care after 20th birthday	CAL
Experiences in foster care	MWS
Optimism about the future	MWS
Life orientation and self-esteem	SES, PMS
D. EDUCATION	
Current education status	NYTD, MWS, AH
Degree completion and scholarships	NYTD, CAL
History of high school dropout	CAL
College enrollment, grades, and course taking	CAL
How youth are paying for college and amount of student debt	CAL
Transition to college and campus involvement	CAL
Enrollment in vocational/technical school	CAL
How youth are paying for vocational/technical training and amount of student debt	CAL
Vocational/technical school program length and transition	CAL
College plans and help with applications	CAL
Reasons for nonenrollment and plans to return to school	MWS
Barriers to returning to school	MWS
Educational aspirations and expectations	CAL
E. EMPLOYMENT, INCOME, AND ASSETS	
Employment	
Current and recent employment	AH, MWS
Job benefits	NLSY-97, MWS
Reasons for part-time work	NLSY-97, MWS
Efforts to become employed	NLSY-97, MWS
Work experience in past 12 months	NYTD, AH
Household Income	
Income of youth and youth's partner/spouse	NLSY-97,MWS, PSID
Income from child support and EITC	NLSY-97, MWS

Income from other sources	NLSY-97, MWS, CAL
Costs of housing and utilities	NLSY-97, CAL
Assets	
Checking accounts, savings accounts, and money market accounts	NLSY-97, MWS, CAL, PSID
Vehicle ownership	NLSY-97, MWS, CAL
Debts	NLSY-97, MWS, CAL
F. ECONOMIC HARDSHIP, FOOD INSECURITY, AND PUBLIC ASSISTANCE	
Economic hardship in past 12 months	AH, MWS
Food insecurity	USDA
Unemployment compensation and workers' compensation	NLSY-97, MWS
Public food assistance	NYTD, NLSY-97, MWS
Public housing and rental assistance	NLSY-97, MWS
TANF/CalWORKs and other public welfare assistance	NYTD, NLSY-97, PSID
G. PHYSICAL AND MENTAL HEALTH	
Physical Health	
Current health status	AH, MWS
Health insurance coverage and dental insurance coverage	AH, MWS
Medical care use and barriers to use	AH, MWS
Behavioral health counseling and psychotropic medication use	AH, MWS, PE
Health conditions, disabilities, and injuries	AH, MWS
Height and weight	AH
Body mass index (BMI) and obesity	AH, PSID
Smoking	AH
Hospitalizations	AH, MWS
Other health services received by youth	AH
Mental Health	
Past suicidal ideation and suicide attempts	CIDI
Mental health diagnoses	MINI, SCL, EDI
Mental health diagnoses by gender	MINI, SCL, EDI
H. LIFE SKILLS: YOUTH'S PREPAREDNESS AND RECEIPT OF SERVICES	
Satisfaction with life skills preparation, support services, or training	CAL
I. COMMUNITY CONNECTIONS AND SOCIAL SUPPORT	
Community Connections	
Civic engagement	AH, CHIS
Neighborhood social cohesion	CHIS
Neighborhood social control	CHIS
Neighborhood safety and satisfaction	MWS
Religiosity	AH
Social Support	
Estimated number of available supports, by type of support	SSNQ
Number of individuals nominated, by type of support	SSNQ
Total number of nominated individuals	SSNQ
Frequency of relationship strain	SSNQ

Average relationship strain	SSNQ
Relationship to nominated supports	SSNQ
Frequency of contact with nominated supports	SSNQ
Sufficiency of overall amount of support	SSNQ
Overall relationships with strain	SSNQ
J. SEXUALITY, STDs, AND PREGNANCY	
Sexual orientation	CAL
Sexual activity	AH, MWS
Sexually transmitted infections	AH, MWS
Contraceptive use in past year	AH, MWS
Risky sexual activity	AH, MWS
Pregnancy history (females)	NYTD, AH
History of impregnating females (males)	NYTD, AH
K. CHILDREN AND PARENTING	
Number of children and dependency status	AH, MWS
Age and gender of youth's children	AH, MWS
Living arrangements and parental contact	AH, MWS
Child health and problems	AH, MWS
Parental involvement among resident parents	NSFG
Visitation and child support among nonresident parents	AH, MWS
Parenting stress	MWS
Child care	MWS
L. MARRIAGE AND ROMANTIC RELATIONSHIPS	
Relationship status and involvement	AH, MWS, FF
Marriage and marriage-like relationships	AH
Love, happiness, and commitment in romantic relationships	AH
Relationship quality	FF
Relationship criticism and manipulation	FF
Intimate partner violence	CTS
M. CRIME, CRIMINAL JUSTICE SYSTEM INVOLVEMENT, AND VICTIMIZATION	
Criminal behavior during past 12 months	AH
Criminal behavior during past 12 months, by gender	AH
Criminal justice system involvement	AH, NYTD, PSID
Victimization and perpetration	AH, LEQ

AH: National Longitudinal Study of Adolescent Health (Add Health)

Harris, K. M., Halpern, C. T., Whitsel, E., Hussey, J., Tabor, J., Entzel, P., & Udry, J. R. (2009). The National Longitudinal Study of Adolescent Health: Research Design. Retrieved from http://www.cpc.unc.edu/projects/addhealth/design.

Questions from several domains in the CalYOUTH study were taken directly from the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a longitudinal study of a nationally

representative sample of U.S. adolescents in 7th through 12th grade during the 1994–95 school years. Add Health examines how social contexts (families, friends, peers, schools, neighborhoods, and communities) and behaviors in adolescence influence health-related and achievement outcomes in young adulthood. Add Health study participants have been interviewed four times since the first survey, with the most recent interview taking place in 2008.

CalYOUTH: California Youth Transitions to Adulthood Study

Survey items denoted with CAL in Appendix A represent study domains with questions constructed by the CalYOUTH research team. These survey questions primarily focus on youth's experiences with their attorneys and the courts, their receipt of independent living services, and their knowledge of extended foster care legislation in California. All the questions were reviewed for appropriateness and acceptability by various stakeholders in California before being included in the study.

CIDI: Composite International Diagnostic Interview

World Health Organization. (1990). Composite International Diagnostic Interview (CIDI). Geneva, Switzerland: World Health Organization. Retrieved from http://www.hcp.med.harvard.edu/wmhcidi/

Two items in CalYOUTH pertaining to previous history of suicide were adopted from the CIDI. The CIDI is a comprehensive, fully structured interview designed to be used by trained lay interviewers for the assessment of mental disorders according to the definitions and criteria of ICD-10 and DSM-IV. It is intended for use in epidemiological and cross-cultural studies as well as for clinical and research purposes. The diagnostic section of the interview is based on the World Health Organization's Composite International Diagnostic Interview (WHO, CIDI, 1990).

CTS: Conflict Tactics Scales

Straus, M. A., S. L. Hamby, D. Finkelhor, D. W. Moore, & D. Runyan. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse and Neglect, 22*(4), 249–270.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. (1996). Revised Conflict Tactics Scale. *Journal of Family Issues, 17*(2), 283–316.

Eight questions pertaining to intimate partner violence were taken from the Conflict Tactics Scales (CTS). The CTS measures the extent to which dating, cohabiting, or marital partners engage in negotiation, psychological aggression, physical assault, sexual coercion, or physical injury. Participants were asked questions drawn from the psychological aggression, physical assault, sexual coercion, and physical injury subscales. Four of the questions asked about behaviors respondents had engaged in towards their partner and four asked about behaviors their partner had engaged in towards them.

EDI: Eating Disorder Inventory (EDI-3)

Garner, D. M. (2004). *Eating Disorder Inventory-3 professional manual*. Lutz, FL: Psychological Assessment Resources.

Friborg, O., Clausen, L., & Rosenvinge, J. H. (2013). A five-item screening version of the Eating Disorder Inventory (EDI-3). *Comprehensive Psychiatry*, *54*(8), 1222–1228. Retrieved from http://www.sciencedirect.com/science/article/pii/S0010440X13001132

The Eating Disorder Inventory (EDI-3) is a 91-item screening tool used to assess a variety of eating disorders. A brief version of the EDI-3 containing five items was used to assess bulimia nervosa (BN) and anorexia nervosa (AN) among CalYOUTH participants.

Festinger (author of scale from which items were adapted)

Festinger, T. (1983). *No one ever asked us: A postscript to foster care.* New York, NY: Columbia University Press.

CalYOUTH study questions on feelings towards foster care were adapted from this study. The Midwest Study of the Adult Functioning of Former Foster Youth (Midwest Study) also utilized these questions.

FF: Fragile Families and Child Wellbeing Study

Center for Research on Child Wellbeing. (2008). *Introduction to the Fragile Families public use data: Baseline, one-year, and three-year, and five-year core telephone data*. Princeton, NJ: Author. Retrieved from http://www.fragilefamilies.princeton.edu/documentation/core/4waves_ff_public.pdf

The Fragile Families and Child Wellbeing Study is a study of nearly 5,000 children born in large U.S. cities between 1998 and 2000. Several items pertaining to the quality of romantic partnerships were included in the CalYOUTH survey from the baseline and year 1 mother instrument.

LEQ: Lifetime Experiences Questionnaire

Rose, D. T., Abramson, L. Y., & Kaupie, C. A. (2000). *The Lifetime Experiences Questionnaire*: *A measure of history of emotional, physical, and sexual maltreatment.* Madison, WI: University of Wisconsin-Madison.

The *Lifetime Experiences Questionnaire* measures the history of several types of maltreatment. The CalYOUTH study utilized seven items to measure recent sexual victimization. These questions were also used in the fourth wave of the *Midwest Study of the Adult Functioning of Former Foster Youth*.

MINI: Mini-International Neuropsychiatric Interview

Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., & Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (M.I.N.I): The development and

validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal of Clinical Psychiatry, 59* (Suppl 20), 22–33. Retrieved from https://medical-outcomes.com/index/mini

The Mini-International Neuropsychiatric Interview (M.I.N.I) is a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders. The M.I.N.I. is widely used by mental health professionals and health organizations, and in psychopharmacology trials and epidemiological studies. The CalYOUTH study used an array of measures from the M.I.N.I 6.0 to assess psychiatric disorders including depression, bipolar disorder, panic disorder, social phobia, generalized anxiety disorder, OCD, PTSD, alcohol and substance abuse/dependence, and antisocial personality disorder.

MWS: Midwest Study of the Adult Functioning of Former Foster Youth

Courtney, M. E., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth

Many questions in the CalYOUTH study come from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a longitudinal study of youth aging out of care in Iowa, Illinois, and Wisconsin. The Midwest Study provides an assessment of how foster youth fared during the transition to adulthood after implementation of the Foster Care Independence Act of 1999.

NLSY: National Longitudinal Survey of Youth

Bureau of Labor Statistics, U.S. Department of Labor. National Longitudinal Survey of Youth 1997 cohort, 1997–2011 (rounds 1–15). Produced by the National Opinion Research Center, the University of Chicago and distributed by the Center for Human Resource Research, The Ohio State University. Columbus, OH: 2013. Retrieved from https://www.nlsinfo.org/content/cohorts/nlsy97

A number of items from the CalYOUTH study were taken from the National Longitudinal Survey of Youth 1997 (NLSY97), which included a nationally representative sample of youth between the ages of 12 and 16 in 1997. The longitudinal survey was used to collect information about young people's experiences on the labor market and other significant life events in adolescence and young adulthood.

NSFG: National Survey of Family Growth

Centers for Disease Control and Prevention (n.d.). *2011–2013 National Survey of Family Growth (NSFG): Summary of design and data collection methods*. Retrieved from https://www.cdc.gov/nchs/data/nsfg/nsfg_2011_2013_designanddatacollectionmethods.pdf

Twelve questions pertaining to parental involvement were taken from the 2011–2013 National Survey of Family Growth (NSFG). The survey included a nationally representative sample of men and women aged

15 to 44. The NSFG collected information on family life, marriage, divorce, pregnancy, and infertility. Items in the NSFG male questionnaire were only asked to males; in CalYOUTH, questions were asked to both male and female participants.

NYTD: The Chafee National Youth in Transition Database

Chafee National Youth in Transition Database. 45 C.F.R. § 1356.80-86. (2008). Retrieved from http://www.acf.hhs.gov/programs/cb/resource/nytd-guidance

Dworsky, A., & Crayton, C. (2009). *National Youth in Transition Database: Instructional guidebook and architectural blueprint*. Washington, DC: American Public Human Service Association. Retrieved from http://www.chapinhall.org/research/report/aphsa-chapin-hall-national-youth-transition-database-initiative

Pursuant to the Foster Care Independence Act of 1999, the Administration on Children and Families was required to develop a data collection system that gathered information on (1) independent living services funded under the Chafee law and received by older adolescents in foster care who are expected to remain in care until age 18, and (2) outcome measures on cohorts of youth in foster care at age 17, 19, and 21. Data from the NYTD outcomes survey were first collected in fiscal year 2011. The NYTD survey contains 22 required questions, but NYTD Plus versions were also developed, which include additional questions that states may elect to administer (Dworsky & Crayton, 2009). The CalYOUTH survey included 19 of the 22 required questions, omitting items concerning government-funded welfare assistance, housing assistance, and food assistance.

PMS: Pearlin Mastery Scale

Pearlin, L., Lieberman, M., Menaghan, E., & Mullan, J. (1981). The stress process. *Journal of Health and Social Behavior,* 22, 337–353.

Pearlin, L., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19*(1), 2–21.

The Pearlin Mastery Scale is a measure of the extent to which individuals perceive themselves as being in control of the forces that have a significant impact on their lives. Six items were taken from this scale. Respondents rated how much they agreed or disagreed with each statement on a five-point scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*. A higher score indicates a greater sense of mastery over one's environment. Example statements include: "What happens to me in the future mostly depends on me" and "I can do just about anything I really set my mind to."

PSID: Panel Study of Income Dynamics

Beaule, A., Campbell, F., Dascola, M., Insolera, N., Johnson, D., Juska, P., McGonagle, K., & Warra, J. (2017). *PSID main interview user manual: Release 2017.* Ann Arbor, MI: Institute for Social Research, University of Michigan. Retrieved from https://psidonline.isr.umich.edu/data/Documentation/UserGuide2015.pdf#page=34

Several questions in the Wave 3 report are compared to findings from the *Panel Study of Income Dynamics (PSID) Transition to Adulthood Supplement (TAS)*. The PSID is one of the longest running longitudinal cohort studies in the world. It collects information on a range of topics such as income, employment, poverty, health, education, and marriage. The PSID study included a nationally representative sample of about 18,000 individuals in 5,000 households. The original sample included up to two children from each household who were between the ages of 0 and 12 in 1997. The TAS started in 2015 and collected data on a biennial basis as children in the study began making the transition to adulthood. Data analyzed in the current report were taken from the 2015 TAS interviews with participants who were 21 or 22 years old at the time of the interview. In the current report, we compare CalYOUTH participants to PSID participants on a number of outcomes including income, assets, receipt of public benefits, and obesity.

RSES: Rosenberg's Self Esteem Scale

Rosenberg, M. (1989). *Society and the adolescent self-image. Revised edition.* Middletown, CT: Wesleyan University Press.

Rosenberg's 10-item scale is a widely used instrument to assess self-esteem. A 4-item measure was taken from this scale. Respondents rated how much they agreed or disagreed with each statement on a five-point scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*. Example statements include: "I like myself just the way I am" and "I have many good qualities."

SCL: Symptoms Checklist-90 Revised (SCL-90-R)

Derogatis, L. R. (1996). *SCL-90-R: Symptom Checklist-90-R: Administration, scoring, and procedures manual*. New York, NY: Pearson.

Derogatis, L. R., & Unger, R. (2010). Symptom Checklist-90-Revised. *Corsini Encyclopedia of Psychology*, 1–2. Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/9780470479216.corpsy0970/full

The Symptoms Checklist-90-Revised is an assessment instrument containing 90 items that evaluate nine primary symptoms dimensions and their intensity. This tool is used by mental health, medical, and educational professionals to assess patients and monitor treatment progress. Nine items assessing the psychoticism dimension were used in the CalYOUTH Study.

SSNQ: Social Support Network Questionnaire

Rhodes, J. E., Ebert, L., & Fischer, K. (1992). Natural mentors: An overlooked resource in the social networks of young, African American mothers. *American Journal of Community Psychology, 20*(4), 445–461.

Gee, C. B., & Rhodes, J. E. (2007). A social support and social strain measure for minority adolescent mothers: A confirmatory factor analytic study. *Child: Care, Health, and Development, 34*(1), 87–97.

The SSNQ is a brief, 25-minute questionnaire designed to capture many characteristics of a respondent's social support network, including density, perceived availability of support, satisfaction with support, and relationship strain. The SSNQ has been used widely with adolescents and young adults and with minority and pregnant/parenting youth in particular. Five types of social support are measured: emotional, tangible, cognitive guidance, positive feedback, and social participation. A sixth type pertains specifically to respondents who are pregnant and parenting. For each type of support, respondents nominate individuals who are perceived to be available to provide support and then rate their satisfaction of the support they received within the past month. The SSNQ also measures four types of social strain (disappointment, intrusiveness, criticism, and conflict) that are present in relationships with each of the nominated individuals. Information is also gathered about the respondent's relationship to each nominated member of their social network, including the individual's age, the frequency of contact, and the distance from one another.

The SSNQ was modified for the CALYOUTH study. Three measures of social support were excluded from the questionnaire (positive feedback, social participation, and pregnancy/ parenting support). Instead of allowing respondents to nominate an indefinite number of individuals for each type of support, youth provide a total estimate of available support and then nominate up to three specific individuals for each type of social support. For the items that ask respondents to identify their relationship with each nominated individual, the response options were adapted to reflect potential sources of support that pertain to older youth in California foster care. Finally, items pertaining to age of each nominated individual and respondents' distance from them were omitted.

USDA: United States Department of Agriculture Food Security Survey

Carlson, S. J., Andrews, M. S., & Bickel, G. W. (1999). Measuring food insecurity and hunger in the United States: Development of a national benchmark measure and prevalence estimates. *The Journal of Nutrition, 129*(2), 510S-516S. Retrieved from

http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/hh2012.pdf

The United States Department of Agriculture Food Security Survey Module is a comprehensive benchmark measure used to detect food insecurity and hunger in U.S. households. All of the items in the CalYOUTH Study pertaining to food insecurity were taken from this survey.

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

About Chapin Hall

Chapin Hall is an independent policy research center at the University of Chicago focused on providing public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of society's most vulnerable children. Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children, youth, and families.

Established in 1985, Chapin Hall's areas of research include child and adolescent development; child maltreatment prevention; child welfare systems; community change; economic supports for families; home visiting and early childhood initiatives; runaway and unaccompanied homeless youth; schools, school systems, and out-of-school time; and youth crime and justice.

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