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

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Chapin Hall  
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## **INTRODUCTION**

For most young people, the transition to adulthood is a gradual process (Goldschieder & Goldscheider, 1999; Settersten, Furstenberg, & Rumbaut, 2005), and many continue to receive financial and emotional support from their parents well past age 18. Approximately 63 percent of young men and 51 percent of young women between 18 and 24 years old were living with one or both of their parents in 2001 (U.S. Census Bureau, 2001). Recent estimates also suggest that parents provide their young adult children with material assistance totaling approximately \$38,000 between the ages of 18 and 34 (Schoeni & Ross, 2004).

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

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

Medicaid coverage for youth who age out of foster care until age 21. Vouchers for post-secondary education and training have also been added to the range of federally funded services and supports potentially available to current and former foster youth making the transition to adulthood.

Currently, the entitlement to IV-E federal reimbursement is limited to foster children who are 18 years old or younger. In May 2007, United States Senator Barbara Boxer, a Democrat from the state of California, introduced S. 1512. This legislation would extend the IV-E entitlement to foster youth between the ages of 18 and 21, and represent a fundamental shift in government responsibility for supporting foster youth during the transition to adulthood.

Unfortunately, little solid empirical evidence exists to inform the ongoing development of social policy directed at supporting foster youth making this transition. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the “Midwest Study”) was designed, in part, to help address this gap. It is the largest prospective study to examine the transition to adulthood among foster youth since the passage of the John Chafee Foster Care Independence Act in 1999.

Two earlier reports from the Midwest Study (Courtney et al., 2005; Courtney, Terao, & Bost, 2004) described what was learned from survey data collected from young people in Wisconsin, Iowa, and Illinois, first at the age of 17 or 18, and then again at age 19. A third report based on interviews conducted in 2006 described how these young people were faring when they were 21

years old (Courtney et al., 2007). This report is similar to that third report except that it focuses exclusively on the young people from Wisconsin.

Like the previous reports, this report is meant to be descriptive. It provides information about the recent experiences of study participants across a wide range of domains. The report does not examine causal relationships between the outcomes they experienced and either individual characteristics or out-of-home care histories. Nor does it attempt to explain differences among study participants in the outcomes we observed. Our analyses of those causal relationships and the predictors of various outcomes will be ongoing and will be addressed in future reports.

## **BACKGROUND AND OVERVIEW OF STUDY**

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



Each state provided Chapin Hall with a list of 17-year-olds currently in care who had entered care prior to their 16th birthday and whose primary reason for placement was abuse and/or neglect. Youth with developmental disabilities or severe mental illness that made it impossible for them to participate in the initial interviews and youth who were incarcerated or in a psychiatric hospital were excluded from participation. Youth were also ineligible to participate if they had run away or were otherwise missing from their out-of-home care placement over the course of the field period for the initial interviews or if they were in a placement out-of-state. All of the Iowa and Wisconsin youth as well as two-thirds of the Illinois youth who fit the selection criteria were included in the sample. This resulted in a sample of 758 eligible youth, 205 of whom were from Wisconsin.

Baseline interviews were conducted with 195 of the Wisconsin youth between May 2002 and March 2003. That translates into a response rate of 95 percent. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or inability to make contact with the youth.<sup>1</sup> All of the youth were 17 or 18 years old when they were interviewed. They were asked about their education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, foster care experiences, and receipt of independent living services.

Eighty-four percent, or 163, of these Wisconsin youth were re-interviewed between March and December 2004. Most of these youth ( $n = 158$ ) were 19 years old. Unlike Illinois courts, which allow foster youth to remain under the care and supervision of the state until their 21st birthday,

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

courts in Wisconsin (and Iowa) generally discharge youth from care on their 18th, and almost never later than their 19th birthday. Thus, none of the young adults in the Wisconsin sample were still in foster care at the time of their wave 2 interview. The second interview covered many of the same domains as the first but focused on the period since the baseline interview.

A third wave of survey data was collected between March 2006 and January 2007. Ninety percent, or 176, of the young adults from Wisconsin were re-interviewed over the course of those 11 months. Nearly all were 21 years old. Ninety-four percent ( $n = 153$ ) of these young adults had been interviewed at age 19. The other 6 percent ( $n = 10$ ) were last interviewed when the baseline data were collected.

This report describes what these 176 young adults told us about themselves and their experiences at age 21 across a variety of domains, including living arrangements, relationships with family of origin, social support, receipt of independent living services, education, employment, economic well-being, receipt of government benefits, physical and mental well-being, health and mental health service utilization, sexual behaviors, pregnancy, marriage and cohabitation, parenting, and criminal justice system involvement.

Because some of the questions dealt with sensitive topics that study participants might not have felt comfortable talking about with the interviewer, a portion of the survey was administered using Audio Computer Aided Self Interviewing (ACASI).<sup>2</sup> Study participants listened to a recording of these questions through headphones and entered their responses into a computer.

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<sup>2</sup> Fourteen of these young adults did not complete the ACASI portion of the interview, including 10 who were interviewed by telephone, 1 who was incarcerated, and 3 who refused. They are missing data for all of the ACASI questions.

The use of this technology has been found to increase reporting of highly personal behaviors (Gribble et al., 1999; Turner et al., 1998).

Throughout the report, we compare the outcomes of the 176 former foster youth in Wisconsin with the outcomes of a nationally representative sample of 21-year-olds from the National Longitudinal Study of Adolescent Health (henceforth referred to as “Add Health”). This federally funded study was designed to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents (Harris et al., 2003). In-home interviews were completed with a nationally representative sample of students in grades 7 through 12 in 1994 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time in 2001 and 2002, when they were 18 to 26 years old. The purpose of these interviews was to explore the relationship between adolescent health behaviors and young adult outcomes.

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

Although these Add Health comparisons provide a sense of how the former foster youth in the Midwest Study were faring during the transition to adulthood relative to a nationally representative sample of their peers, they do have several limitations. First, the Add Health sample includes young adults from many different states, not just Wisconsin, Iowa, and Illinois.

Second, the third wave of Add Health data was collected 4 to 5 years before the third wave of Midwest Study data; thus, policy or economic factors that affect the transition to adulthood may have changed. Third, the two samples were quite different demographically. For example, approximately three-quarters of the Add Health 21-year-olds identified themselves as white, compared with only one-third of the Midwest Study young adults. Similarly, given that approximately half the children in foster care are Title IV-E eligible (U.S. House of Representatives, 2004), it is probably safe to assume that the young adults in the Midwest Study were removed from families that were disproportionately poor and, hence, had a much lower socioeconomic background than the young adults in Add Health.

In addition to these Add Health comparisons, two other types of comparisons are made. First, we made comparisons between the 95 young men and the 81 young women in the Wisconsin sample for most of the outcomes we examined, but those comparisons are only shown where statistically significant gender differences were found. Second, we made comparisons between the 103 young adults who received foster care services while under the supervision of the court in Milwaukee County (hereafter referred to as the Milwaukee County sample) and the 73 young adults who received foster care services while under the supervision of the court in a county outside Milwaukee County (hereafter referred to as the non-Milwaukee County sample). These comparisons are based on the county that had jurisdiction while these young adults were in foster care and *not* the county in which they were living when they were 21 years old.

We tested whether any differences we observed were statistically significant. For categorical variables, we used chi-square as our test statistic and for continuous variables we used a  $t$ -

statistic. All the statistical tests were done using a significance level of  $p < .05$ . Unless otherwise noted, statistically significant differences are indicated by a single asterisk.

## DEMOGRAPHIC CHARACTERISTICS

Table 1 shows the demographic characteristics of the 176 young adults who completed an interview at wave 3 and compares the Milwaukee County and non-Milwaukee County samples.<sup>3</sup>

Nearly all these young adults were 21 years old, and the young men outnumbered the young women. Most of the young adults identified themselves as African American or white.

**Table 1. Demographic Characteristics of Wisconsin Sample Interviewed at Wave 3: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Total Sample ( <i>N</i> = 176)		Milwaukee County ( <i>N</i> = 103)		Non-Milwaukee County ( <i>N</i> = 73)	
	#	%	#	%	#	%
<b>Age</b>						
21	173	92.6	92	89.3	71	97.3
22	13	7.4	11	10.7	2	2.7
<b>Gender</b>						
Male	95	54.0	54	52.4	41	56.2
Female	81	46.0	49	47.6	32	43.8
<b>Race</b>						
White	72	40.9	18	17.5	54	74.0
African American	78	44.3	72	69.9	6	8.2
Asian	3	1.7	1	1.0	2	2.7
Native American	5	2.8	0	-	5	6.8
Multiracial	18	10.2	12	11.7	6	8.2
Don't know/refused	0	-				
<b>Hispanic Identity</b>						
Yes	18	10.2	13	12.6	5	6.8
No	157	89.2	89	86.4	68	93.2
Don't know	1	0.6	0	1.0	-	

<sup>3</sup> Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

There were three major differences between the young adults who had received foster care services from Milwaukee County and those who had received services from other counties in the state. First, the Milwaukee County sample was considerably larger than the non-Milwaukee County sample. Second, 70 percent of the young adults in the Milwaukee County sample identified themselves as African American, whereas nearly three-quarters of the young adults in the non-Milwaukee County sample identified themselves as white. In part, this difference reflects the fact that the majority of African Americans residing in the state of Wisconsin are located in Milwaukee County (Fed Stats, 2005). And third, young adults in the Milwaukee County sample were almost twice as likely as young adults in the non-Milwaukee County sample to identify themselves as Hispanic.

Table 2 compares the demographic characteristics of these young adults with the demographic characteristics of the 195 Wisconsin foster youth who completed a baseline interview. None of the differences between the two samples was statistically significant.

**Table 2. Wisconsin Sample Interviewed and Not Interviewed at Wave 3**

	Full Baseline Sample (N=195)		Wave 3 Sample (N = 176)	
	#	%	#	%
<b>Gender</b>				
Female	86	44.1	82	46.6
Male	109	55.9	94	53.4
<b>Race</b>				
Caucasian/white	79	40.5	72	40.9
African American	85	43.6	78	44.3
Asian or Pacific Islander	3	1.5	3	1.7
Native American	7	3.6	5	2.8
Multiracial	21	10.8	18	10.2
<b>Hispanic Origin</b>				
Hispanic	21	10.8	18	10.2
Non-Hispanic	173	88.7	157	89.2

## TIME SINCE DISCHARGE FROM CARE

We used administrative data from the public child welfare agencies in each of the three states to determine when these young adults had exited foster care.<sup>4</sup> On average, young adults from Wisconsin had been “out of care” for a mean and median of 42 months when they completed their wave 3 interview. The average length of time since discharge was nearly the same for the Milwaukee County and non-Milwaukee County samples.

**Table 3. Number of Months Since Exiting Care at Time of Wave Three Interview: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Total <i>N</i> = 176		Milwaukee County <i>n</i> = 103		Non-Milwaukee <i>n</i> = 73	
	#	%	#	%	#	%
12 months or less	0	-	0	-	0	-
12 to 24 months	0	-	0	-	0	-
24 to 36 months	31	17.6	21	20.4	10	13.7
36 to 48 months	117	66.5	62	60.2	55	75.3
More than 48 months	28	15.9	20	19.4	8	11.0
Mean	41.5	-	41.6	-	41.4	-
Median	41.7	-	41.5	-	41.7	-

## LIVING ARRANGEMENTS

Nearly half of the young adults in the Wisconsin sample were living in their own places. In this respect, they were similar to their Add Health counterparts. However, the two samples differed with respect to the percentage living with their biological parents versus other relatives. Add Health young adults were more likely than the former foster youth to be living with their biological parents; whereas the former foster youth were more likely than the Add Health young adults to be living with other relatives.

Seven percent of the Wisconsin sample were incarcerated when they were interviewed, and all but two of the incarcerated young adults were male. In fact, 12 percent of the males were incarcerated compared with just 3 percent of the females.

**Table 4. Current Living Arrangements: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin (N = 176)		Add Health (N = 744)	
	#	%	#	%
Own place	86	48.9	349	46.9
With biological parent(s) *	12	6.8	305	41.0
With other relative *	23	13.1	22	3.0
With non-relative foster parent(s)	10	5.7	0	0.0
With spouse/partner	10	5.7	3	0.4
With a friend*	13	7.4	9	1.2
Group quarters (e.g., dormitories, barracks)	5	2.8	50	6.7
Jail or prison	13	7.4	-	-
Other	4	2.3	6	0.8
Missing	-	-	0	

There were also statistically significant differences in current living arrangements between the Milwaukee County and the non-Milwaukee County samples. Specifically, the non-Milwaukee County young adults were more likely than the Milwaukee County young adults to report living in their own place, whereas the Milwaukee County young adults were more likely to report living with other relatives.



**Table 5. Current Living Arrangements: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County <i>n</i> = 103		Non-Milwaukee <i>n</i> = 73	
	#	%	#	%
Own place*	43	41.7	43	58.9
With biological parent(s)	8	7.8	4	5.5
With other relative*	21	20.4	2	2.7
With non-relative foster parent(s)	8	7.8	2	2.7
With spouse/partner	6	5.8	4	5.5
With a friend	5	4.9	8	11.0
Group quarters (e.g., dormitories, barracks)	3	2.9	2	2.7
Jail or prison	9	8.7	4	5.5
Other*	0	-	4	5.5
Missing				

Although a majority of the young adults in the Wisconsin sample had experienced fairly stable living arrangements since exiting foster care, more than 40 percent reported living in at least three different places.

**Table 6. Number of Living Situations since Exiting Care: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Total ( <i>N</i> = 176)		Milwaukee County ( <i>n</i> = 103)		Non-Milwaukee ( <i>n</i> = 73)	
	#	%	#	%	#	%
One <sup>a</sup>	52	29.9	39	38.2	13	18.1
Two	51	29.3	26	25.5	25	34.7
Three	31	17.8	20	19.6	11	15.3
Four	20	11.5	11	10.8	9	12.5
Five or more	20	11.5	6	5.8	9	19.4
Missing	2	-	1	-	1	-
Mean	2.96		2.98	-	2.94	
Median	2.00		3.0		1.0	

<sup>a</sup> Includes young adults who had stayed where they were living on their discharge date.

Although less than 1 percent of these young adults were currently homeless when they were interviewed at wave 3, 19 percent had been homeless at least once since exiting care.

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

**Table 7. Homelessness Since Exiting Foster Care (N = 172)**

	#	%
Ever homeless since exiting	33	19.2
Number of times homeless		
1	12	41.4
2	9	31.0
3	4	13.8
4 or more	4	13.8
Missing	4	-
Length of longest homeless spell		
1 night	4	12.1
2 to 7 nights	8	24.2
8 to 30 nights	9	27.3
31 to 90 nights	5	15.2
More than 90 nights	7	21.2
Missing	4	-

## **RELATIONSHIPS WITH FAMILY OF ORIGIN**

Despite the fact that these young adults had been removed from home after being maltreated by their parents or other caregivers, almost all had maintained family ties, and in many cases, those ties were quite strong. Altogether, 96 percent reported feeling somewhat or very close to at least one biological family member, and 76 percent reported feeling very close. They were most likely to report feeling close to their siblings and least likely to report feeling close to their fathers.

**Table 8. Closeness to Biological Family Members (N = 176)**

	#	%
<b>Biological mother</b>		
Very close	59	33.5
Somewhat close	44	25.0
Not very close	19	10.8
Not at all close	28	15.9
Not living	23	13.1
Don't know if alive	3	1.7
<b>Biological father</b>		
Very close	25	14.2
Somewhat close	33	18.8
Not very close	13	7.4
Not at all close	54	30.7
Not living	25	14.2
Don't know if alive	26	14.8
<b>Grandparents</b>		
Very close	61	34.7
Somewhat close	33	18.8
Not very close	15	8.5
Not at all close	19	10.8
Not living	45	25.6
Don't know if alive	3	1.7
<b>Siblings</b>		
Very close	102	58.0
Somewhat close	45	25.6
Not very close	14	8.0
Not at all close	12	6.8
Not living	3	1.7
Don't know if alive	0	-
<b>Close to any other relative</b>	76	43.2
Aunt/uncle	43	56.6
Cousin	21	27.6
Other	12	15.8

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

**Table 9. Frequency of Contact with Biological Family Members (N = 176)**

	#	%
<b>Biological mother</b>		
Every day	54	30.7
At least once a week but not every day	21	17.6
At least once a month but not once a week	28	15.9
At least once a year but not once a month	17	9.7
Less than once a year	6	3.4
Never	14	8.0
Not living	23	13.1
Don't know if alive	3	1.7
<b>Biological father</b>		
Every day	14	8.0
At least once a week but not every day	27	15.3
At least once a month but not once a week	23	13.1
At least once a year but not once a month	13	7.4
Less than once a year	12	6.8
Never	36	20.5
Not living	25	14.2
Don't know if alive	26	14.8
<b>Grandparents</b>		
Every day	19	10.8
At least once a week but not every day	29	16.5
At least once a month but not once a week	29	16.5
At least once a year but not once a month	31	17.6
Less than once a year	10	5.7
Never	9	5.1
Not living	45	25.6
Don't know if alive	4	2.3
<b>Siblings</b>		
Every day	57	32.4
At least once a week but not every day	55	31.2
At least once a month but not once a week	30	17.1
At least once a year but not once a month	20	11.4
Less than once a year	4	2.3
Never	7	4.0
Not living	3	1.7
Don't know if alive	0	-
<b>Other relative<sup>a</sup></b>		
Every day	24	13.6
At least once a week but not every day	36	20.5
At least once a month but not once a week	12	6.8
At least once a year but not once a month	4	2.3
Less than once a year	0	-
Never	0	-

<sup>a</sup>Among young adults who identified another relative to whom they felt close.

## **SOCIAL SUPPORT**

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

Table 10 shows the mean scores for each of the four subscales as well as mean scores for each of the individual items.<sup>5</sup> The mean scores for affectionate support and positive social interaction were higher than the scores for emotional/informational support or tangible support. The mean score across all items was 3.81, indicating that the young adults from Wisconsin perceived themselves as having social support some or most of the time.

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<sup>5</sup> The mean subscale score was imputed for missing subscale items to compute the total score.

**Table 10. Perceived Social Support**

	<b>N</b>	<b>Mean</b>	<b>S.D.</b>
<b>Emotional/Informational Support</b>			
Someone to listen to you when you need to talk	175	3.88	1.13
Someone to give you information to help you understand a situation	175	3.95	1.05
Someone to give you good advice about a crisis	175	3.93	1.14
Someone to confide in or talk to about yourself or your problems	175	3.93	1.24
Someone to give you advice you really want	175	3.55	1.26
Someone to share your most private worries and fears with	175	3.53	1.45
Someone to turn to for suggestions about how to deal with a personal problem	175	3.82	1.25
Someone who understands your problems	175	3.57	1.32
Emotional/Informational Scale Score	176	3.77	1.05
<b>Tangible Support Items</b>			
Someone to help you if you were confined to a bed	175	3.26	1.36
Someone to take you to the doctor	175	3.90	1.20
Someone to prepare your meals if you were unable to do it yourself	175	3.74	1.36
Someone to help you with daily chores if you were sick	175	3.61	1.36
Tangible Support Scale Score	176	3.62	1.06
<b>Positive Social Interaction Support Items</b>			
Someone to have a good time with	175	4.17	1.08
Someone to get together with for relaxation	175	3.73	1.31
Someone to do something enjoyable with	175	3.95	1.27
Positive Social Interaction Scale Score	176	3.95	1.04
<b>Affectionate Support Items</b>			
Someone to show you love and affection	175	4.17	1.23
Someone to love and make you feel wanted	175	3.79	1.49
Someone who hugs you	175	4.10	1.17
Affectionate Support Scale Score	176	4.02	1.18
<b>Total MOS Scale Score</b>	<b>176</b>	<b>3.81</b>	<b>0.97</b>

We also asked the Wisconsin young adults about the adequacy of their social support network.

In other words, did they have enough people to whom they could turn for different types of needs? Depending on the specific type of support, between one-half and two-thirds of the young adults in the Midwest Study reported that they had enough people to whom they could turn.

**Table 11. Adequacy of Social Support Network (N = 176)**

	N	Enough		Too few		No one	
		#	%	#	%	#	%
People to listen to you	176	123	69.9	39	22.2	14	8.0
People to help with favors	176	101	57.4	56	31.8	19	10.8
People to loan money	175	83	47.4	66	37.7	26	14.9
People to encourage goals	176	112	63.6	54	30.7	10	5.7

## FOSTER CARE EXPERIENCES

Looking back, a majority of the young adults in Wisconsin agreed that they were lucky to have been placed in foster care, and more than two-thirds reported feeling satisfied with their foster care experience.

**Table 12. Feelings about Foster Care**

	N	#	%
Feel lucky to have been placed in foster care	175		
Agree or agree strongly		115	65.7
Neither agree nor disagree		20	11.4
Disagree or disagree strongly		40	22.9
Satisfied with experience in foster care	176		
Agree or agree strongly		117	66.5
Neither agree nor disagree		15	8.5
Disagree or disagree strongly		44	25.0

Adoption is generally regarded as the most desirable permanency outcome for foster youth who cannot be reunified with their family. However, it was a relatively rare outcome among the Wisconsin young adults. Only 8 percent reported that they had been adopted. Another 21 percent wished that they had been.

The Adoption and Safe Families Act (ASFA) of 1997 requires state child welfare agencies to seek the termination of parental rights if a child has been in foster care for 15 of the most recent 22 months. There are also some exceptions to this requirement. These include if the child has been placed with kin, if there is a compelling reason to believe that termination would not be in

the child’s best interest, or if the parent has not been provided with the services called for in the reunification plan. All the young adults in the Wisconsin sample had been in foster care for at least 15 months since their most recent entry, which may explain why close to one-third reported that their parents’ rights had been terminated.

**Table 13. Adoption and Termination of Parental Rights**

	<i>N</i>	#	%
Adopted	175	14	8.0
Wanted to be adopted (if not adopted)	160	33	20.6
Biological parents’ rights terminated	159		
Yes		57	32.4
No		102	58.0
Don’t know		17	9.7

## **INDEPENDENT LIVING SERVICES**

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

Table 14 shows the percentage of young adults in the Wisconsin sample who reported that they had received at least one service in a particular domain since their last interview. There was only one domain, education, in which at least one-quarter of these young adults had received services. It is also worth noting that many of the young adults who received services did so post-discharge. In part, this reflects that none of the Wisconsin young adults who were interviewed at wave 2 were still in foster care



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

Service Domains	Received Any Service in Domain since Last Interview			Recipients Who Received Services after Discharge		
	<i>N</i>	#	%	<i>N</i>	#	%
Education	176	42	23.9	41	20	48.8
Employment/vocational	176	52	29.5	52	30	57.7
Housing	176	33	18.8	33	17	51.5
Budgeting and financial management	176	22	12.5	22	4	63.6
Health education	176	39	22.2	38	27	71.1
Youth development	176	12	6.8	12	7	58.3

Table 15 lists the specific independent living services in each domain that the Wisconsin young adults were asked about. In no case did even 20 percent report receiving a specific service.

**Table 15. Receipt of Specific Independent Living Services since Last Interview**

	<i>N</i>	#	%
<b>Education Services</b>			
College application assistance	176	23	13.1
Financial aid/loan application assistance	176	20	11.4
Career counseling	175	17	9.7
Study skills training	174	13	7.5
School to work support	175	12	6.9
Attend university/college fair	176	11	6.3
GED preparation	176	11	6.3
SAT preparation	175	4	2.3
<b>Employment/Vocational Services</b>			
Help developing interviewing skills	175	34	19.4
Help completing job applications	176	29	16.5
Resume writing workshop	176	22	12.5
Help with use of career resources library	176	22	12.5
Help with job referral/placement	175	20	11.4
Help securing work permits/Social Security card	174	19	10.9
Assistance identifying employers	174	15	8.6
Explanation of benefits coverage	175	12	6.9
Vocational counseling	176	12	6.8
Summer employment programs	176	9	5.1
Given an explanation of workplace values	176	9	5.1
Received an internship	174	2	1.1

<b>Budget/Financial Management Services</b>			
Training on opening a checking/saving account	176	23	13.1
Training on balancing a checkbook	176	21	11.9
Training on use of a budget	176	18	10.0
Money management courses	175	16	9.1
Assistance with tax returns	176	13	7.4
Developing consumer awareness	173	8	4.6
Accessing information on credit	176	8	4.5
<b>Housing Services</b>			
Assistance with finding an apartment	176	14	8.0
Tenants' rights and responsibilities training	175	12	6.9
Learning about security deposits and utilities	176	9	5.1
Training on health and safety standards	176	9	5.1
Help with completing apartment application	176	8	4.5
Meal planning and preparation training	176	8	4.5
Handling landlord complaints	176	7	4.0
Cleaning classes	176	4	2.3
Courses on home maintenance and repairs	176	2	1.1
<b>Health Education Services</b>			
Information on birth control and family planning	176	28	15.9
Training on health/fitness	176	15	8.5
Courses on first aid	176	15	8.5
Accessing health/dental insurance information	174	13	7.5
Education on substance abuse	175	13	7.4
Training on nutritional needs	175	12	6.9
Training on preventive and routine healthcare	176	10	5.7
Training on personal care needs (basic hygiene)	176	8	4.5
Maintaining personal health records	175	6	3.4
<b>Youth Development Services</b>			
Youth conferences	175	10	5.7
Youth leadership activities	176	5	2.8
Mentoring service	176	7	4.0

Young adults in the Milwaukee County sample were as likely as young adults in the non-Milwaukee County sample to have received services in each domain.

**Table 16. Receipt of Independent Living Services since Last Interview by Domain: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County			Non-Milwaukee			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
<b>Received Any Service in Domain since Last Interview</b>							
Education	103	24	23.3	73	18	24.7	
Employment and vocational	103	31	30.1	73	21	28.8	
Health education	103	20	19.4	73	19	26.0	
Budgeting and financial management	103	19	18.4	73	14	19.2	
Housing	103	13	12.6	73	9	12.3	
Youth development	103	9	8.7	73	4	4.4	
At least one service	103	48	46.6	73	31	42.5	
<b>Received Services after Discharge</b>							
Education	24	11	45.8	17	9	52.9	
Employment and vocational	31	19	61.3	21	11	52.7	
Health education	20	13	65.0	18	14	77.8	
Budgeting and financial management	19	11	57.9	14	6	42.9	
Housing	13	7	53.8	9	7	77.9	
Youth development	9	6	66.7	3	1	33.3	
At least one service	103	29	28.2	73	20	27.4	

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

**Table 17. Perceived Helpfulness of Independent Living Services**

	<i>N</i>	Not at all	Not very	Somewhat	Very	Mean	S.D.
Education	41	7.3	4.9	43.9	43.9	3.24	0.86
Employment/vocational	52	11.5	13.5	48.1	26.9	2.90	0.93
Budgeting/financial management	33	6.1	3.0	51.5	39.4	3.24	0.79
Housing	22	4.5	4.5	54.5	36.4	3.23	0.75
Health education	39	0	7.7	48.7	43.6	3.36	0.63
Youth development	13	23.1	0	30.8	46.2	3.00	1.22

We do not know why so many of the young adults in the Wisconsin sample did not receive independent living services. One possibility is that services were available but the young adults did not perceive a need. Another is that they needed services but access was a problem. Consistent with the latter, 31 percent of these young adults reported that there was “training or assistance that would have helped [them] learn to live on [their] own that [they] did not receive.”

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

**Table 18. Perceived Preparedness for Self-Sufficiency**

	<i>N</i>	Not at all	Not very	Somewhat	Very	Mean	S.D.
Prepared to achieve educational goals	175	6.9	9.7	53.7	29.7	3.06	0.82
Prepared for employment	175	2.9	7.4	50.3	39.4	3.26	0.72
Prepared to manage budget & finances	175	6.9	9.1	55.4	28.6	3.06	0.81
Prepared to secure housing	176	0.6	9.1	41.5	48.9	3.39	0.67
Prepared to manage health needs	176	1.7	5.1	34.1	59.1	3.50	0.68
Prepared for self-sufficiency at exit	175	17.7	10.9	49.7	21.7	2.75	0.99
Prepared for self-sufficiency at interview	175	3.4	3.4	36.0	57.1	3.47	0.73

## EDUCATION

Previous research suggests former foster youth approach the transition to adulthood with significant educational deficits (Blome, 1997; Courtney et al., 2001; McMillan & Tucker, 1999). Our data suggest that these deficits continue into the early adult years. By age 21, nearly one-quarter of the young adults in the Wisconsin sample had not obtained a high school diploma or a GED compared with just 11 percent of their Add Health peers. The former foster youth were also much less likely to have completed a year or more of college or to have a 2-year degree.

**Table 19. Educational Attainment: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health ( <i>N</i> = 744)		<i>P</i>
	#	%	#	%	
No high school diploma or GED	40	22.9	80	10.8	*
High school diploma only	84	48.0	221	29.7	*
GED only	21	12.0	49	6.6	*
One or more years of college, but no degree	29	16.6	320	43.0	*
2-year college degree	1	0.6	60	8.1	*
4-year college degree	-	-	13	1.7	
Graduate school	-	-	1	0.1	
Missing	1	1	-	-	

Young women in the Wisconsin sample were three times as likely as their male counterparts to have one or more years of college.

**Table 20. Educational Attainment by Gender**

	Males ( <i>n</i> = 93)		Females ( <i>n</i> = 82)	
	#	%	#	%
No high school diploma or GED	25	26.9	15	18.3
High school diploma only	45	48.4	39	47.6
GED only	15	16.1	6	7.3
One or more years of college, but no degree *	7	7.5	22	26.8
2-year college degree	1	1.1	0	0

Although young adults in the Milwaukee County sample were more likely to have completed at least 1 year of college than their non-Milwaukee counterparts, this difference was not statistically significant.

**Table 21. Educational Attainment: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County <i>n</i> = 103		Non-Milwaukee County <i>n</i> = 73	
	#	%	#	%
No high school diploma or GED	24	23.5	16	21.9
High school diploma only	42	41.2	42	57.5
GED only	15	14.7	6	8.2
One or more years of college, but no degree	21	20.6	8	11.0
2-year college degree	0	-	1	1.4
4-year college degree	0	-	0	-

The Wisconsin former foster youth were less likely to be enrolled in an educational program than their Add Health counterparts. Among those who were enrolled, the former foster youth were more likely to be enrolled in a 2-year college and less likely to be enrolled in a 4-year college than the young adults in the Add Health sample.

**Table 22. Current School Enrollment: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health ( <i>N</i> = 744)		<i>P</i>
	#	%	#	%	
Currently enrolled in school	42	24.0	328	44.1	*
Full-time	22	12.6	269	36.1	*
Part-time	20	11.4	59	7.9	*
Not enrolled	133	76.0	415	55.8	
Missing	1	-	1	-	
<i>Type of School or Program</i>					
High school	2	4.9	5	1.5	
GED program	10	24.4	-	-	
2-year college	19	46.3	82	25.2	*
4-year college	10	24.4	232	71.2	*
Graduate school	41	-	7	2.1	
Total	133	-	326	-	
Missing	1	-	2	-	

Young women in the Wisconsin sample were more likely to be enrolled in school, and more likely to be enrolled full-time, than young men. There was also a statistically significant difference in type of program among those who were enrolled. Specifically, the young women were more likely than the young men to be enrolled in a 4-year college, and the young men were more likely than the young women to be enrolled in a 2-year college.

**Table 23. Current School Enrollment by Gender**

	Male (N = 93)		Female (N = 82)	
	#	%	#	%
Currently enrolled*	19	20.5	23	28.0
Full-time*	6	6.5	16	19.5
Part-time*	13	14.0	7	8.5
Not enrolled	74	79.6	59	72.0
<i>Type of School or Program</i>				
Enrolled in high school	1	5.3	1	4.5
Enrolled in GED program	7	36.8	3	13.6
Enrolled in 2-year college	10	52.6	9	40.9
Enrolled in 4-year college*	1	5.3	9	40.9

Although young adults in the Milwaukee County sample were more likely than young adults in the non-Milwaukee sample to be enrolled in a 2-year or 4-year college if they were enrolled, this difference was not statistically significant.

**Table 24. Current School Enrollment: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County			Non-Milwaukee		
	#	% of sample	% of enrolled	#	% of sample	% of enrolled
Enrolled in educational program	26	25.2	100.0	16	21.9	100.0
<i>Type of Program</i>						
High school/GED	0	0.0	0.0	2	3.0	20.0
2-year college	14	14.4	66.7	5	7.5	50.9
4-year college	7	7.2	33.3	3	4.5	30.0
Graduate school	0	-	-	0	-	-
Total	21	-	-	10	-	-
Missing	5	-	-	6	-	-

Most of the Wisconsin young adults who were enrolled in a 2- or 4-year college reported that they were paying for school with scholarships and/or student loans. More than one-third were working to help pay for school.

**Table 25. Funding for College among Young Adults Enrolled in a 2- or 4-Year School (N = 29)**

	#	%
Scholarship	21	72.4
Partner/spouse	-	-
Birth parent/relative	1	3.4
Foster or adoptive parent	1	3.4
Loans	19	65.5
Employment	10	34.5
Savings	1	3.4
Independent living funds	1	6.9
Other	3	10.3

Forty percent of the Wisconsin young adults who were not currently enrolled in school reported that they had been enrolled at some point since their last interview. Just over 30 percent of these young adults reported graduating from the program they had been in. Among the other common reasons they cited for no longer being enrolled were becoming employed and becoming a parent.

More than one-third of the Wisconsin young adults who were not currently enrolled reported that at least one barrier was preventing them from continuing their education. By far, the most common barrier they reported was not having money to pay for school.



**Table 26. Enrollment since Last Interview and Barriers to Enrollment (N = 176)**

	#	%
Currently enrolled	42	24.0
Enrolled since last interview, but not currently enrolled	53	39.8
Not enrolled since last interview	80	60.2
Missing	1	
<i>Type of School/Program Previously Enrolled In</i>		
High school	7	13.2
GED program	11	20.8
2-year college	28	52.8
4-year college	7	13.2
<i>Reasons Not Enrolled</i>		
Graduated	40	30.5
Could not afford	14	10.7
Academic problems	2	1.5
Lost interest	10	7.6
Became employed	17	13.0
Became a parent	16	12.2
No transportation	2	1.5
Discouraged by significant others	1	0.8
Other	29	22.1
Total	131	-
Missing	2	-
Any barrier to continuing education	45	34.3
<i>Biggest barrier to continuing education</i>		
Could not pay	25	55.6
Need to work full-time	7	15.6
Need to care for child(ren)	5	11.1
No transportation	-	
Other	8	17.8
Missing	2	

Forty percent of the Wisconsin young adults had received some job training since their last interview, including 12 percent who were currently enrolled in a job training program. Forty-five percent of the young adults who had previously received training had obtained a license or certificate.

**Table 27. Vocational/Job Training (N = 176)**

	#	%
Currently receiving job training	21	11.9
Not currently receiving training, but received training since last interview	42	28.1
Certificate or license completed, if received job training	29	45.3

## EMPLOYMENT AND EARNINGS

Nearly all of the young adults in the Wisconsin sample reported that they had ever held a job, and 87 percent reported that they had worked at some point since their last interview. Young adults in the Wisconsin sample were also as likely as the young adults in Add Health to be currently employed

**Table 28. Employment: Wisconsin Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health ( <i>N</i> = 744)		<i>P</i>
	#	%	#	%	
Ever held a job	167	94.9	721	96.9	
Ever worked since last interview	146	87.4			
Currently employed	97	61.4	473	63.9	
Currently employed (nonincarcerated only)	97	62.2	473	63.9	

A larger percentage of the young women than the young men reported working since their last interview, and this difference was statistically significant. However, there was no gender difference in current employment.

**Table 29. Employment by Gender**

	Males ( <i>n</i> = 94)		Females ( <i>n</i> = 82)		<i>P</i>
	#	%	#	%	
Ever held a job	89	93.7	78	96.3	
Ever worked since last interview	73	82.0	73	93.6	*
Currently employed	50	62.5	47	60.3	
Currently employed (nonincarcerated)	50	63.3	47	61.0	

Milwaukee County young adults were less likely than non-Milwaukee County young adults to have held a job in the past or to be currently working.

**Table 30. Employment: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County		Non-Milwaukee	
	#	%	#	%
Ever held a job	95	92.2	72	98.6
Ever worked since last interview	85	82.5	66	90.4
Currently employed *	52	50.5	45	61.6

The Wisconsin young adults who were currently employed reported working a mean of 35.9 and a median of 40 hours per week. Their mean and median hourly wages were \$9.25 and \$8.65, respectively. There was very little difference between the former foster youth and their Add Health counterparts in terms of the number of hours they worked, but the Add Health study participants earned, on average, about 79 cents more per hour.

**Table 31. Hours Worked per Week and Hourly Wages at Current Job: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>n</i> = 97)		Add Health <sup>b</sup> ( <i>n</i> = 472)		<i>P</i>
	#	%	#	%	
Hours worked per week					
Less than 20 hours	7	7.2	58	12.3	
20-35 hours	33	34.0	167	35.4	
40 hours	42	43.3	150	31.7	
More than 40 hours	13	13.4	97	20.6	
Missing	2	-			
Mean	35.9		35.2	-	
Median	40.0		40.0		
Hourly wages					
Less than \$5.15	1	1.1	11	2.9	
\$5.15 to \$5.99	2	2.3	11	2.9	
\$6.00 to \$6.99	9	10.3	33	8.8	
\$7.00 to \$7.99	14	16.1	74	19.8	
\$8.00 to \$8.99	20	23.0	42	11.3	
\$9.00 to \$9.99	11	12.6	47	12.6	
\$10.00 to \$10.99	12	13.8	33	8.8	
\$11.00 to \$11.99	7	8.0	43	11.5	
\$12.00 or more	11	12.6	79	21.9	
Total	87		373		
Missing <sup>a</sup>	2		4		
Mean	9.20		9.99	-	*
Median	8.65		9.12	-	

<sup>a</sup>Data on wages were missing for eight Wisconsin youth who were not paid by the hour.

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

Although young women were no less likely than young men to be employed, employed young women were paid significantly less than employed young men for each hour that they worked.

**Table 32. Hours Worked per Week and Hourly Wages at Current Job by Gender**

	Males (n = 49)		Females (n =48)		P
	#	%	#	%	
Hours worked per week					
Less than 20 hours	3	6.4	4	8.3	
20-35 hours	16	34.0	17	35.4	
40 hours	19	40.4	23	47.9	
More than 40 hours	9	19.1	4	8.3	
Missing	2	-	-	-	
Mean	37.0		34.7		
Median	40.0		40.0		
Hourly wages					
Less than \$5.15	0	-	1	2.2	
\$5.15 to \$5.99	1	2.4	1	2.2	
\$6.00 to \$6.99	1	2.4	8	17.4	
\$7.00 to \$7.99	6	14.6	8	17.4	
\$8.00 to \$8.99	7	17.1	13	28.3	
\$9.00 to \$9.99	6	14.6	5	10.9	
\$10.00 to \$10.99	8	19.5	4	8.7	
\$11.00 to \$11.99	3	7.3	4	8.7	
\$12.00 or more	9	22.0	2	4.3	
Total	0	-	1	2.2	
Missing <sup>a</sup>	2	-	-	-	
Mean	10.13		8.34		*
Median	9.55		8.05		

<sup>a</sup>Data on wages were missing for six males and two females who were not paid by the hour.

More than two-thirds of the young adults in the Wisconsin sample who were currently employed received at least one of the seven employer-provided benefits listed in Table 33. More than half of their employers provided paid vacation days, and almost half provided medical insurance.

**Table 33. Benefits Provided by Current Employer (n = 97)**

	#	%	Missing
Health insurance	51	53.7	2
Dental insurance	46	48.9	3
Retirement fund	28	30.8	6
Paid vacation days	51	53.1	1
Paid sick days	36	38.7	4
Childcare	15	16.7	7
Maternity leave	37	40.7	6
Provided with at least one	68	70.8	1

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

**Table 34. Employability and Job Search Activities (n = 79)**

	#	%
Ability to work		
Able to work	66	83.5
Not able to work due to a disability	5	6.3
Not able to work due to another reason	8	10.1
Want to work (if able to work)	55	83.3
Actively sought work during the past 4 weeks	40	72.7
Job search activities during the past 4 weeks		
Contacted employers	31	77.5
Contacted employment agency	26	65.0
Solicited help from friends	23	57.5
Contacted school employment center	8	20.5
Sent resume	19	47.5
Completed job application	37	92.5
Responded to a help-wanted ad	28	70.0
Job interview	17	42.5
Attended job training	12	30.0
Other	4	10.0

## INCOME

Although more than three-quarters of the Wisconsin young adults reported having any income from employment during the past year, their earnings were very low. Median earnings among those who had been employed were just \$7,500 compared with \$9,120 among their employed Add Health peers.

**Table 35. Income from Employment during the Past Year: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin			Add Health <sup>b</sup>			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Any income from employment during the past year	162	125	77.2	740	642	86.8	*
Amount of income from employment (if any) <sup>a</sup>	125			616			
\$5,000 or less		45	36.0		175	28.5	
\$5,001 to \$10,000		37	29.6		147	23.9	
\$10,001 to \$25,000		39	31.2		218	35.4	
\$25,001 to \$50,000		4	3.2		68	11.1	
More than \$50,000		0	0.0		7	1.1	
Missing					26		
Mean		\$9,287			\$12,728		*
Standard Deviation		\$8,052			\$16,511		
Median		\$7,500			\$9,120		

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

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

Many of the Wisconsin young adults reported income from sources other than their own employment, including family and friends. This suggests that at least some of these young adults relied on informal income sources to help them “get by.” Although nearly all of the young adults who were married reported income from their spouse’s employment, only a small percentage of the sample had a spouse. Additionally, only one-fifth of the young parents who were living with their child(ren) reported receiving any child support.

**Table 36. Income from Other Sources during the Past Year**

	<i>N</i>	#	%
Any income from spouse’s employment past year <sup>a</sup>	13	11	84.6
Any income from child support during the past year <sup>b</sup>	49	10	20.4
Any income from EITC during the past year <sup>c</sup>	32	26	81.3
Reason did not receive EITC	6		
Not eligible		3	50.0
Not aware		2	33.3
Other		1	16.7
Received money from a family member	167	73	43.7
Received money from a friend	167	42	25.1
Received money from a social service agency	166	8	4.8

<sup>a</sup> Limited to young adults who were currently married.

<sup>b</sup> Limited to young adults who were living with at least one child.

<sup>c</sup> Limited to young adults who had earnings from their own or their spouse/partner’s employment and were living with a child.

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

**Table 37. Asset Accumulation: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Any savings/checking account	165	91	51.7	741	598	80.7	*
Owens a residence	167	5	2.8	741	67	9.0	*
Owens a vehicle	166	73	41.5	742	542	73.0	*

Not only did many of the Wisconsin young adults lack assets, but a significant minority also had outstanding debts. Nearly 10 percent ( $n = 17$ ) had borrowed at least \$200 from family or friends since their last interview, and most of these young adults ( $n = 15$ ) still owed more than half of

the money that they borrowed. More than half ( $n = 89$ ) reported having “other” debt, excluding student, auto, and real estate loans.

## ECONOMIC HARDSHIPS

The precarious economic situation of the Wisconsin young adults was also evident in the material hardships they reported. Almost half reported experiencing at least one of the five material hardships listed in Table 38 during the past year. They were also much more likely to have experienced any hardship than their Add Health peers.

**Table 38. Economic Hardships during the Past Year: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin <sup>a</sup>			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
(1) Not enough money to pay rent*	166	51	30.7	734	63	8.6	*
(2) Not enough money to pay utility bill*	166	53	31.9	736	80	10.9	*
(3) Gas or electricity shut off*	167	21	12.6	737	45	6.1	
(4) Phone service disconnected <sup>b</sup> *	167	48	28.7	740	141	19.1	*
(5) Evicted*	167	18	10.8	738	10	1.4	*
At least one hardship*	176	85	48.3	741	204	27.5	*
Mean number of hardships*		1.77			.46		

<sup>a</sup> Data on economic hardships were not collected from the nine young adults who had been incarcerated for at least 3 months at the time of their wave 3 interview.

<sup>b</sup> Add Health asked if respondents were without phone service for any reason.

There were no statistically significant differences between the Milwaukee County and the non-Milwaukee County samples with respect to the percentage who reported a particular economic hardship or the percentage who reported any hardship during the past year.



**Table 39. Economic Hardships during the Past Year<sup>a</sup>**

	Milwaukee County			Non-Milwaukee		
	<i>N</i>	#	%	<i>N</i>	#	%
(1) Not enough money to pay rent	97	28	29.2	70	23	32.9
(2) Not enough money to pay utility bill	97	26	27.1	70	27	38.6
(3) Gas or electricity shut off	97	13	13.4	70	8	11.4
(4) Phone service disconnected	97	28	28.9	70	20	28.6
(5) Evicted	97	9	9.3	70	9	12.9
At least one hardship	97	57	55.3	70	34	46.6
Mean number of hardships		1.08			1.24	

<sup>a</sup> Data on economic hardships were not collected from six Milwaukee County and three non-Milwaukee County young adults who had been incarcerated for at least 3 months at the time of their wave 3 interview.

Another indicator of economic hardship is food insecurity. Table 40 shows the frequency of affirmative responses to a series of questions taken from the USDA's measure of food insecurity (Bickel et al., 2000) as well as one additional question about household food consumption. Six of these items (shown in boldface) were used to compute a food security composite score for each young adult. This six-item measure was developed by researchers at the National Center for Health Statistics in collaboration with Abt Associates, Inc. (Blumberg et al., 1999). Based on their number of affirmative responses to these items, nearly 30 percent of these young adults would be categorized as having low or very low food security.

**Table 40. Food Insecurity<sup>a</sup>**

	<i>N</i>	#	%
Sometimes or often not enough food to eat	165	19	11.5
Got food or borrowed money for food from friends or family	167	46	27.5
Put off paying bill to buy food	167	38	22.8
Received emergency food	167	33	19.8
Received a meal from a soup kitchen	167	9	5.4
<b>Cut size of meals because you could not afford more</b>	167	30	18.0
<b>Cut size of meals because you could not afford more almost every month</b>	30	7	23.3
Did not eat for a whole day because there was not enough money for food	167	19	11.4
<b>Did not eat as much as you should because you did not have enough money</b>	167	35	21.0
<b>Hungry but didn't eat because could not afford food</b>	167	30	18.0
Lost weight because didn't have enough food	166	20	12.0
Sometimes or often worried about running out of food	167	71	42.5
<b>Sometimes or often food didn't last and could not afford more</b>	167	58	34.7
<b>Sometimes or often could not afford to eat balanced meals</b>	167	44	26.3
Food security categorization based on 6-item measure (items in boldface)	167		
High food security (0 affirmative responses)		100	59.9
Marginal food security (1 affirmative response)		19	11.4
Low food security (2 to 4 affirmative responses)		29	17.4
Very low food security (5 or 6 affirmative responses)		19	11.4
Missing		9	

<sup>a</sup> Data on food insecurity were not collected from the nine young adults who had been incarcerated for at least 3 months at the time of their wave 3 interview.

## RECEIPT OF GOVERNMENT BENEFITS

In addition to any services they may have received from the child welfare system, many of the young adults in the Wisconsin sample have relied on government benefits to help support themselves. Where gender differences were found, females were more likely to report benefit receipt. More than two-thirds of the young women ( $n = 56$ ) and 30 percent of the young men ( $n = 28$ ) had received benefits from one or more of the need-based government programs (i.e., excluding unemployment insurance) since their last interview. This difference was statistically significant. Among the young women who were living with at least one child, 95 percent ( $n = 42$ ) reported receiving these benefits.

**Table 41. Receipt of Government Benefits since Last Interview by Gender**

	Females			Males <sup>a</sup>			<i>P</i>
	<i>N</i>	#	%	<i>n</i>	#	%	
Unemployment insurance	81	11	13.6	86	6	7.0	
Supplemental Security Income (SSI)	81	6	7.4	85	9	10.6	
Food stamps	81	46	56.8	85	21	24.7	*
Public housing/rental assistance	81	6	7.4	85	6	7.1	
TANF <sup>b</sup>	43	11	25.6	6	0	0.0	
WIC <sup>c</sup>	42	34	81.0				

<sup>a</sup> Data on the receipt of government benefits were not collected from the nine young men who had been incarcerated for at least 3 months at the time of their wave 3 interview.

<sup>b</sup> Parents living with at least one child.

<sup>c</sup> Female parents living with at least one child.

Gender differences in current benefit receipt were also observed. More than one-third of the young women ( $n = 39$ ) and about one-sixth of the young men ( $n = 15$ ) were currently receiving benefits from one or more of the need-based government programs. Among females who were living with at least one child, this figure was 68 percent ( $n = 36$ ).

**Table 42. Current Receipt of Government Benefits by Gender**

	Females			Males <sup>a</sup>			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Unemployment insurance	82	2	2.4	85	3	3.5	
Supplemental Security Income (SSI)	82	4	4.9	84	9	10.6	
Food stamps	82	34	41.5	84	5	6.0	*
Public housing/rental assistance	82	3	3.7	85	3	3.5	
TANF <sup>b</sup>	44	5	11.4	5	0	0.0	
WIC <sup>c</sup>	43	26	60.5				

<sup>a</sup> Data on the receipt of government benefits were not collected from the nine young men who had been incarcerated for at least 3 months at the time of their wave 3 interview.

<sup>b</sup> Parents living with at least one child.

<sup>c</sup> Female parents living with at least one child.

There were no significant differences in the receipt of government benefits between the Milwaukee County and the non-Milwaukee County young adults.

**Table 43. Receipt of Government Benefits since Last Interview: Milwaukee County Compared with Non-Milwaukee County Young Adults<sup>a</sup>**

	Milwaukee County			Non-Milwaukee County			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Unemployment insurance	103	13	13.4	73	4	5.7	
Supplemental Security Income (SSI)	103	8	8.3	73	7	10.0	
Food stamps	103	42	43.8	73	25	35.7	
Public housing/rental assistance	103	6	6.3	73	6	8.6	
TANF <sup>b</sup>	30	9	30.0	19	2	10.5	
WIC <sup>c</sup>	27	21	77.8	16	13	86.7	

<sup>a</sup> Data on receipt of government benefits were not collected from the nine young men, six in the Milwaukee County sample and three in the non-Milwaukee County sample, who had been incarcerated for at least 3 months at the time of their wave 3 interview.

<sup>b</sup> Parents living with at least one child.

<sup>c</sup> Female parents living with at least one child.

Young adults in the Wisconsin sample were asked about benefit receipt since their last interview, whereas young adults in Add Health were asked about benefit receipt during the past year. For this reason, we limit our comparisons to current benefit receipt. The former foster youth were significantly more likely than their Add Health counterparts to be current food stamp recipients. However, the difference was only statistically significant among females. By contrast, there was no difference in current TANF receipt between young mothers in the Wisconsin sample and young mothers in Add Health. This could reflect the fact that Wisconsin’s average monthly TANF caseload was fairly stable between 2001–2002, when the Add Health data were collected, and 2006, when the former foster youth from Wisconsin were interviewed.<sup>6</sup>

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<sup>6</sup> Wisconsin’s average monthly TANF caseload was 17,915 in calendar year 2001 and 17,711 in calendar year 2006 (U.S. Department of Health and Human Services, 2007).

**Table 44. Current Receipt of Government Benefits by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin <sup>a</sup>				Add Health			
	Females		Males		Females		Males	
	#	%	#	%	#	%	#	%
Food stamps*	34	41.5	5	60	25	6.3	0	0.0
TANF <sup>b</sup>	5	11.4	0	0.0	7	7.5	0	0.0

<sup>a</sup> Data on receipt of government benefits were not collected from the nine young men in the Wisconsin sample who had been incarcerated for at least 3 months at the time of their wave 3 interview.

<sup>b</sup> Parents living with at least one child.

\* Statistically significant difference between Midwest and Add Health females.

## PHYSICAL HEALTH AND ACCESS TO HEALTH CARE SERVICES

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

Twenty-seven percent of the young adults in our sample reported two or more emergency room visits during the past year, and one-fifth had been hospitalized at least once. Overall, the largest percentage of hospitalizations were pregnancy-related. However, if the hospitalizations of males and females are examined separately, accidents and injuries account for the largest percentage of hospitalizations among the young men (50%).

**Table 45. Health Status at Age 21: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin (N = 176)		Add Health (N = 744)	
	#	%	#	%
<b>Description of general health*</b>				
Excellent	55	31.3	262	35.2
Very good*	53	30.1	292	39.2
Good	45	25.6	158	21.2
Fair*	22	12.5	30	4.0
Poor	1	0.6	2	0.3
<b>Any chronic medical conditions</b>				
Yes	32	18.2		
No	144	81.8		
Missing				
<b>Health conditions or disability limits daily activities<sup>a*</sup></b>				
Yes	24	13.6	35	4.7
No	152	86.4	709	95.3
Don't know				
<b>Number of ER visits during the past year<sup>b</sup></b>				
0	84	47.7		
1	45	25.6		
2 or 3	30	17.0		
4 or more	15	8.5		
Missing	2	1.1		
<b>Number of hospitalizations during the past year<sup>b</sup></b>				
0	140	79.5		
1	24	13.6		
2 or more	11	6.3		
Missing	1	0.6		
<b>Reason for most recent hospitalization (n = 69)</b>				
Illness	6	17.1		
Injury or accident	8	22.9		
Alcohol or other drug problem	1	2.9		
Emotional or mental health problem	2	5.7		
Pregnancy-related	16	45.7		
Other	2	5.7		

<sup>a</sup>Add Health question asked whether any health conditions limited their ability to engage in moderate activities.

<sup>b</sup>Add Health question asked about ER visits and hospitalization during the past 5 years.

We also asked the young adults in the Wisconsin sample about their ability to access healthcare services. Only half reported that they currently had medical insurance, and only 41 percent had insurance for dental care. In both cases, most of those who were insured were covered by

Medicaid. Fifty-eight percent of these young adults reported having had a routine physical exam sometime during the past year, but only 26 percent had had a dental exam. Overall, about one-fifth of these young adults reported that they had not received medical care and about one-fifth reported that they had not received dental care when they thought they needed it during the past year.<sup>7</sup> Not having insurance and costing too much were the main reasons cited for not receiving care.<sup>8</sup>

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

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<sup>7</sup> These percentages were somewhat higher among the young adults who were not currently insured. Twenty-seven percent of those who lacked health insurance reported that they had not received medical care and 28 percent of those who lacked dental insurance reported that they had not received dental care when they thought they needed it.

<sup>8</sup> We only asked about current insurance coverage. As a result, young adults who currently had insurance could still cite lack of insurance as a reason for not receiving care during the past year.

**Table 46. Insurance Coverage and Access to Health Care: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin			Add Health		
	<i>N</i>	#	%	<i>N</i>	#	%
Has medical insurance*	175	89	50.9	739	562	76.0
Source of medical insurance*						
Parents' insurance*		2	2.3		272	48.4
Spouse's insurance*		4	4.5		23	4.1
Employer-provided insurance*		17	19.3		170	30.2
School-provided insurance		0	0.0		14	2.5
Purchase own private insurance		1	1.1		8	1.4
Medicaid or medical assistance*		57	64.8		55	9.8
Other		7	8.0		25	3.6
Missing		1	0.6			
Last physical exam*	175			732		
Less than a year ago		102	58.3		477	65.2
1 to 2 years ago*		30	17.0		103	14.1
More than 2 years ago*		43	24.4		152	20.8
Did not receive needed medical care*	174	36	20.7	743	179	24.1
Reason(s) did not receive medical care	36					
Didn't know where to go		6	16.7			
Cost too much		25	71.4			
No transportation		3	8.3			
Hours were inconvenient		3	8.3			
Would lose pay for missing work		6	16.7			
No insurance		26	72.2			
Other		7	19.4			
Has dental insurance	168	69	41.1			
Source of dental insurance						
Parents' insurance		2	2.9			
Spouse's insurance		3	4.4			
Employer-provided insurance		18	26.5			
School-provided insurance		0	0.0			
Purchase own private insurance		1	1.5			
Medicaid or medical assistance		39	57.4			
Other		5	2.8			
Last dental exam*	174					
Less than a year ago		46	26.4		423	56.9
1 to 2 years ago		57	32.8		321	43.1
More than 2 years ago		71	40.3			
Did not receive needed dental care	175	39	22.3			
Reason(s) did not receive dental care	39					
Didn't know where to go		7	19.9			
Cost too much		23	59.0			
No transportation		3	7.7			
Hours were inconvenient		2	5.1			
Would lose pay for missing work		3	7.7			
No insurance		30	76.9			
Other		6	15.4			



## MENTAL HEALTH AND UTILIZATION OF MENTAL HEALTH SERVICES

We asked the Wisconsin young adults about their utilization of mental and behavioral healthcare services since the last time they were interviewed. Only a small minority had received counseling or medication. An even smaller percentage had received treatment for substance abuse. In this respect, the young adults in the former foster youth sample were not very different from their Add Health peers.

**Table 47. Mental and Behavioral Healthcare Services Utilization: Wisconsin Former Foster Youth Compared with Add Health Young Adult**

	Wisconsin			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Received psychological or emotional counseling	176	17	9.7	743	54	7.3	
Attended substance abuse treatment program	176	10	5.7	744	17	2.3	*
Received medication for emotional problems	176	24	13.6				
Ever hospitalized for mental health problems	176	17	9.7				
Timing of most recent hospitalization	17						
Within the past 3 months		2	11.8				
4 to 6 months ago		-					
7 to 9 months ago		-					
10 to 12 months ago		1	5.9				
More than 1 but less than 2 years ago		3	17.6				
At least 2 years ago		11	64.7				

Compared with the Milwaukee County young adults, non-Milwaukee County young adults were significantly more likely to report receiving a medical and dental exam within the past year. Conversely, Milwaukee County young adults were more likely to report not receiving needed medical services during the past year.

**Table 48. Health and Mental Healthcare Service Utilization: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County N = 103		Non-Milwaukee County N = 73		P
	#	%	#	%	
Has health insurance	54	52.9	35	47.9	
Medical exam within the past year	34	33.3	39	53.4	*
Dental exam within the past year	69	67.6	59	81.9	*
Did not receive needed medical care	26	25.7	10	13.7	*
Did not receive needed dental care	22	21.6	17	23.3	
Received psychological or emotional counseling	6	5.8	11	15.1	*
Received substance abuse treatment	6	5.8	4	5.5	
Prescribed medication for emotional problems	8	7.8	16	21.9	*
Received family planning services	10	9.7	7	9.6	

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

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

Table 49 shows the percentage of young adults in the Wisconsin sample who met the criteria for various mental and behavioral health disorders during the 12 months prior to their wave 3 interview.<sup>9</sup> Results are reported separately for males and females. Young men were more likely to have an alcohol or other drug diagnosis than their female counterparts. By contrast, young women were far more likely than their male counterparts to have a diagnosis of depression or post-traumatic stress disorder.(PTSD)

**Table 49. 12-Month CIDI Diagnoses by Gender**

	Male ( <i>n</i> = 94)		Female ( <i>n</i> = 82)		<i>p</i>
	#	%	#	#	
Alcohol dependence	14	14.9	2	2.4	*
Alcohol abuse	4	4.3	7	8.5	
Any alcohol diagnosis	18	19.1	9	11.0	
Other drug dependence	2	2.1	0	-	
Other drug abuse	4	4.3	1	1.2	
Any other drug diagnosis	6	6.4	1	1.2	
Any alcohol or other drug diagnosis	20	21.3	10	12.2	
Post-traumatic stress disorder (PTSD) <sup>a</sup>	4	4.4	5	6.4	
Major depression	2	2.1	7	8.5	
Dysthymia	0	-	0	-	
Generalized anxiety disorder	0	-	0	-	
Any mental health disorder	6	6.7	10	13.3	

<sup>a</sup> PTSD diagnosis was indeterminate for four females and three males due to missing data.

## SEXUAL BEHAVIORS

Young adults in the Wisconsin sample were asked a series of questions about their sexual orientation (Table 50) and sexual behaviors (Table 51), including questions related to sexuality,

<sup>9</sup> The percentages are lower than the percentages reported in Courtney et al. (2004) and Courtney et al. (2005). However, the latter were based on the lifetime version of the CIDI, not the 12-month version that was used at wave 3.

“safe” sex practices, and high-risk behaviors. A large majority of both males and females identified themselves as heterosexual.

**Table 50. Self-Reported Sexual Orientation by Gender<sup>a</sup>**

	Male		Females	
	#	%	#	%
100% heterosexual	64	87.7	73	86.9
Mostly heterosexual	5	6.8	2	2.4
Bisexual	1	1.4	1	1.2
Mostly homosexual	1	1.4	1	1.2
100% homosexual	1	1.4	3	3.6
Not sexually attracted to males or females	0	-	0	-
Don't know	1	1.4	4	4.8
Missing	9		10	

<sup>a</sup>Analyses exclude the eight males and six females who did not complete the ACASI portion of the interview.

Nearly all the young adults in the Wisconsin sample had ever had sexual intercourse, and nearly as many had had sexual intercourse during the past year. Although young women were more likely than young men to report having sexual intercourse during the past year, the difference was not statistically significant.

In general, males and females reported similar rates of risky sexual behaviors. However, females were more than four times as likely to report that one of their sexual partners during the past year had an STD.

**Table 51. Self-Reported Sexual Behaviors by Gender<sup>a</sup>**

	Males			Females			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Ever had sexual intercourse	83	75	90.4	76	72	94.7	
Had sexual intercourse during past year	72	56	77.8	70	61	87.1	
Used birth control most recent sexual intercourse	52	25	48.1	60	33	55.0	
Used birth control most to all of the time past year	51	33	64.7	58	34	58.6	
Used a condom most recent sexual intercourse	55	23	41.8	57	21	36.8	
Used condoms all or most of the time past year	55	25	45.5	57	25	43.9	
Any sexual partner had an STD past year	46	2	4.3	55	10	18.2	*
Ever paid <u>by</u> someone to have sex	74	7	9.5	71	4	5.6	
Ever paid someone to have sex	74	2	2.7	71	0	-	
Ever had sex with injection drug user	75	1	1.3	70	1	1.4	

<sup>a</sup> These figures do not include the eight males and six females who did not complete the ACASI portion of the interview.

Although both females and males in the Wisconsin sample were more likely to report that they had ever had sexual intercourse than their Add Health counterparts, these differences were not statistically significant. Females in the Wisconsin sample were, however, more likely to have reported being paid by someone to have sex, and both males and females in Wisconsin were less likely to have used birth control during their most recent sexual intercourse.

**Table 52. Self-Reported Sexual Behavior of Females: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin Females <sup>a</sup>			Add Health Females			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Ever had sexual intercourse	76	72	94.7	390	341	87.4	
Had sexual intercourse past year	70	61	87.1	387	321	82.9	
Used birth control most recent sexual intercourse	60	33	55.0	319	219	68.7	*
Used birth control all/most of the time past year	58	34	58.6	318	223	70.1	
Used a condom most recent sexual intercourse	57	21	36.8	319	123	38.6	
Used condoms all or most of the time past year	57	25	43.9	320	121	37.8	
Any sexual partner had an STD past year	55	10	18.2	311	31	10.0	
Ever paid by someone to have sex	71	4	5.6	393	6	1.5	*
Ever paid someone to have sex	71	0	-	392	3	.8	
Ever had sex with injection drug user	70	1	1.4	390	9	2.3	

<sup>a</sup> Wisconsin figures do not include the six females who did not complete the ACASI portion of the interview.

**Table 53. Self-Reported Sexual Behavior of Males: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin Males <sup>a</sup>			Add Health Males			<i>p</i>
	<i>N</i>	#	%	<i>n</i>	#	%	
Ever had sexual intercourse	83	75	90.4	343	298	86.9	
Had sexual intercourse past year	72	56	77.8	340	276	81.2	
Used birth control most recent sexual intercourse	52	25	48.1	272	182	66.9	*
Used birth control most to all of the time past year	51	33	64.7	272	185	68.0	
Used a condom most recent sexual intercourse	55	23	41.8	274	129	47.1	
Used condoms all or most of the time past year	55	25	45.5	276	127	46.0	
Any sexual partner had an STD past year	46	2	4.3	267	20	7.5	
Ever paid by someone to have sex	74	7	9.5	346	18	5.2	
Ever paid someone to have sex	74	2	2.7	345	16	4.6	
Ever had sex with injection drug user	75	1	1.3	342	7	2.0	

<sup>a</sup> Wisconsin figures do not include the eight males who did not complete the ACASI portion of the interview.

Young adults in the two samples were quite similar with respect to the median age at which they first had sexual intercourse as well as the number of sexual partners they had had.

**Table 54. Median Age at First Sexual Intercourse and Number of Sexual Partners by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin <sup>a</sup>				Add Health			
	Male		Female		Male		Female	
	<i>N</i>	Md	<i>N</i>	Md	<i>N</i>	Md	<i>N</i>	Md
Age at first intercourse	70	15.0	62	16.0	297	16.0	342	16.0
Number of lifetime sexual partners	60	6.0	57	3.0	296	5.0	338	3.0
Number of sexual partners past year (if sexually active past year)	60	1.0	65	1.0	277	2.0	322	1.0

<sup>a</sup> The Wisconsin figures do not include the eight males and six females who did not complete the ACASI portion of the interview.

## PREGNANCY

Seventy-one percent of the young women in the Wisconsin sample had ever been pregnant, and half had been pregnant since their most recent interview. Repeat pregnancies were more the rule than the exception among those who had ever been pregnant. By comparison, only one-third of

the Add Health females had ever been pregnant, and a majority of those females had been pregnant only once.

**Table 55. Young Women’s Experiences with Pregnancy: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin <sup>a</sup>			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Ever pregnant <sup>b</sup>	68	48	70.6	396	134	33.8	*
Total number of pregnancies	48			134			*
One		18	37.5		74	55.2	
Two or more		30	62.5		60	44.8	
Pregnant since the last interview	69	36	52.7				
One		25	69.4				
Two or more		11	30.6				

<sup>a</sup> The Wisconsin figures do not include the six young women who did not complete the ACASI portion of the interview.

<sup>b</sup> The Wisconsin figures are based on the responses of the young women who answered the pregnancy questions each time they were interviewed.

A large majority of young women in the Wisconsin sample who had been pregnant since their last interview had received prenatal care during their most recent pregnancy, and three-quarters of those who received prenatal care did so in their first trimester. Somewhat more concerning, more than one-third of these young women had wanted to become pregnant and less than one-quarter were using birth control around the time that they conceived. Although some of these young women were still pregnant when they were interviewed, most of their pregnancies had resulted in a live birth.

Young women in the Wisconsin sample were less likely to have received prenatal care during the first trimester, if they received prenatal care, than their Add Health counterparts. Interestingly, although the former foster youth were less likely to have been using birth control, they were also less likely to have wanted to become pregnant.

**Table 56. Characteristics of Most Recent Pregnancy: Females in the Wisconsin Sample Compared with Females in Add Health**

	Wisconsin (n = 82)			Add Health (n = 134)			P
	N	#	%	N	#	%	
Received prenatal care	36	32	88.9	131	107	81.7	
Trimester first received prenatal care	28			90			*
First		20	71.4		77	85.6	
Second		5	17.9		9	10.0	
Third		3	10.7		4	4.4	
Using birth control at time of conception*	36	8	22.2	131	52	39.7	*
Wanted to get pregnant by partner <sup>a*</sup>	34	12	35.3	130	59	45.4	*
Married at time of conception <sup>b</sup>	36	2	5.6				
Outcome of pregnancy	36			134			
Still pregnant		6	16.7		21	15.7	
Live birth		22	61.1		81	60.5	
Still birth or miscarriage		7	19.4		16	11.9	
Abortion		1	2.8		16	11.9	

<sup>a</sup>Includes females who responded “definitely or probably yes”

<sup>b</sup>Add Health asked the young women if they were married at the time they gave birth.

Although young women in the non-Milwaukee County sample were more likely to ever have been pregnant than their Milwaukee County counterparts, this difference was not statistically significant.

**Table 57. Young Women’s Experiences with Pregnancy: Milwaukee County Compared with Non-Milwaukee County Young Adults<sup>a</sup>**

	Milwaukee County			Non-Milwaukee County		
	N	#	%	N	#	%
Ever pregnant <sup>b</sup>	40	26	65.0	28	22	78.6
Total number of pregnancies	26			22		
One		10	38.5		8	36.4
Two or more		16	61.5		14	63.6
Pregnant since the last interview	41	19	46.3	28	17	60.7
Number of pregnancies since last interview	19			17		
One		13	68.4		12	70.6
Two or more		6	31.6		5	29.4

<sup>a</sup> These figures do not include the five Milwaukee County females and one non-Milwaukee County female who did not complete the ACASI portion of the interview..

<sup>b</sup>The Wisconsin figures are based on the responses of the young women who answered the pregnancy questions each time they were interviewed.



Over half of the young men in the Wisconsin sample reported that they had ever gotten a female pregnant compared with just 19 percent of the Add Health males. Moreover, 43 percent who had gotten a female pregnant had done so since their most recent interview.

**Table 58. Young Men’s Experiences with Pregnancy: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin <sup>a</sup>			Add Health			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Any female partner became pregnant	141	77	54.2	349	67	19.2	*
Number who became pregnant	76						
1		52	68.4				
2		14	18.4				
3 or more		10	13.1				
Any female partner became pregnant since last interview	141	60	42.6				
Number who became pregnant	60						
1		44	73.3				
2		10	16.7				
3 or more		6	10.0				

<sup>a</sup> The Wisconsin figures did not include the eight young men who did not complete the ACASI portion of the interview.

Young men in the Milwaukee County sample were more than twice as likely to report ever getting a partner pregnant, and more than twice as likely to report having gotten a partner pregnant since their last interview, than young men in the non-Milwaukee County sample. However, only the former difference was statistically significant.

**Table 59. Young Men’s Experiences with Pregnancy: Milwaukee County Compared with Non-Milwaukee County Young Adults<sup>a</sup>**

	Milwaukee County			Non-Milwaukee		
	<i>N</i>	#	%	<i>N</i>	#	%
Any female partner became pregnant*	46	26	56.5	37	9	24.3
Number who became pregnant	26			9		
One		16	73.1		8	88.9
More than one		7	26.9		1	11.1
Any female partner became pregnant since last interview	25	18	72.0	9	6	66.7
Number who became pregnant	18			6		
One		13	72.2		6	100.
More than one		5	27.8		0	0

<sup>a</sup> These figures do not include the four Milwaukee County males and the four non-Milwaukee County males who did not complete the ACASI portion of the interview.

Young men in the Wisconsin sample who had gotten a female pregnant since their last interview were asked about the most recent pregnancy. A large majority reported that the female whom they had gotten pregnant received prenatal care, most commonly during the first trimester. A majority of the pregnancies had resulted in a live birth. Only 17 percent reported that they and their female partner had been using birth control around the time that she conceived compared with 42 percent of the males in Add Health, and just over one-third had wanted their female partner to become pregnant.

**Table 60. Characteristics of Most Recent Pregnancy: Males in the Wisconsin Sample Compared with Males in Add Health**

	Wisconsin ( <i>n</i> = 94)			Add Health ( <i>n</i> = 67)			<i>P</i>
	<i>N</i>	#	%	<i>n</i>	#	%	
Impregnated girl received prenatal care	23	16	69.9	60	48	80.0	
Trimester first received care	12						
First		9	75.0	-			
Second		2	16.7	-			
Third		1	8.3	-			
Using birth control at time of conception	24	4	16.7	64	27	42.2	*
Wanted partner to get pregnant	23	8	34.8	64	28	43.8	
Married to partner at time of conception	24	0	-	-			
Outcome of pregnancy	24			66			
Still pregnant		4	16.7		8	12.1	
Live birth		11	45.8		37	56.1	
Stillbirth or miscarriage		5	20.8		8	12.1	
Abortion		4	16.7		13	19.7	
Missing	-						

We also asked the young adults in the Wisconsin sample about pregnancy prevention. Although their responses varied depending on the wording of question, just over one-third of the females and less than 10 percent of the males had received either family planning services or information about birth control since their last interview.

**Table 61. Receipt of Family Planning Services and Birth Control Information since Last Interview by Gender**

	Males			Females			<i>p</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Received family planning services	94	3	3.2	82	14	17.1	*
Received information on birth control	94	6	6.4	82	22	26.8	*
Either	94	8	8.5	82	29	35.4	*

## MARRIAGE, COHABITATION, AND RELATIONSHIPS

More than 40 percent of the young women but only 15 percent of the young men in the Wisconsin sample were married or cohabiting (i.e., living with a partner in a marriage-like relationship). In fact, young women in the Wisconsin sample were more likely to be married or cohabiting than young women in Add Health, primarily because the former were twice as likely to be cohabiting. By contrast, young men in the Wisconsin sample were less likely to be married or cohabiting than young men in Add Health. Among those who had never been married, both the young men and the young women in the Wisconsin sample were less likely to regard marrying some day as important than their Add Health counterparts.

**Table 62. Marriage and Cohabitation by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin				Add Health			
	Male <i>n</i> = 94		Female <i>n</i> = 82		Male <i>n</i> = 347		Female <i>n</i> = 396	
	#	%	#	%	#	%	#	%
Ever married	4	4.3	10	12.2	35	10.1	71	17.9
Currently married (BC)	3	3.2	10	12.2	30	8.6	64	16.2
Currently living with spouse (BC)	3	3.2	9	11.0	28	8.1	60	15.2
Currently cohabiting (AC)	11	12.1	25	34.7	47	13.5	66	16.7
Either married or cohabiting (ABC)	14	15.0	35	42.7	77	22.2	129	32.7
Very important to marry someday (BC) (if never married)	28	31.1	30	41.7	150	48.1	182	56.0

A = statistically significant difference between Midwest males and females

B = statistically significant difference between Midwest and Add Health males

C = statistically significant difference between Midwest and Add Health females

Forty-four percent of both the young women and the young men in the Wisconsin sample who were neither married nor cohabiting reported being involved in some type of relationship, and most of these young adults were dating one partner exclusively.

**Table 63. Other Intimate Partner Relationships by Gender**

	Males ( <i>n</i> = 80)		Females ( <i>n</i> = 48)	
	#	%	#	%
Currently involved in a relationship	35	43.8	35	43.8
Type of relationship	35		35	
Dating exclusively	26	74.3	26	74.3
Dating frequently	3	8.6	3	8.6
Dating once in a while	3	8.6	3	8.6
Only having sex	3	8.6	3	8.6
Missing	0	-	0	-

## **CHILDREN AND PARENTING**

More than half of the young women and over one-fifth of the young men in the Wisconsin sample had at least one living child at age 21. Nearly all of these young women but just one-quarter of these young men reported that one or more of their children were living with them. Conversely, most of these young men but relatively few of these young women reported that one or more of their children was living somewhere else.

Both young women and young men in the Wisconsin sample were more likely to have at least one living child than their Add Health counterparts. Although young women in the Wisconsin sample were more likely to be living with one or more of their children than young women in Add Health, young men in Add Health were more likely to be living with one or more of their children, and much less likely to have a child living somewhere else, than young men in the Wisconsin sample.

**Table 64. Parenthood by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin				Add Health			
	Male		Female		Male		Female	
	#	%	#	%	#	%	#	%
At least one living child (ABC)	21	22.6	45	54.9	40	11.5	40	11.5
Living with any children (ABC)	5	25.0	44	97.8	26	65.0	26	65.0
Any nonresident children (AB)	16	80.0	5	11.1	3	11.5	3	11.5

A = statistically significant difference between Midwest males and females

B = statistically significant difference between Midwest and Add Health males

C = statistically significant difference between Midwest and Add Health females

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

**Table 65. Number of Children and Resident Children by Gender**

	Males		Females	
	#	%	#	%
Number of children				
1	16	76.2	27	60.0
2	4	19.0	13	28.9
3 or more	1	4.8	5	11.1
Mean number of children	1.29		1.62	
Number of "resident" children				
0	15	75.0	1	2.2
1	2	10.0	28	62.2
2	3	15.0	14	31.1
3 or more	0	-	2	4.4
Mean number of resident children*	0.40		1.42	

Most of the young women who had a nonresident child reported that their child was in foster care, whereas most of the young men who had a nonresident child reported that their child was living with his or her other parent.

**Table 66. Current Living Circumstances and Frequency of Visits with Nonresident Children during the Past Year by Gender**

	Male		Female	
	#	%	#	%
At least one nonresident child	16	80.0	5	11.1
Has at least one nonresident child living with <sup>a</sup>				
Child's other parent	13	92.9	0	-
Maternal grandparents or other maternal relatives	5	35.7	0	-
Paternal grandparents or other paternal relatives	0	-	1	20.0
Adoptive parents	0	-	4	80.0
Foster parents				
Other				
Has at least one nonresident child who they visited <sup>b</sup>				
Never	2	11.8	3	60.0
Less than once a month	5	29.4	0	-
Once a month	1	5.9	0	-
Two or three times a month	2	11.8	0	-
Once a week	2	11.8	1	20.0
Every day	5	29.4	1	20.0

<sup>a</sup>Percentages sum to more than 100 because some children were living with more than one other person and because children with the same parent could be living with different people.

<sup>b</sup>Percentages sum to more than 100 because parents with more than one nonresident children could visit them with different frequencies..

Males were more likely than females to report having a child with health problems or disabilities, but the gender differences were not statistically significant.

**Table 67. Child Well-Being by Gender**

	<i>N</i>	Male		Female		
		#	%	<i>N</i>	#	%
At least one living child	93	21	22.6	82	45	54.9
One or more resident children	20	5	25.0	45	44	97.8
Any child fair or poor health	21	2	9.5	45	1	2.2
Any resident child fair or poor health	5	0	-	44	1	2.3
Any child learning disability	20	3	15.0	45	2	4.4
Any resident child learning disability	5	1	20.0	44	2	4.5
Any child disability limits activities	20	3	15.0	45	2	4.4
Any resident child disability limits activities	5	0	-	44	2	4.5

We asked the young parents in the Wisconsin sample who were working or in school a number of questions about childcare. More than one-third reported taking their child(ren) to a formal day care or nursery. Just under half reported relying on informal providers, including grandparents or other relatives. Nearly two-thirds of these young parents reported that finding someone to care for their children was not difficult at all, and three-quarters had not changed childcare providers within the past 6 months. Although less than half of these young parents were receiving any childcare assistance, more than two-thirds reported that they paid nothing out of pocket for their childcare. This probably reflects the fact that their children were often being cared for by the other parent or a relative.

**Table 68. Childcare among Parents Currently Working or in School (*n* =100)**

	#	%
Childcare provider while working or going to school		
Other parent	4	13.8
Grandparent	8	27.6
Other relative	2	6.9
Neighbor or babysitter	2	6.9
Day-care center, nursery school, or pre-K	11	34.5
Other	3	10.3
Ability to find someone to care for child(ren) while working or going to school		
Very difficult	3	10.3
Somewhat difficult	6	20.7
Not at all difficult	20	69.0
Times missed work or school during the past 6 months due to lack of childcare		
Never	18	62.1
Once or twice	8	27.6
Three or more times	3	10.3
Times changed childcare providers during the past 6 months		
Never	22	75.9
Once or twice	5	17.2
Three or more times	2	6.9
Currently receiving childcare assistance from government agency	11	37.9
Usual weekly out-of-pocket cost for childcare (not counting any childcare assistance) ( <i>n</i> = 18)		
\$0	10	58.8
\$1 - \$50	3	17.6
\$51 - \$100	1	5.9
More than \$100	3	7.6



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

**Table 69. Information about Parenting (N = 163)**

	#	%
Received information about parenting from		
Biological mother	12	20.3
Biological father	1	1.7
Foster mother	7	11.9
Foster father	0	-
Grandparent	12	20.3
Other relative	7	11.9
Friend	9	15.3
Social worker/caseworker	0	-
Book/parenting magazine	3	5.1
Parenting class	1	1.7
Other	7	11.9
Missing <sup>a</sup>	6	-
Learned how to be a good parent from		
Biological mother	12	20.7
Biological father	1	1.7
Foster mother	11	19.0
Foster father	-	-
Grandparent	11	19.0
Other relative	5	8.6
Friend	3	5.2
Social worker/caseworker	4	5.2
Book/parenting magazine	2	6.9
Parenting class	9	3.4
Other	9	15.5
Missing <sup>a</sup>	7	-

<sup>a</sup> “Missing” includes the four parents (three female and one male) who did not complete the ACASI portion of the interview.

We asked young parents in the Wisconsin sample a series of nine questions designed to measure their level of parenting stress.<sup>10</sup> For each question, parents indicate how frequently their child causes them to feel a particular way using a 5-point scale that ranges from 1 = “not at all” to 5 = “very true.” Parents who had more than one child living with them were instructed to think about the eldest. A parenting stress score was constructed by summing their responses to these questions and taking the mean. The scale exhibited good reliability ( $\alpha = .83$ ), meaning that all of the items seem to be measuring the same underlying construct.

In general, these young parents were not experiencing high levels of parenting stress. Their mean score on the scale was 1.70 out of a possible 5, with 5 corresponding to high levels of stress. A majority responded “not at all” to all of the items except for two. Nevertheless, most also acknowledged that being a parent was harder than they had expected.

There was no difference in scores on the parenting stress scale between the young women (mean = 1.71) and the young men (1.63).

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<sup>10</sup> This scale has been used in studies of other low-income parents (Bos, Polit, & Quint 1997; Courtney et al., 2005; Dworsky et al., 2007; Huston et al., 2003).

**Table 70. Parenting Stress<sup>a</sup>**

	<i>N</i>	#	%
Feel I am giving up my life to meet my child's needs	45		
Not at all true		25	55.6
Moderately or a little true		15	33.3
Mostly or very true		5	11.1
Feel trapped by my responsibilities as a parent	44		
Not at all true		27	61.4
Moderately or a little true		13	29.5
Mostly or very true		4	9.1
Taking care of my child is more work than pleasure	44		
Not at all true		25	56.8
Moderately or a little true		14	31.8
Mostly or very true		5	11.4
Child seems much harder to care for than most	44		
Not at all true		30	68.2
Moderately or a little true		11	25.0
Mostly or very true		3	6.8
Child does things that really bother me a lot	45		
Not at all true		18	40.0
Moderately or a little true		25	55.6
Mostly or very true		2	4.4
Sometimes lose patience with child	44		
Not at all true		25	56.8
Moderately or a little true		19	43.2
Mostly or very true		-	
Often feel angry with my child	45		
Not at all true		32	71.1
Moderately or a little true		13	28.9
Mostly or very true			
Being a parent is harder than expected	44		
Not at all true		12	27.3
Moderately or a little true		21	47.7
Mostly or very true		11	25.0
Child has been a lot of trouble to raise	45		
Not at all true		33	73.3
Moderately or a little true		12	26.7
Mostly or very true			
Mean	1.70		

<sup>a</sup> Data were missing for an additional four parents (three female and one male) who did not complete the ACASI portion of the interview.

We also administered the revised Child Parent Conflict Tactics Scale (Strauss et al., 1998). This measure has been used in many studies to assess the extent to which parents employ various modes of discipline (i.e., nonviolent discipline, psychological aggression, minor physical assault, severe physical assault, and very severe physical assault) with their children. Parents are asked to rate how frequently they have taken 22 specific actions to discipline their child during the past year, using a 7-point scale that ranges from 0 = “never” to 6 = “more than 20 times.”

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

Table 71 shows the percentage of young parents in the Wisconsin sample who reported taking a specific action to discipline their child during the past year as well as the number of times they took that action if they took it at least once.<sup>11</sup> These young parents were most likely to report using nonviolent modes of discipline as well as “shouting, screaming, or yelling.” The most common type of physical discipline, spanking a child with a bare hand, was reported by just over one-third of the young women and one-third of the young men. Very few of these young parents reported using the more severe types of physical discipline.

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<sup>11</sup> The seven categories were never, once, twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, and more than 20 times. As recommended by Strauss et al. (1998), medians were calculated using the midpoint of the category for categories 4 through 6 and using 25 for the last category.

**Table 71. Disciplinary Actions Taken during the Past 12 Months by Gender<sup>a</sup>**

		Male			Female	
	<i>N</i>	#	%	<i>n</i>	#	%
<i>Nonviolent Discipline</i>						
Explained why something was wrong*	16	7	43.8	37	27	73.0
Put child in a time-out or sent child to room	18	11	61.1	39	26	66.7
Took away privileges or grounded child	18	7	38.9	42	17	40.5
Gave child something else to do	17	10	58.8	40	28	70.0
<i>Psychological Aggression</i>						
Threatened to spank or hit child but didn't do it	18	9	50.0	42	18	42.9
Shouted, screamed, or yelled at child	18	13	72.2	41	28	68.3
Swore or cursed at child	18	6	33.3	41	12	29.3
Called child dumb or lazy or some other name	18	0	-	42	2	4.8
Threatened to send child away or kick him or her out of the house	17	0	-	42	2	4.8
<i>Minor Physical Assault</i>						
Spanked child on the bottom with a bare hand	18	6	33.3	41	15	36.6
Hit child on the bottom with a belt or hard object	18	1	5.6	40	17	17.5
Slapped child on the hand, arm, or leg	18	5	27.8	41	13	31.7
Pinched child	17	1	5.9	42	3	7.1
Shook child (if child > 2 years old)	2	0	-	13	0	-
<i>Severe Physical Assault</i>						
Slapped child on the face, head, or ears	17	1	5.9	41	3	7.3
Hit child somewhere other than on the bottom with a belt or hard object	18	0	-	42	3	7.1
Threw or knocked child down	18	0	-	42	2	4.8
Hit child with a fist or kicked the child hard	18	0	-	42	0	-
<i>Very Severe Physical Assault</i>						
Beat child over and over	18	0	-	42	0	-
Grabbed child around the neck and choked him or her	18	0	-	42	0	-
Burned or scalded child on purpose	18	0	-	42	0	-
Threatened child with a knife or gun	18	0	-	42	0	-
Shook child (if child < 2 years old)	2	0	-	26	0	-

<sup>a</sup> Data were missing for an additional four parents (three female and one male) who did not complete the ACASI portion of the interview.

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

**Table 72. Neglectful Behaviors during the Past 12 Months by Gender<sup>a</sup>**

	Females			Males		
	<i>N</i>	#	%	<i>N</i>	#	%
Left child home alone even when some adult should be with him or her	17	0	-	42	0	-
Not able to show or tell child you loved him or her due to being so caught up with own problems	18	2	11.1	42	4	9.5
Not able to make sure child was fed	17	0	-	41	5	12.2
Not able to make sure child got to a doctor or hospital	17	0	-	41	3	7.3
Problem taking care of child due to being drunk or high	17	0	-	41	0	-

<sup>a</sup> Data were missing for an additional four parents (three female and one male) who did not complete the ACASI portion of the interview.

## **CRIMINAL BEHAVIOR AND CRIMINAL JUSTICE SYSTEM INVOLVEMENT**

We asked the young adults in the Wisconsin sample a series of questions about their engagement in criminal behaviors during the past 12 months and then compared their responses to the behaviors reported by the nationally representative sample of young adults who participated in Add Health. In general, males in both samples were more likely to report engaging in these behaviors than the females, and nearly all of these gender differences were statistically significant. Young men in the Wisconsin sample were most likely to report deliberately damaging someone else’s property or belonging to a gang; young women were most likely to report belonging to a gang or writing a bad check.

There were no statistically significant differences between the young adults in the Midwest Study sample and their Add Health counterparts with respect to criminal behavior, with one exception: Females in the Wisconsin sample were more likely to report deliberately writing a bad check.

**Table 73. Self-Reported Criminal Behavior by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Males				Females			
	Wisconsin		Add Health		Wisconsin		Add Health	
	<i>(n = 77)<sup>a</sup></i>		<i>(n = 347)</i>		<i>(n = 76)<sup>a</sup></i>		<i>(n = 396)</i>	
	#	%	#	%	#	%	#	%
Deliberately damaged someone's property	14	18.2	52	15.0	3	3.9	21	5.3
Stole something worth < \$50	9	11.7	41	11.8	3	3.9	18	4.5
Entered a house or building to steal something	3	3.9	7	2.0	1	1.3	3	.8
Used or threatened to use a weapon to get something from someone	1	1.3	10	2.9	0	0	3	.8
Sold marijuana or other drugs	8	10.4	44	12.7	5	6.6	16	4.0
Stole something worth > \$50	5	6.5	13	3.7	2	2.6	9	2.3
Took part in a fight involving one group against another	12	15.6	74	21.3	5	6.6	16	4.1
Bought, sold, or held stolen property	6	7.8	25	7.2	2	2.6	4	1.0
Used someone's credit card or bank card without their permission or knowledge	0	0	8	2.3	0	0	3	.8
Deliberately wrote a bad check	4	5.2	15	4.3	8	10.5	17	4.3 *
Used a weapon in a fight	1	1.3	12	3.5	1	1.3	6	1.5
Carried a handgun to school or work	1	1.3	9	2.6	0	0	2	.5
Ever belonged to a named gang	13	16.9	52	15.0	8	10.5	55	13.9
Own a handgun	9	11.7	59	17.0	2	2.6	15	3.8
Became so injured in a fight that medical treatment was required	4	5.2	26	7.5	1	1.3	7	1.8
Hurt someone so badly in a fight that medical treatment was required	10	13.0	51	14.7	0	0	8	2.0
Pulled a knife or gun on someone	3	3.9	8	2.3	1	1.3	2	.5
Shot or stabbed someone	1	1.3	2	.6	0	0	1	.3

<sup>a</sup> Data were missing for the 17 young men and 6 young women in the Wisconsin sample who were currently incarcerated and/or did not complete the ACASI portion of the interview.

Though not all criminal behavior results in criminal justice system involvement, young adults in the Wisconsin sample reported a fairly high level of criminal justice system involvement since their most recent interview. Thirty-eight percent reported being arrested, 18 percent reported being convicted of a crime, and 36 percent reported being incarcerated. However, the level of criminal justice system involvement was significantly higher among the young men.

We asked those who were arrested, convicted, or incarcerated whether this was the result of a violent crime, a property crime, or a drug-related crime. The response categories were neither mutually exclusive nor exhaustive. For example, a young adult could report being arrested for more than one type of crime or, alternatively, could report that the crime they were arrested for did not fall into any of the three categories. Most of these young adults reported that they had been arrested, convicted, or incarcerated for other reasons, such as probation violations or traffic-related offenses.<sup>12</sup>

**Table 74. Self-Report of Arrest, Conviction, and Incarceration since Last Interview by Gender<sup>a</sup>**

	Males (n = 94) <sup>a</sup>		Females (n = 82) <sup>a</sup>		Total (n = 176) <sup>a</sup>	
	#	%	#	#	%	#
Arrested since last interview <sup>bc*</sup>	42	51.2	18	24.0	60	38.2
Arrested for violent crime	6	14.6	0	0	6	10.3
Arrested for property crime	1	2.4	1	1.3	2	3.4
Arrested for drug-related crime	9	22.0	0	0	9	15.5
Convicted of a crime since last interview <sup>bc*</sup>	26	31.3	3	4.0	29	18.3
Convicted of violent crime	4	4.6	0	0	4	14.8
Convicted of property crime	2	2.3	0	0	2	7.4
Convicted of drug-related crime	7	8.0	2	2.6	9	33.3
Spent at least one night in jail, prison, other correctional facility since last interview <sup>bc*</sup>	43	52.4	14	18.4	57	36.1
Incarcerated for violent crime	10	11.5	2	2.6	12	21.8
Incarcerated for property crime	6	6.9	1	1.3	7	12.7
Incarcerated for drug-related crime	9	10.3	1	1.31	10	18.1

<sup>a</sup> Data were missing for the seven young men and five young women in the Wisconsin sample who did not complete the ACASI portion of the interview and were not currently incarcerated.

<sup>b</sup> Although one incarcerated young man and one incarcerated young woman did not complete the ACASI portion of the interview, we coded them as having been arrested, having been convicted, and having been incarcerated since their most recent interview.

<sup>c</sup> Data on arrests were missing for five young men and two young women, data on convictions were missing for four young men and two young women, and data on incarcerations were missing for five young men and one young woman who did not complete the ACASI portion of the interview.

<sup>12</sup> In fact, preliminary analysis of official arrest data suggests that many arrests are for traffic-related offenses or probation violations.



Although there were generally no differences between young adults in the Wisconsin sample and their Add Health counterparts with respect to self-reported criminal behaviors, the former reported significantly higher levels of criminal justice system involvement. In fact, *females* in the Midwest Study were significantly more likely than *males* in Add Health to report ever being arrested (57% vs. 20%) or arrested as an adult (32% vs. 7.5%).

**Table 75. Self-Reported Arrests and Convictions by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Males				*	Females				
	Wisconsin (n = 94)		Add Health (n = 348)			Wisconsin (n = 82)		Add Health (n = 396)		
	#	%	#	%		#	%	#	%	
Ever arrested <sup>ab</sup>	79	87.8	70	20.1	*	45	57.0	17	4.3	*
Arrested since age 18 <sup>abc</sup>	58	69.0	26	7.5	*	24	32.0	2	.5	*
Ever convicted <sup>ab</sup>	49	57.6	42	12.1	*	12	16.2	5	1.3	*
Convicted since age 18 <sup>abc</sup>	39	48.1	36	10.3	*	7	9.5	5	1.3	*

<sup>a</sup> Data on “arrested ever” were missing for two young men and one young woman, data on “arrested since age 18” were missing for four young men and four young women, data on “convicted ever” were missing for four young men and four young women, and data on “convicted since age 18” were missing for seven young men and four young women who did complete the ACASI portion of the interview.

<sup>b</sup> Although one incarcerated young man and one incarcerated young woman did not complete the ACASI portion of the interview, we coded them as having been arrested and having been convicted since their most recent interview.

<sup>c</sup> The Add Health figures reflect arrests and convictions since age 18, whereas the Wisconsin figures include arrests and convictions since the wave 1 interview, when 87 percent of the young adults who completed a wave 3 interview were still 17 years old.

There were no significant differences in the percentages arrested, convicted, or incarcerated between the Milwaukee County and non-Milwaukee County young adults.

**Table 76. Arrest, Conviction, and Incarceration since Last Interview by Gender: Milwaukee County Compared with Non-Milwaukee County Young Adults<sup>a</sup>**

	Females				Males			
	Milwaukee County		Non-Milwaukee County		Milwaukee County		Non-Milwaukee County	
	N = 46		N = 31		N = 50		N = 37	
	#	%	#	%	#	%	#	%
Arrested	10	21.7	8	25.8	22	44.0	20	54.1
Convicted of a crime	1	2.2	2	6.5	15	30.0	11	29.7
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility	7	15.2	7	22.6	27	54.0	16	43.2

<sup>a</sup> Data were missing for seven Milwaukee County and five non-Milwaukee County young adults who did not complete the ACASI portion of the interview and were not currently incarcerated.

## VICTIMIZATION

Young adults in the Wisconsin sample were asked two sets of questions about victimization they may have experienced since their last interview. The first set of questions focused on violent crime. Generally speaking, the young adults in the Wisconsin sample reported similar rates of victimization as their counterparts in Add Health. However, males in the Wisconsin sample were more likely than Add Health males to report having been shot.

**Table 77. Self-Report of Victimization by Gender: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Males				<i>P</i>	Females				<i>p</i>
	Wisconsin		Add Health			Wisconsin		Add Health		
	(n = 86) <sup>a</sup>		(N = 348)			(n = 76) <sup>a</sup>		(n = 396)		
	#	%	#	%	#	%	#	%		
Saw someone being shot or stabbed	10	11.6	33	9.5	5	6.6	11	2.8		
Someone pulled a knife on you	15	17.4	36	10.3	4	5.3	9	2.3		
Someone pulled a gun on you	6	7.0	26	7.5	3	3.9	9	2.3		
Shot by someone	3	3.5	2	.6	0	0	2	.5		
Cut or stabbed by someone	2	2.3	4	1.1	0	0	3	.8		
Beaten up with nothing stolen	2	2.3	14	4.0	1	1.3	11	2.8		
Beaten up and belongings stolen	2	2.3	5	1.4	0	0	3	.8		

<sup>a</sup> Data were missing for the nine young men and five young women in the Wisconsin sample who did not complete the ACASI portion of the interview.

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

**Table 78. Sexual Victimization by Gender**

	Females			Males			<i>P</i>
	<i>N</i>	#	%	<i>N</i>	#	%	
Male inserted sexual body part inside private sexual part, anus, or mouth when not desired	75	4	5.3	85	2	2.4	
Individual inserted fingers or objects inside private parts or anus when not desired	74	2	2.7	86	3	3.5	
Individual put their mouth on private parts when not desired	74	2	2.7	86	3	3.5	
Individual touched private sexual parts when not desired	75	4	5.3	86	5	5.8	
Coerced to touch an individual's private sexual parts	74	2	2.7	86	2	2.3	
Individual touched other private sexual parts when not desired	74	4	5.4	86	3	3.5	
Female put private sexual part inside her body when not desired				86	3	3.5	
Experienced any of the above	75	9	12.0	85	7	8.2	

<sup>a</sup> Data were missing for the 17 young men and 6 young women in the Wisconsin sample who did not complete the ACASI portion of the interview.

## CIVIC PARTICIPATION

We asked the young adults in the Wisconsin sample a series of questions about their civic participation that young adults in the Add Health Study had also been asked. Young adults in the Wisconsin sample were less likely than their Add Health counterparts to report performing any unpaid volunteer or community service work during the past 12 months. Young adults in the Wisconsin sample who did perform any unpaid volunteer or community service work were most likely to have done something involving church groups. A higher percentage of the Add Health young adults were registered to vote, but there was no difference between the two samples with respect to the percentage who reported voting in the last election. Very few young adults in either sample had contributed money to a political party or candidate, contacted a government official, or attended a political rally.

**Table 79. Civic Participation during Past 12 Months: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health ( <i>N</i> = 744)		<i>P</i>
	#	%	#	%	
Performed unpaid volunteer or community service	37	21.0	217	29.2	*
Type of service performed:	<i>(n</i> = 37)		<i>(n</i> = 217)		
Youth organizations (e.g., Scouts)	8	21.6	59	27.3	
Service organizations (e.g., Big Brothers)	3	8.1	29	13.4	
Political clubs or organizations	3	8.1	17	7.8	
Ethnic-support groups (e.g., NAACP)	1	2.7	11	5.1	
Church groups	16	43.2	73	33.6	
Community centers	9	24.3	65	30.0	
Social action groups	2	5.4	37	17.1	
Educational organizations	10	27.0	63	29.0	
Environmental groups (e.g., Sierra Club)	4	10.8	18	8.3	
Registered to vote	110	64.0	550	73.9	*
Voted in 2004 presidential election	79	44.9	309	41.5	
Contributed money to political party or candidate	5	2.8	12	1.6	
Contacted government official	6	3.4	20	2.7	
Attended a political rally or march	11	6.3	23	3.1	*

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

**Table 80. Political Beliefs and Identification: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health ( <i>N</i> = 744)		<i>P</i>
	#	%	#	%	
Strongly agree or agree:					
I trust the federal government	59	33.7	439	45.6	*
I trust my state government	78	44.9	371	49.8	*
I trust my local government	88	50.6	356	47.9	*
Political ideology					*
Very conservative	8	5.8	21	2.8	
Conservative	35	25.4	114	15.3	
Middle-of-the-road	65	47.1	406	54.6	
Liberal	22	15.9	118	15.9	
Very liberal	8	5.8	21	2.8	
Don't know/refuse/NA	24	21.2	64	8.6	
Political party identification <sup>a</sup>					*
None	130	76.0	486	65.3	
Democrat	31	18.1	134	18.0	
Republican	9	5.3	102	13.7	
Other	1	0.6	10	1.3	

<sup>a</sup> Percentages may not add up to 100 percent for the Add Health sample (*n* = 12) due to a small amount of missing data.

## RELIGION

Young adults in the Wisconsin sample were much less likely to have attended religious services during the past 12 months than their Add Health counterparts. Although just over half of both samples reported that their religious faith was at least very important, young adults in the Wisconsin sample were more likely to report that it was more important than anything else.

**Table 81. Religious Participation and Faith: Illinois Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health <sup>a</sup> ( <i>N</i> = 744)		<i>P</i>
	#	%	#	%	
Number of times attended a religious service during the past 12 months					*
Never	79	45.1	214	28.8	
A few times	35	20.0	186	25.0	
Several times	17	9.7	92	12.4	
Once a month	6	3.4	48	6.5	
Two or three times a month	13	7.4	73	9.8	
Once a week	19	10.9	91	12.2	
More than once a week	6	3.4	34	4.6	
Importance of religious faith					*
Not important	23	13.2	112	15.1	
Somewhat important	56	32.2	235	31.6	
Very important	68	39.1	329	44.2	
More important than anything else	27	15.5	62	8.3	

<sup>a</sup>Percentages may not add up to 100 percent for the Add Health sample due to a small amount of missing data.

## FEELINGS ABOUT THE TRANSITION TO ADULTHOOD

The transition from adolescence to adulthood has become longer, more complex, and less orderly. Because much of the research on this transition has focused on youth in the general population, less is known about how it is experienced by vulnerable populations, such as youth exiting foster care. For this reason, we asked the young adults in the Wisconsin sample a series of questions about how they experienced the transition to adulthood and compared their responses to the responses of their peers in Add Health.

Approximately two-thirds of the young adults in the Wisconsin sample thought they became socially mature and took on adult responsibilities faster than others their age. In this respect,

they were not very different from their Add Health peers. They were, however, less likely than their Add Health peers to think that they became socially mature and took on adult responsibilities more slowly than others their age and were more likely to think of themselves as being adults most or all of the time.

**Table 82. Experiences with the Transition to Adulthood: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin (N = 176)		Add Health (N = 744)		<i>P</i>
	#	%	#	%	
Became socially mature					*
Faster than others	114	65.5	473	63.7	
About the same rate as others	53	30.5	59	8.0	
Slower than others	7	4.0	210	28.3	
Missing	2	-	2	-	
Took on adult responsibilities					*
Faster than others	116	66.3	506	68.2	
About the same rate as others	52	29.7	54	7.3	
Slower than others	7	4.0	182	24.5	
Missing	1	-	2	-	
Think of self as an adult					*
Most or all of the time	153	87.4	539	72.6	
Sometimes	13	7.4	135	18.2	
Never or seldom	9	5.2	69	9.3	
Missing	1	-	1	-	

## LIFE SATISFACTION AND FUTURE ORIENTATION

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

**Table 83. Life Satisfaction**

	<i>N</i>	#	%
Satisfaction with life as a whole	176		
Satisfied or very satisfied		130	74.7
Neither satisfied nor dissatisfied		27	15.5
Dissatisfied or very dissatisfied		17	9.8
Missing		2	-
Life since exiting foster care	176		
Better or much better		99	56.9
Sometimes better/sometimes worse		68	39.1
Worse or much worse		7	4.0
Missing		2	-
Optimism about the future	176		
Very optimistic		85	49.4
Fairly optimistic		66	38.4
Not very or not at all optimistic		21	12.2
Missing		4	-

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

**Table 84. Orientation toward the Future: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin			Add Health			<i>P</i>
	<i>N</i>	Mean	S.D.	<i>N</i>	Mean	S.D.	
Live to 35	174	4.4	0.82	741	4.7	.62	*
Divorced by 35	169	1.8	0.97	719	1.6	.94	*
Married within the next 10 years	162	3.4	1.4	644	3.9	1.1	*
Middle-class income by age 30	175	3.5	1.1	724	4.1	.99	*
More than middle-class income by age 30	174	3.2	1.2	735	3.5	1.1	*



## **MENTORING**

We asked the young adults in the Wisconsin sample about mentoring relationships they may have had. Although a majority of these young adults reported that they had maintained a positive relationship with a caring adult since age 14, they were less likely to do so than their Add Health counterparts. Young adults in both samples who did have a mentor were most likely to describe their mentor as a friend, a family member, or a teacher/counselor/coach. Most of the young adults in Wisconsin who had a mentor reported that they still had weekly telephone or email contact, and just over half still had in-person contact once a week or more. Given this level of contact, it is probably not surprising that nearly three-quarters of the Wisconsin young adults who had a mentor felt quite or very close to him or her compared with just over half of the young adults with mentors in Add Health.

**Table 85. Mentoring Relationships: Wisconsin Former Foster Youth Compared with Add Health Young Adults**

	Wisconsin ( <i>N</i> = 176)		Add Health ( <i>N</i> = 744)		<i>p</i>
	#	%	#	%	
Maintained a positive relationship with a caring adult since age 14	105	61.0	572	77.4	*
Relationship to mentor					
Sibling	6	5.9	71	12.4	
Grandparent or uncle/aunt	38	37.3	120	21.0	*
Teacher, counselor, coach	8	7.9	148	25.9	*
Clergy member	2	2.0	23	4.0	
Employer or co-worker	5	4.9	42	7.4	
Friend	32	31.4	88	15.4	*
Neighbor or parent of friend	5	4.9	31	5.4	
Volunteer from mentoring program (e.g., Big Brothers, Big Sisters)	5	4.9	0	0	
Social worker	1	1.0	3	0.5	
Email or telephone contact with mentor					*
Not at all or less than once a year	14	13.4	172	32.1	
Every few months	10	9.5	67	12.5	
Monthly	7	6.7	71	13.2	
Weekly or more	54	70.5	226	42.2	
In-person contact with mentor					*
Not at all or once a year or less	24	22.9	162	30.0	
Every few months	13	12.4	98	18.1	
Monthly	14	13.3	52	9.6	
Weekly or more	54	51.4	228	42.2	
Closeness to mentor					*
Not at all close	7	6.7	121	22.4	
Somewhat or a little close	22	21.0	130	24	
Very or quite close	77	72.4	290	53.6	

## CONNECTEDNESS

Finally, youth aging out of foster care have been identified as being at high risk of becoming disconnected young adults, that is, young adults who are neither working nor enrolled in school (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy et al., 2001; Sum et al., 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004). Thus, we looked at the

percentage of young adults in the Wisconsin sample who were connected to employment or to education, first at age 19 and then again at 21.

The percentage of males who were connected rose slightly from 51 percent at age 19 to 54 percent at age 21. The increase was much larger among females. At age 19, 55 percent were either working or enrolled in school. By age 21, this had risen to 75 percent.

Although many young adults combine work or school with parenthood, we wanted to rule out the possibility that young adults in the Wisconsin sample were disconnected because they were parenting. Thus, we broadened our definition of connectedness to include young adults who had one or more of their own children living with them. Using this more inclusive definition, the percentage of young women who were connected was considerably higher at both points in time. It has a much smaller effect on connectedness among the young men because they were much less likely to be parenting even if they had a child.

**Table 86. Connectedness at Ages 19 and 21 by Gender**

	Females <i>N</i> = 75				Males <i>N</i> = 78			
	Age 19		Age 21		Age 19		Age 21	
	#	%	#	%	#	%	#	%
Working or enrolled in school	49	65.3	56	74.7	40	51.3	50	64.1
Working, enrolled in school, or parenting	63	84.0	71	94.7	41	52.6	52	66.7

There were no statistically significant differences in connectedness at age 21 between the Milwaukee County and the non-Milwaukee County young adults.

**Table 87. Connectedness at Age 21 by Gender: Milwaukee County Compared with Non-Milwaukee County Young Adults**

	Milwaukee County		Non-Milwaukee County	
	#	%	#	%
<b>Males</b>				
Working or enrolled in school	29	54.7	28	68.3
Working, enrolled in school, or parenting	30	56.6	29	70.7
<b>Females</b>				
Working or enrolled in school	34	68.0	23	71.9
Working, enrolled in school, or parenting	48	96.0	28	87.5

## DISCUSSION AND NEXT STEPS

What do these descriptive findings tell us about how Wisconsin’s former foster youth are functioning 3 to 4 years after they’ve aged out? Does the evidence suggest that most young people leaving the child welfare system in Wisconsin are making a relatively smooth transition into early adulthood? Or, alternatively, do the data indicate that they were not adequately prepared to live without the services and supports that had been provided as long as they were under the care and supervision of the state?

Although the sample of young people from Wisconsin is not a monolithic group, and some have made significant progress toward self-sufficiency and are living reasonably stable lives, they are faring poorly as a group in several key domains. On average, they are less likely to have a high school diploma (or the equivalent) and less likely to be pursuing higher education than their peers. They are also less likely to be earning a living wage and more likely to have experienced economic hardships. Far too many of the young men have become involved with the criminal justice system, and far too many of the young women are single parents who cannot support their children without needs-based assistance from the government.

These challenges notwithstanding, there are strengths that most of Wisconsin's former foster youth appear to share. In particular, they continue to exhibit extraordinary optimism about their futures and perceive themselves as having sufficient social support. In fact, a significant number of these young people managed to maintain ties with family members and feel close to at least one adult.

What then, are the implications of these results for child welfare policy and practice in Wisconsin? On the most basic level, they suggest that much more could be done to fully implement the Foster Care Independence Act of 1999. Specifically, although this legislation made former foster youth eligible for federally funded independent living services until age 21, only a small fraction of these young adults had received assistance in any given service domain. Moreover, nearly one-third reported that there were independent living services from which they would have benefited but did not receive.

On another level, the results raise questions about the wisdom of the current policy, which is to discharge foster youth because they turn 18. Indeed, the introduction of S. 1512 suggests that federal policymakers are giving serious consideration to legislation that would allow states to claim Title IV-E reimbursement for the cost of foster care services provided to young people until age 21. Comparisons we made in our earlier report between young adults who were still in care at age 19—almost all of whom were from Illinois—and their counterparts who had already exited seemed to indicate that extending foster care beyond age 18 would be advantageous.

Some preliminary analyses we have conducted based on their experiences through age 21 suggest that allowing foster youth to remain in care may lead to better outcomes during the transition to adulthood. Most notably, the young people in our study who were from Illinois, where remaining in care until age 21 is already an option, were 1.9 times as likely to have ever attended college and 2.2 times as likely to have completed at least 1 year of college as their peers from Wisconsin or Iowa (Courtney, Dworsky, & Pollack, 2007). Importantly, this state effect seems to increase after controlling for the individual characteristics and placement histories of the former foster youth. That is, the estimated odds of ever having attended college were approximately four times as high and the estimated odds of having completed at least 1 year of college were approximately 3.5 times as high for the young adults from Illinois. Given the importance of higher education to economic self-sufficiency over the long term, policies that enhance the likelihood vulnerable youth in transition will attend college should receive serious consideration.

There is some, albeit weaker, evidence that giving youth the option to remain in care through age 21 is associated with higher earnings and delayed pregnancy (Courtney, Dworsky, & Pollack, 2007). Moreover, despite being less likely to have received independent living services before age 18 than their Iowa or Wisconsin peers, the Illinois young adults were more likely to have received independent living services between 19 and 21 years old, when youth in Iowa and Wisconsin were no longer in care; in other words, fulfilling the promise of the John Foster Care Independence Act to support foster youth in transition through age 21 may be difficult to accomplish without extending foster care to age 21.

One might expect that additional benefits will be realized over the longer term. For example, although increasing college enrollment should have positive effects on employment and earnings, there may be a tradeoff between post-secondary education and labor market outcomes at age 21, particularly if the college-educated young adults are still in school. However, it is also possible that the apparent advantages of allowing young people to remain in care will not persist over time. Determining which of these possibilities is more likely to be the case requires data on outcomes beyond age 21. Thus, we plan to follow these young adults for at least another 2 years and re-interview them at age 23.

With respect to providing additional support to Wisconsin foster youth during the transition to adulthood, two policy options are worthy of consideration. One is to move toward a policy more like that of Illinois, and give 18-year-olds the option of remaining in foster care. This would probably require amending Wisconsin law to allow courts to retain custody of young people until age 21 and to provide funding for the range of housing options—beyond foster home and group care—that are developmentally appropriate for this age group (e.g., supervised independent living settings).

Another option would be to create a comprehensive system of aftercare services the way Iowa has done with its Iowa Aftercare Services Network (IASN), a statewide initiative funded by the Iowa Department of Human Services to address the needs of former foster youth who are at least 18 but not yet 21 years old and residents of Iowa.<sup>13</sup> IASN provides case management, support services, and links to community resources. IASN participants who have a high school diploma

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<sup>13</sup> To be eligible, former foster youth must have (1) been placed in a shelter, licensed family foster home, residential facility, or DHS-supported supervised community apartment and (2) left foster care on or after their 18th birthday or between age 17.5 and 18 if they had been in foster care continuously for at least the past 6 months.

or GED may also be eligible for a monthly stipend if they are (1) in an approved living arrangement and (2) enrolled in a post-secondary education or training program, or employed full-time.<sup>14</sup> IASN participants who do not qualify for the stipend may be eligible for subsidized apartments or direct rent subsidies of up to \$350 per month.

Wisconsin could also follow Iowa's lead and extend Medicaid eligibility to former foster youth who left care on or after their 18th birthday until age 21. To date, the state has not done so, although the option has existed since the Foster Care Independence Act became law in 1999.

Finally, these results suggest that child welfare practitioners should pay more attention to the connections that foster youth have to their families. Nearly all of the young people in our Wisconsin sample had maintained close relationships with members of their biological family, and these family ties were often quite strong. In fact, a large majority of the young people still had contact with biological family members at least once a week. These family ties could prove to be an important resource on which young people could draw for emotional, financial, or other types of support after they leave care.

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<sup>14</sup> The monthly stipend is part of the Preparation for the Adult Living (PAL) component of IASN.



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## Appendix A

### Outcome of Baseline Field Period

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