

**Findings from the
California Youth
Transitions to Adulthood
Study (CalYOUTH):
Conditions of Youth
at Age 23**

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fare**

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

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Introduction

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

The California Fostering Connections to Success Act and subsequent amendments to state law extended foster care for eligible youth to age 21. Although over half of all states have adopted legislation to take up the Fostering Connections option of extending care past age 18 and others are considering doing so, California is arguably the most important early adopter of the new policy. California has the largest state foster care population in the U.S., lending national significance to what happens in California’s child welfare system. Policymakers, program developers and administrators, and advocates have much to learn from how California implements extended foster care and how the new policy regime influences adult outcomes for foster youth making the transition to adulthood.

This report presents findings from the *CalYOUTH Wave 4 Youth Survey*. CalYOUTH (the California Youth Transitions to Adulthood Study), is an evaluation of the impact of the California Fostering Connections to Success Act on outcomes during foster youth’s transition to adulthood. CalYOUTH includes collection and analysis of information from three sources: (1) transition-age youth, (2) child welfare workers, and (3) government program data. The study, directed by Dr. Mark Courtney at the University of Chicago and conducted in collaboration with the California Department of Social Services and County Welfare Directors Association of California (CWDA), is being carried out over an 8-year period from 2012–20.

The study addresses three research questions:

- Does extending foster care past age 18 influence youths’ outcomes during the transition to adulthood (e.g., outcomes in education, employment, health, housing, parenting, and general well-being)?

- What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care?
- How do living arrangements and other services that result from extending foster care influence the relationship between extending care and youth outcomes?

To help answer these questions, CalYOUTH has been following youth through age 23 using in-person interviews at ages 16–17, 19, 21, and 23. In addition, CalYOUTH conducted online surveys of California child welfare workers in 2013 and 2015. The surveys obtained caseworker perceptions of key characteristics of the transition-age youth they served and of the service delivery context of extended foster care (e.g., availability of transitional living services, coordination of services with other service systems, county court personnel, and youth attitudes toward extended care). Government administrative data pertaining to several outcome areas (e.g., education, employment, receipt of government aid) are also being analyzed to help understand the impact of extended care on the health and well-being of young adults. Findings from the child welfare worker surveys and analysis of administrative data are summarized in separate reports.

The *CalYOUTH Wave 4 Youth Survey*, conducted when the young people participating in CalYOUTH were 23 years old, follows up on surveys of the same young people when they were approaching the age of majority in California’s foster care system (see Courtney, Charles, Okpych, Napolitano, & Halsted, 2014) and again when they were 19 years old (Courtney et al., 2016), and 21 years old (Courtney et al., 2018). Results from the *CalYOUTH Wave 4 Youth Survey* are summarized in this report. The report provides feedback for all parties interested in improving youths’ transitions from foster care to adulthood.

Study Overview

Methods

This section provides a description of the creation, administration, and analysis of the fourth round of interviews with young people participating in the California Youth Transitions to Adulthood Study. The responses provided by the 622 participants are intended to represent the experiences and views of 23-year-olds who were in the California foster care system in their late adolescence. The study participants had been out of foster care for 2 or more years at the time of their interview.

Instrument Design

The CalYOUTH Study was designed to provide a rich description of the characteristics and circumstances of young adults who were in California foster care during their late adolescence. Most of the questions included in the fourth interview wave are the same or similar to those asked during the third interview wave when participants were 21 years old (Courtney et al., 2018). The *CalYOUTH Wave 4 Youth Survey* was developed over several months and includes items from a variety of sources. We incorporated standardized instruments to formally assess areas of functioning such as mental health and alcohol and substance use disorders. Survey items were also taken from large-scale studies of adolescents and young adults, such as the National Longitudinal Survey of Youth, the National Longitudinal Study of Adolescent Health, the Panel Study of Income Dynamics, and the National Youth in Transition Database. In a few cases, items were modified to adapt to the population of youth in foster care (e.g., adding types of living arrangements that are not typically used by youth who are not in state care). Finally, study-specific items were created that capture information pertinent to the overall aims of the CalYOUTH Study. A list of the sources of the items included in the *CalYOUTH Wave 4 Youth Survey* instrument and brief descriptions of the sources is presented in Appendix A. The final version of the survey included over 20 content areas and was designed to take approximately 75 to 90 minutes to complete.

Certain sections of the study contained items that were sensitive in nature, including questions involving sexuality and pregnancy, intimate partner violence, crime and justice system involvement, victimization and sexual abuse, suicide, and mental health and substance use. These sensitive questions were administered using Audio-Enhanced, Computer-Assisted Self-Interviewing (ACASI). ACASI is a state of the art, computer-assisted self-interviewing procedure for asking sensitive questions in a respectful and

confidential manner. Youth were provided headphones and a laptop computer so they could listen and respond to questions privately without involvement of the interviewer.

Sample Selection

Youth were eligible to participate in the first CalYOUTH interview wave, the *Baseline Youth Survey*, if they were between 16.75 and 17.75 years of age at the time of the sample draw in December 2012 and had been in the California foster care system under the supervision of county child welfare agencies for at least 6 months.¹ Administrative records from the California Department of Social Services (CDSS) were first used to create a sampling frame of youth who met the age and time-in-care criteria above ($n = 2,583$). A stratified random sampling design was used to select participants. Six strata were created based on the number of eligible youth in the county, ranging from Stratum 1 (1 to 6 eligible youth) to Stratum 5 (107 to 187 eligible youth). Stratum 6 consisted of Los Angeles County. A predetermined proportion of youth were then randomly selected from each stratum in order to ensure that smaller counties were adequately represented in the study. The initial sample drawn in late 2012 included 880 young people who met the original study criteria. Of these 880 youth, 117 were found to be ineligible during the field period for various reasons (i.e., physically or mentally unable to participate, youth who were on runaway status for at least two months, incarcerated, returned home for at least two months, and/or relocated out of state; see Courtney et al., 2014 for more information). From the remaining 763 eligible adolescents, a total of 732 youth, or 95% of the eligible sample, completed baseline interviews in 2013. These youth resided in 51 of California's 58 counties, and most respondents were 17 years old at the time of the interview. These youth represent nearly 2,500 adolescents in California foster care. Of the 727 young people who completed the baseline interview, four respondents asked not to be contacted for follow-up interviews and five youth passed away in between the time of the baseline and Wave 4 interviews. The remaining 718 young people were eligible to participate in the *CalYOUTH Wave 4 Youth Survey*.

Survey Administration

Prior to Wave 4 data collection, study approval was obtained from the University of Chicago Institutional Review Board and the California Committee for the Protection of Human Subjects. The instrument was also approved by the Data Protection Committee of the CDSS. The University of Wisconsin Survey

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

Center (UWSC) was contracted to conduct the in-person interviews. Youth selected into the study were mailed an advance letter containing a \$5 bill to introduce the study. The letter explained that an interviewer would be in contact with the youth in 2 to 4 weeks. Efforts were first made to contact participants via phone to obtain initial consent to participate in the study and to arrange the in-person interview. If a youth did not answer the phone, messages were left for the youth, and the youth had the option to return the phone call to a toll-free number or to send a text message. When participants could not be reached by phone, interviewers made an in-person visit to the home. If none of these direct attempts were successful in reaching the participant (i.e., the participant did not answer the phone, was not at home, and did not return phone messages), then interviewers contacted other individuals the youth provided during prior interviews and asked for assistance in contacting the young person. Youth who were living out of state completed the interviews over the telephone.

We also prepared for instances of youth who were incarcerated in a county jail, state prison, federal prison, or some other correctional facility at the time of the Wave 4 field period. Similar to the Wave 2 and Wave 3 interviews, we sought approval from the California Department of Corrections and Rehabilitation (CDCR) to interview study participants who were incarcerated in California state prisons. However, due to an overhaul in CDCR's procedures for reviewing research proposals, which was implemented in the year the Wave 4 field interviews were being conducted, we were unable to obtain permission in time to interview incarcerated participants.² Consequently, 11 youths were incarcerated in California state prison during the field period and it was not possible to interview these youth.

Additionally, there were 8 youth in jail, 1 youth in an out-of-state prison, and 1 youth on probation out of state; these youth were not able to be interviewed. In a few relevant report tables (e.g., Table 97, Criminal Justice System Involvement), we include table notes indicating that findings would likely differ had these youth been interviewed.

Data were collected by UWSC interviewers on fully encrypted laptops. Interviewers signed confidentiality agreements during training. Prior to beginning the interview, the interviewer reviewed a consent form with the youth that contained the consent to participate in the in-person interview and two

² CalYOUTH initially contacted CDCR in August 2018 to initiate a request to interview CalYOUTH Study participants for the field period expected to begin in April 2019. We were informed that CDCR was developing a new system and procedures to review research study proposals. Given that our study would only involve interviewing a small number of incarcerated participants and that CDCR had previously granted approval for identical procedures in Waves 2 and 3, we requested an expedited review process. However, CDCR informed us that a full review process was required. The new research review system was expected to launch in early 2019, but due to delays it was not initiated until April 2019. The CalYOUTH proposal successfully advanced through the multiple steps from May to December and we expected to receive a determination letter by the end of 2019. However, an approval letter was not issued until early February 2020. At that point the Wave 4 field period had ended and additional steps would still need to be completed in order to interview participants (e.g., completing interviewer background checks for both CDCR and for each prison where CalYOUTH participants were detained). It was ultimately not feasible to conduct interviews with these incarcerated participants.

additional types of permission: permission to record the interview for research purposes and permission to contact the young adult in the future. Respondents were informed that they could refuse to answer any given item or withdraw from the study at any time. Participants were offered a \$90 cash incentive, paid by the interviewer at the end of the interview. For telephone interviews, UWSC sent a physical copy of the consent form to the respondent prior to the interview; however, a signed consent form returned to UWSC was not required. The interviewer also read an abbreviated consent script aloud to the respondent prior to the start of the interview.

Interviews for Wave 4 of the CalYOUTH Study occurred from April 27, 2019 to January 21, 2020. UWSC employed 13 field interviewers across the state of California. Cases were fielded in three batches, according to the birthdate of the youth and the time they had last been in foster care. The goal was to field as many cases as possible to maximize efficiency and increase the time available to contact youth multiple times (if needed). Additionally, UWSC attempted to interview young people when they were 23 years old. Thus, youth whose 24th birthdays were approaching were given high-priority status, as were youth who had exited foster care at earlier ages. About 83% ($n = 519$) of the completed interviews took place when the respondent was 23 years old; the remaining interviews took place when participants were 22 years old ($n = 14$) or 24 years old ($n = 89$).

Response Rate

As displayed in Table 1, the original sample of eligible participants for the CalYOUTH Study included 763 adolescents between ages 16.75 and 17.75 at the time the sample was drawn. Over 95% of these young people participated in the Wave 1 interviews. A total of 622 youth completed the Wave 4 interviews in 2019 (619 complete interviews and 3 partial interviews), or about 82% of the original sample that met the study’s eligibility criteria and about 86% of the adolescents who completed the Wave 1 interview.

Table 1. Wave 4 Response Rate

	<i>n</i>	% of Eligible Wave 1 Sample ($n = 763$)	% of Wave 1 Respondents ($n = 727$)
Completed Wave 1 interview	727	95.3	100.0
Completed Wave 4 interview	622	81.5	85.6

Participation in the Wave 4 interviews differed by youths’ foster care status at age 21. About 43% of young people who did not participate in Wave 4 interviews were in care on their 21st birthday, which was significantly lower than the 67% of Wave 4 participants who were in care on their 21st birthday ($F =$

16.1, $p < .001$; see Table 2). Said differently, 77.8% of youth who left care before age 21 participated in the Wave 4 interview and 90.5% of youth who remained in care until their 21st birthday completed the Wave 4 interview. Response rates varied between the six-county strata that were used for the creation of the original sample, ranging from 82.8% to 88.7%.³ However, none of these differences were statistically significant.

Table 2. Wave 4 Response Rate by In-Care Status at Age 21^a

	Out of Care		In Care	
	<i>n</i>	%	<i>n</i>	%
Did not complete Wave 4 interview	53	57.0	44	43.0
Completed Wave 4 interview	207	32.7	415	67.3

Note: Unweighted frequencies and weighted percentages.

^a Participants' foster care status on their 21st birthday was obtained from the California Child Welfare Services Case Management System (CWS/CMS) and from self-report data gathered from the Wave 3 interviews. For youth who participated in the Wave 3 interviews ($n = 616$), their foster care status on their 21st birthday was determined by CWS/CMS administrative data and verified with self-report data collected from the Wave 3 interviews. For youth who did not participate in the Wave 3 interviews, their foster care status on their 21st birthday was based on CWS/CMS administrative data only. Of the 727 youth who completed the Wave 1 interview, five youth had become deceased and three youth did not participate in the Wave 3 interview and did not grant permission to access their administrative CWS/CMS data. These eight youth were excluded from the information presented in Table 2, leaving 719 youth.

Table 3 compares several demographic characteristics of youth who participated in the Wave 4 interview with nonparticipants. Overall, the two groups were similar in terms of age at the baseline interview, race, ethnicity, and their placement type at the baseline interview. There were no statistically significant differences between the groups in terms of these characteristics. However, there were significant differences by gender. Compared to females, males were overrepresented in the nonparticipant group and underrepresented in the participant group. Said differently, about 90% of the females interviewed at baseline participated in the Wave 4 interviews, whereas only 78% of males interviewed at baseline participated in the Wave 4 interviews. Some of the difference in follow-up response rates between males and females is due to the higher rate of incarceration experienced by males: Of the 21 individuals known to be incarcerated during the Wave 4 field period and who were unable to be interviewed, 18 were males.

³ The following are the Wave 4 response rates for each stratum. Stratum 1 (counties that had 1 to 6 eligible youth in the baseline sample): 82.8%. Stratum 2 (counties with 7 to 19 eligible youth): 85.6%. Stratum 3 (counties with 20 to 35 eligible youth): 84.6%. Stratum 4 (counties with 36 to 99 eligible youth): 88.7%. Stratum 5 (counties with 100 or more eligible youth, except L.A.): 84.0%. Stratum six (just Los Angeles County): 84.9%.

Table 3. Demographic Profiles of Wave 4 Participants vs. Nonparticipants

	Total Wave 1 Sample		Interviewed at Wave 4		Not Interviewed at Wave 4		<i>p</i>
	#	%	#	%	#	%	
Gender							***
Female	429	59.4	386	63.0	43	38.9	
Male	298	40.6	236	37.0	62	61.1	
Age at Wave 1							n.s.
16 years old	43	6.1	37	5.9	6	7.4	
17 years old	673	92.6	576	92.7	97	92.0	
18 years old	11	1.3	9	1.4	2	0.6	
Hispanic							n.s.
Yes	319	46.7	274	47.1	45	44.3	
No	398	52.0	341	52.0	57	51.9	
Don't know	10	1.4	7	0.9	3	3.8	
Race							n.s.
White	210	24.2	186	25.0	24	20.1	
Black	112	18.0	90	17.5	22	20.9	
Asian/Pacific Islander	18	2.2	17	2.3	1	1.2	
American Indian/Alaskan Native	26	3.6	24	3.9	2	1.6	
Mixed race	328	47.3	279	46.7	49	50.6	
Don't know/Refused	33	4.7	26	4.6	7	5.7	
Living situation at Wave 1							n.s.
Foster home without relatives	337	44.3	295	45.5	42	37.6	
Foster home with an adult relative	125	18.2	111	18.4	14	16.8	
Group care or residential treatment facility	164	24.1	127	22.2	37	34.9	
Legal guardianship arrangement	43	6.3	38	6.8	5	3.8	
Adoptive home	14	1.9	12	1.7	2	3.2	
Independent living arrangement	26	2.5	22	2.5	4	2.5	
Other	17	2.5	16	2.7	1	1.2	
Don't know	1	<0.1	1	0.1	0	0.0	

****p* < .001; *Note:* Unweighted frequencies and weighted percentages; "n.s." = not significant.

Survey Weights

As mentioned above, a stratified random sampling design was used to select participants for the baseline interview. Sample weights were created for the baseline survey that took into account features of the sampling design and rates of nonresponse (see Courtney et al., 2014 for more details about the baseline survey weights). The Wave 4 survey weights account for both of these features of the baseline survey as well as nonresponse during the Wave 4 survey. This weighting procedure allows the participants'

responses to represent the population of young people in California who are about 23 years old and who met the study's eligibility criteria.

Comparisons to National Samples

Over 80 questions were taken directly from Wave 3 of the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a longitudinal study of a nationally representative cohort of adolescents that collected data on multiple social contexts (e.g., family, neighborhood, school, peer groups, romantic partnerships) and health and health-related behaviors (Chen & Chantala, 2014). The initial cohort of participants included adolescents in grades 7 through 12 in the 1994–95 school year. Three subsequent waves of data collection took place, until the participants were in their mid-20s and early 30s. Wave 3 Add Health interviews were conducted in 2001 and 2002. Although somewhat dated, Add Health offers one of the most comprehensive and nationally representative pictures of emerging adult social contexts and health and health-related behavior that is presently available. Weights included in the Add Health dataset were applied to adjust for study design effects. Only Wave 3 Add Health participants who fell within the age range of CalYOUTH respondents (22.9 to 24.6 years old) were included as part of the comparison group. Additionally, weights were created that standardized the age (by month) and gender distributions of Add Health participants to the age and gender distributions of CalYOUTH participants. This weighting ensures that differences observed between CalYOUTH participants and Add Health participants are not due to differences in age and gender.

Several questions in the Wave 4 report are compared to findings from the 2017 *Panel Study of Income Dynamics (PSID) Transition to Adulthood Supplement (TAS)*; Insolera, McGonagle, Sastry, & Simmert, 2019). The PSID is a longitudinal cohort study that collects information on a range of topics such as income, poverty, and health. The PSID included a nationally representative sample of about 18,000 individuals in 5,000 households. The original sample collected information on up to two children from each household who were between the ages of 0 and 12 in 1997. In an effort to gather more information on the period between ages 18 and 28, the TAS was initiated in 2005 and collected data on a biennial basis as the children in the PSID study began making the transition to adulthood. By the 2015 interview wave, all of the children in the original sample had been eligible for one or more of the TAS interviews. In 2017, the TAS was relaunched to capture information on the (now adult) children from the original PSID sample who were between ages 18 and 28 years old in 2017, as well as additional PSID participants (e.g., household members, lineal descendants) who were between 18 and 28 years old in 2017 (see Insolera and colleagues [2019] for more information). Data analyzed in the current report were taken from the 2017 TAS interviews with participants who were 22, 23, or 24 years old at the time of the interview. Weights included in the PSID TAS were used to adjust for study design features. Additionally, weights

were created that standardized the age (by year) and gender distributions of PSID participants to the age and gender distributions of CalYOUTH participants, which ensured that differences between the study are not due to differences in age or gender.

Results from the Add Health study and the PSID study are reported only when they are significantly different from CalYOUTH results ($p < .05$). Similar to CalYOUTH findings, we report unweighted sample sizes and weighted percentages/means, as well as statistically significant gender differences ($p < .05$). Empty cells in tables where Add Health/PSID comparisons are made indicate CalYOUTH survey items in a particular domain for which Add Health/PSID data are unavailable.

In addition, approximately 20 questions were taken from the National Youth in Transition Database (NYTD). As part of the Foster Care Independence Act (FCIA) of 1999, and as clarified in a 2008 Final Rule, states receiving federal dollars to implement independent living services to adolescents likely to age out of foster care are required to create a system for tracking the receipt of the services funded under FCIA (Dworsky & Crayton, 2009). Additionally, in an effort to systematically assess outcomes across a number of domains, every 3 years states must collect data on a new cohort of 17-year-olds in foster care that will be interviewed again at ages 19 and 21. Since the CalYOUTH Wave 4 interviews were conducted with young people who were 23 years old, on average, CalYOUTH provides a unique opportunity to examine the outcomes and life circumstances of foster care alumni a couple of years beyond NYTD. Moreover, the scope and depth of information collected by CalYOUTH far exceeds the information collected by NYTD.

Notes on Tables and Results

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

The majority of survey items had at least one respondent who provided a “don’t know” or “refused” response. A few questions are missing data because a respondent was not asked the question during the interview (e.g., a survey administration error or an issue with a survey skip pattern). However, most items are missing only a small percentage of data. For items where the percentage of missing data exceeded 10%—either due to “don’t know” or “refused” responses or because the respondent was not asked the question—a footnote is included at the bottom of the table. Note that the unweighted frequencies do not include missing data. Thus, if a given item is missing data, the sum of the unweighted frequencies for all

of the response options will not add up to the total number of youth intended to receive the question. For example, if a question intended for 622 youth had four respondents reporting “don’t know” and one youth who was not asked the question (i.e., five youth were missing data), then the sum of unweighted frequencies for all of the response categories will total 617. When calculating the weighted percentages, these five respondents would not be counted; only valid nonmissing responses were included in the calculation. As such, the weighted percentages will sum to 100% (except for minor deviations due to rounding).

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

Given the broad similarities between the content of Wave 2/Wave 3 surveys and the Wave 4 survey, in the current report we attempted to mirror the organization and presentation of findings in the these earlier descriptive reports (Courtney et al., 2016; Courtney et al., 2018) as much as possible. This makes it easier to compare findings between the reports. Thus, much of the language from Introduction and Findings sections in the Wave 2 and Wave 3 reports has been used in the Wave 4 report.

Comparisons by Gender and Race/Ethnicity

In addition to providing overall estimates, we also assessed whether significant differences were present by gender (male vs. female) and race/ethnicity groups.⁴ The Fischer’s exact statistic and p-value threshold are provided throughout the report to indicate statistically significant ($p < .05$) group differences.⁵ For cases where the outcome of interest was continuous, an ANOVA test was first conducted to identify the presence of between-group mean differences. If the ANOVA test was statistically significant, groups were compared using regression analyses to identify the specific group differences.⁶ A similar procedure was used to identify the presence of between-group differences for binary outcome variables (using a chi-square test instead of an ANOVA test). For comparisons where the outcome of interest had multiple

⁴ A single variable was created that combined information on the youth’s race and ethnicity, which includes the following categories: white, African American, multiracial, Hispanic, and other (Asian/Pacific Islander/Native American/Alaskan Native). If a youth indicated that they were Hispanic on the survey question about ethnicity, they were coded as Hispanic in the composite race/ethnicity variable.

⁵ The F-test is used to examine group differences on a continuous outcome. It tests whether the means of the groups are significantly different from one another. When more than two groups are being compared, a significant F-statistic indicates that at least two (but possibly more) groups differ in their means of the outcome. As explained in the next footnote, regression analyses were used to pinpoint which groups were significantly different from one another.

⁶ Note that the second step—using regression analyses to identify specific between-group differences—is only necessary for race/ethnicity comparisons. For gender and in-care comparisons, there are only two groups, so the ANOVA test is sufficient.

categories, we first used a chi-square test to identify the presence of an overall association between the categories of the two variables, and then examined specific categories to identify significant differences.⁷ There were situations in which the data were sparse (e.g., analyses involving a small subgroup, or analyses involving race/ethnicity groups with variables that had several categories) and the statistical test results may be unreliable. Thus, when more than 20% of data cells had expected counts less than five, we do not report results (McHugh, 2013).

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

Trends Over Time in Key Outcomes

At the end of this Wave 4 report, a final section examines trends in key outcomes across the four CalYOUTH Study interviews. The figures in this section draw on data collected from CalYOUTH participants at ages 17, 19, 21, and 23. The figures examine trends in outcomes including education, employment, family formation, homelessness, and criminal justice system involvement. The outcomes are examined separately for males and females.

Study Limitations

The study's sampling strategy, high response rate, and weighting of survey responses means that the descriptive statistics reported below are likely a fairly good representation of what we would have found had we obtained responses from all youth in California meeting the baseline study criteria (Courtney et al., 2014). Nevertheless, several study limitations should be kept in mind when interpreting the findings of the *CalYOUTH Wave 4 Youth Survey*. First, although over 85% of young people who participated in the baseline interview also completed Wave 4 interviews, we do not know the extent to which their responses to survey items would differ from those of young people who did participate. Wave 4 participants and nonparticipants were similar across a number of demographic characteristics. However, differences were found by gender (participation rates were higher for females than males) and by their

⁷ The 95% confidence intervals of each response category were compared across groups to identify cases in which the intervals did not overlap. This is a more conservative approach than jointly testing group differences, but given the large number of comparisons being made in this study, we thought it to be a sensible approach.

foster care status at age 21 (participation rates were higher for youth who were in care on their 21st birthday than youth who had left care before then). As mentioned earlier, in the Introduction, we faced barriers in interviewing participants who were known to be incarcerated. Second, in some cases, the sample size does not provide adequate statistical power to reliably identify small between-group differences in youth responses. This is especially pertinent to questions that are asked to a subset of respondents (e.g., youth attending vocational school) and to variables that have several categories. Third, the findings shown in this report are statewide averages, and there may be important differences between counties that are not captured here. For example, employment opportunities, availability of affordable housing, and the extent to which youth were involved in foster care court proceedings may vary from one county to the next. Fourth, our report relies exclusively on self-reported data obtained from CalYOUTH participants. Self-report data can be subject to bias as a result of a respondent's inaccurate memory of experiences and a respondent's willingness to accurately respond to more sensitive questions (e.g., questions about mental health problems and criminal justice system involvement). Lastly, implementation of extended foster care in California remains a work in progress. This report represents a snapshot of outcomes for one of the early cohorts of youth participating in extended foster care in California.

Results

Individual Characteristics and Family Background

As seen in Table 4, the majority of youth were 23 years old at the time of their Wave 4 interview. Nearly 63% of the youth identified as female and about 46% identified as Hispanic. In terms of race, the largest percentage of respondents identified as white, followed by African American and multiracial. Most youth spoke English at home, while nearly 7% of youth spoke Spanish or another language.

Table 4. Demographic Characteristics ($n = 622$)

	#	%
Gender		
Female	386	62.9
Male	236	37.1
Age		
22 years old	14	2.4
23 years old	519	83.3
24 years old	89	14.4
Hispanic	265	45.9
Race		
White	263	38.4
African American	114	23.9
Asian/Pacific Islander	24	3.6
American Indian/Alaskan Native	32	4.2
Mixed race	81	13.5
Hispanic/Latino(a) (volunteered) ^a	92	16.3
Language spoken at home		
English	583	93.2
Spanish	37	6.5
Other	2	0.3

Note: Unweighted frequencies and weighted percentages.

^aNote that the numbers and percentages for race in Table 4 differ from those reported in Table 3 (Wave 4 respondents column). The findings in Table 3 are based on information that youth reported at Wave 1, while Table 4 findings are based on information from Wave 4. Although some youth gave different responses about their race between waves, the differences are primarily due to coding differences between the tables. During both interview waves, youth who answered “mixed race” were prompted to specify the races they identified with. In Table 3, the “mixed race” category was left as is, but in Table 4 we recoded the responses of some youth into other categories based on their write-in responses. Most notably, about 16% of youth replied “mixed race” and then identified themselves as “Latina/Latino,” “Hispanic,” “Mexican,” “Cuban,” or some other Latinx designation. We added a new category for these youth in Table 4. Additionally, Table 3 retains the original “Don’t know” or “Refused” responses given by the youth, but in Table 4 we replaced “Don’t know” and “Refused” responses, when possible, with data from youths’

child welfare administrative records. These two coding differences between the tables is the main source of differences between Tables 3 and 4. If we did not recode the Table 4 data, the estimates are closer to those reported in Table 3: 30.6% White, 21.2% African American, 2.6% Asian/Pacific Islander, 3.2% American Indian/Alaskan Native, 36.8% Mixed race, and 5.6% Don't know/Refused.

Table 5 shows that, when asked about the documents youth currently possessed, the most common documents were a social security card (85.8%) and a birth certificate (78.7%). There were differences by gender and race/ethnicity in terms of the documents that were in the youths' possession. Females were more likely than males to possess a social security card (88.2% vs. 81.7%, $F = 4.3, p < .05$). In terms of race/ethnicity differences, Hispanic youth (89.3%) were significantly more likely than African American youth (80.7%) to have a social security card in their possession, but there were no significant differences among white youth (83.8%), multiracial youth (78.7%), or youth in the "other" race/ethnicity group (95.7%, $F = 2.5, p < .05$). African American youth (36.6%) and Hispanic youth (34.0%) were significantly more likely than multiracial youth (12.4%) to have proof of citizenship/residency in their possession, but there were no significant differences among white youth (25.0%) or youth in the "other" race/ethnicity group (34.2%, $F = 2.7, p < .05$). Additionally, youth in the "other" race/ethnicity group (85.3%) and white youth (69.8%) were significantly more likely than African American youth (48.8%) to have a driver's license, but there were no significant differences among multiracial youth (59.2%) or Hispanic youth (60.2%, $F = 3.9, p < .01$).

Table 5. Documents Currently in Youth's Possession ($n = 622$)

	#	%
Social security card	523	85.8
Birth certificate	487	78.7
Proof of citizenship/residency	178	31.1
Driver's license	386	60.6
Other state identification	414	66.5

Note: Unweighted frequencies and weighted percentages.

Table 6 presents information about youths' birth family. About four-fifths of youth (81.1%) reported that their birth mother was alive and about three-quarters reported that their birth father was still alive. About 91% reported having at least one or more brothers/stepbrothers and nearly 89% reported having at least one or more sisters/stepsisters. Youth who reported having brother and sisters also demonstrated differences by race/ethnicity. Youth had an average of 2.1 brothers (median = 3) and 1.9 sisters (median = 2). On average, youth in the "other" race/ethnicity group (2.5) had more brothers than white youth (1.9), but no significant differences were present for African American youth (2.2), multiracial youth (2.2), and Hispanic youth (2.2, $F = 3.9, p < .01$).

Significant differences were found between CalYOUTH participants and Add Health participants (a nationally representative sample of 23-year-olds) in terms of birth parents. Add Health participants were more likely than CalYOUTH participants to report that their birth mother is still alive (96.6% vs. 81.1%, $F = 81.9, p < .001$) and that their birth father is still alive (95.7% vs. 76.4%, $F = 123.9, p < .001$). Similar trends were also found when comparisons were made across studies for males and for females. Add Health males and Add Health females were more likely than their counterparts in the CalYOUTH Study to report their birth mother was still alive ($F = 49.6, p < .001$ for males; $F = 43.2, p < .001$ for females) and their birth father was still alive ($F = 126.9, p < .001$ for males; $F = 44.6, p < .001$ for females).

Table 6. Birth Family ($n = 622$)

	#	%
Birth mother still alive	485	81.1
Birth father still alive ^a	407	76.4
Number of brothers (including half-brothers and stepbrothers)		
0	61	9.0
1	108	17.9
2	136	22.5
3 or more	309	50.5
Number of sisters (including half-sisters and stepsisters)		
0	70	11.2
1	153	25.0
2	134	21.6
3 or more	257	42.2

Note: Unweighted frequencies and weighted percentages.

^a Missing more than 10% due to “don’t know” responses (14.3%).

Household and Living Arrangement

Table 7 describes the housing situations of youth since they were last interviewed for the study. Almost a quarter of youth live in the same place as they did at their last interview; the rest of the youth had moved. Among youth who changed living places since their last interview, the most common living arrangement youth had lived in was their own place, followed by their own room in a motel, hotel, or single-room occupancy; with relatives other than their parents; with a spouse/partner; and with a friend.

One difference was found by gender. In terms of places where youth had lived since their last CalYOUTH interview, females (43.5%) were more likely than males (28.4%) to have lived with a spouse/partner ($F = 8.7, p < .01$). Several race/ethnicity differences were also found in terms of the places youth had lived since their last interview. African American youth (52.5%) were about twice as likely as white youth

(26.7%) to have lived in their own room in a motel, hotel, or single-room occupancy since their last interview ($F = 3.4, p < .01$). Race/ethnicity differences emerged for youth who have lived in the home of a former foster parent since their last interview ($F = 2.7, p < .05$).⁸ African American youth (52.2%) were more likely than Hispanic youth (30.9%) to have lived in the home of a friend since their last interview ($F = 3.1, p < .05$), and were more likely than white youth to have lived in a Transitional Housing Placement since their last interview (32.4% vs. 11.7%, $F = 3.1, p < .05$).

Table 7. Housing Situation Since Last Interview ($n = 622$)

	#	%
Number of additional places lived		
Still living in same place	136	22.5
1 place	135	21.1
2 places	139	23.3
3 places	92	14.4
4 places	42	7.0
5 or more places	78	11.8
Among youth not still living in same place, type of place(s) lived (can select more than one; $n = 486$)		
Own place (house/apartment/trailer)	349	73.0
Own room in a motel, hotel, or single-room occupancy	170	36.2
Home of a birth parent or stepparent	125	25.2
Home of another relative	175	35.9
Home of a foster parent	35	6.7
Home of a spouse/partner	196	37.9
Home of a friend	185	36.7
Transitional Housing Placement	102	20.8

Note: Unweighted frequencies and weighted percentages.

A number of studies have found that former foster youth experience homelessness at higher rates than the general population (e.g., Curry & Abrams, 2015; Fowler, Marcal, Zhang, Day, & Landsverk, 2017).

However, the estimates of how many foster youth have experienced homelessness vary due to differences in the age at which respondents were interviewed and how homelessness was defined by the researchers.

Research on housing outcomes among youth who aged out of care has primarily concentrated on

⁸While the overall distribution of responses about youth living in the home of a former foster parent since their last interview differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The differences that approach statistical significance tend to suggest that youth in the “other” race/ethnicity category (22.5%) were more likely than white youth (3.6%) and multiracial youth (1.8%) to have lived in the home of a former foster parent since their last interview.

homelessness (Courtney & Dworsky, 2006) and “couch surfing,” or staying with friends or relatives on a temporary basis (Perez & Romo, 2011).

Several studies have documented disproportionately high rates of homelessness and housing instability among foster care youth after they exit the foster care system (Berzin, Rhodes, & Curtis, 2011; Pecora et al., 2005). However, few studies have examined housing instability after age 21 with a representative sample of foster care alumni. Using Midwest Study data, Dworsky, Napolitano, and Courtney (2013) estimated that between 31 and 46% of study participants had been homeless at least once by the age of 26. Courtney and colleagues (2010) found that, at age 23/24, 24% of Midwest Study participants had experienced homelessness and 27% had experienced couch surfing since exiting foster care. Over one-third (37%) of participants had been homeless or couch surfed. Among the young people who been homeless since leaving care, one-third had a homelessness episode longer than a month. Forty percent of participants who had couch surfed since exiting care had an episode of couch surfing that lasted longer than a month (Courtney et al., 2010).

Table 8 presents findings about youths’ experiences with homelessness and couch surfing. Among all CalYOUTH participants, more than a quarter of youth reported being homeless (i.e., slept in a homeless shelter or in a place where people were not meant to sleep, because they had no place to stay) for at least one night since their last interview. Among youth who had been homeless since their last interview, about a third had only been homeless one time, while about a third had been homeless five times or more. More than half of youth who had been homeless said their longest episode of homelessness since their last interview was longer than a month. Among those who had been homeless, close to three-fifths were homeless for more than 30 days in total since their last interview. Youth who had been in foster care past their 18th birthday were asked about whether they had ever experienced homelessness while they were in extended care, and 17.5% reported that they had experienced homelessness while in extended care. In terms of couch surfing, more than a quarter of all CalYOUTH participants had couch surfed since their last interview. Among those who had couch surfed, the majority of youth (80.8%) had couch surfed more than once and close to half had couch surfed a total of more than 30 days since their last interview.

A separate question was asked just to respondents who had ever been in foster care past their 18th birthday. The question asked whether these youth had ever experienced homelessness while they were in extended care. Most of the Wave 4 participants in extended care had already answered this question during their Wave 3 interview ($n = 513$). The remaining Wave 4 participants who had been in extended care were asked this question during their Wave 4 interview ($n = 50$). Information from the two

interviews was combined and is reported at the bottom of Table 8. Among youth who had ever been in extended care, 17.5% reported that they had experienced homelessness while in extended care.

There were a few differences by race/ethnicity in youth experiences with homelessness and couch surfing. African American youth (37.8%) were significantly more likely than Hispanic youth (17.8%) to report having ever been homeless since their last interview ($F = 4.3, p < .01$). White youth (26.8%), multiracial youth (34.4%), and youth in the “other” race/ethnicity group (27.6%) did not significantly differ from the other groups in the percentage who had been homeless. A greater percentage of multiracial youth (46.5%) than Hispanic youth (24.0%, $F = 3.1, p < .05$) had couch surfed since their last interview, but no significant differences were found for white youth (24.9%), African American youth (35.7%), and youth in the “other” race/ethnicity group (36.5%, $F = 3.1, p < .05$).

Table 8. Homelessness and Couch Surfing ($n = 622$)

	#	%
Ever been homeless (since last interview)	156	25.4
Among youth who had ever been homeless since last interview ($n = 156$)		
Number of times homeless since last interview		
1 time	53	32.7
2 times	29	20.4
3 times	15	11.9
4 times	13	9.1
5 or more times	41	25.9
Longest episode of homelessness since last interview		
1 night	9	6.3
2 to 7 nights	35	22.2
8 to 30 nights	28	19.8
31 to 90 nights	26	17.2
More than 90 nights	55	34.5
Total days homeless since last interview		
1 day	8	6.2
2 to 7 days	22	14.3
8 to 30 days	31	21.4
31 to 90 days	27	19.4
More than 90 days	62	38.9
Ever couch surfed (since last interview; $n = 622$)	187	28.8

	#	%
Among youth who had ever couch surfed since last interview (<i>n</i> = 187)		
Number of times of couch surfed since last interview		
1 time	37	19.2
2 times	40	20.8
3 times	32	18.5
4 times	12	4.7
5 or more times	64	36.8
Longest episode of couch surfing		
1 night	6	3.3
2 to 7 nights	50	28.6
8 to 30 nights	59	31.2
31 to 90 nights	41	24.3
More than 90 nights	27	12.7
Total days of couch surfing		
1 day	6	3.4
2 to 7 days	36	21.5
8 to 30 days	53	28.9
31 to 90 days	51	28.5
More than 90 days	33	17.7
Among youth who were in care past age 18, ever been homeless while in extended foster care (<i>n</i> = 563) ^a		
	99	17.5

Note: Unweighted frequencies and weighted percentages.

^a Includes 563 youth who had been in extended foster care after age 18. Of the 622 Wave 4 respondents, 49 had not been in care after age 18 and 10 youth did not give permission to access administrative child welfare data to determine their care status at age 18. These 59 youth were not asked the question about homelessness in extended care. Of the remaining 563 youth who had been in care after age 18, 513 participated in the Wave 3 interview and 50 did not participate in the Wave 3 interview. The question about homelessness in extended care was not asked at Wave 4 to the 513 youth since they had already answered the question at Wave 3. Their Wave 3 answers were used to compute this variable.

Table 9 presents information on the current living situations of youth at the time of their interview. The most common place youth were living was their own place or own room (53.5%; i.e., their own apartment, a house, a trailer, a motel, a hotel or a single room)⁹) followed by the home of another relative (11.4%), birth parent's home (8.7%), and spouse/partner's home (8.2%). Gender differences emerged in

⁹ The original CalYOUTH question had separate categories for "own place (apartment, house, trailer, etc.)" and "own room in motel, hotel, or single-room occupancy." These categories were combined in Table 9 to make the category comparable with the Add Health question. For CalYOUTH participants, 51.3% reported living in their "own place (apartment, house, trailer, etc.)" and 2.1% reported living in their "own room in motel, hotel, or single-room occupancy".

terms of youths' current living situation. A greater percentage of females (57.0%) than males (41.6%) said that they were residing in their own place or own room at the time of the interview ($F = 1.8, p < .05$).

As seen in Table 9, significant differences also emerged between youth in the CalYOUTH Study and youth in the Add Health study in terms of current living placement ($F = 94.2, p < .001$). Add Health participants were more likely than CalYOUTH participants to live in their own place or room (62.8% vs. 53.5%) or with their birth parents (29.6% vs. 8.7%), while CalYOUTH participants were more likely than their Add Health counterparts to be residing with other relatives (11.4% vs. 2.9%), with a partner or spouse (8.2% vs. 1.1%), with a friend (5.5% vs. 1.2%), or to be homeless (3.8% vs. 0.1%). The differences between young people in CalYOUTH and their peers in Add Health in current living situation were generally similar for males ($F = 52.2, p < .001$) and females ($F = 78.3, p < .001$).

Table 9. Current Living Situation ($n = 622$)^a

	CalYOUTH		Add Health		<i>p</i>
	#	%	#	%	
Youth's current living situation					***
Own place or own room (apartment, house, trailer, a motel, hotel, or single room, etc.)	297	53.5	895	62.8	
In home of birth parent(s)	52	8.7	445	29.6	
In home of another relative(s)	74	11.4	48	2.9	
In home of spouse/partner	57	8.2	12	1.1	
In home of a friend or friends	42	5.5	16	1.2	
Group quarters (residential treatment center, dormitory, jail, prison, hospital, rehab facility, etc.)	13	3.0	25	1.4	
Homeless (have no regular place to stay)	24	3.8	1	0.1	
Other	3	0.3	10	0.9	
In a Transitional Housing Placement (THP-Plus)	19	2.8	–	–	
In home of former foster parent(s)	21	2.9	–	–	

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

^a As noted in the Introduction, 22 incarcerated participants were not able to be interviewed at Wave 4. If these youth had been interviewed, the percentage of youth residing in group quarters (which includes jail and prison) would be higher.

Information on the people who the youth were residing with is displayed in Table 10. Among youth who were not currently homeless or placed in a hospital, treatment, or rehab facility, more than 90% lived with at least one other person. Among youth who were living with others, about 59% lived with three or more people, and these individuals were mostly people over 18 years old. Close to half of the youth who were living with others were not living with someone under the age of 18 years old.

Add Health females were more likely than CalYOUTH females to be living alone (13.9% vs. 7.7%, $F = 4.2, p < .05$). No significant difference was found between studies for males.

Table 10. Individuals Residing with the Youth ($n = 607$)^a

	#	%
Living situation ($n = 607$) ^a		
Living alone	48	7.9
Living with others	559	92.1
Among youth living with others ($n = 559$) ^b		
Number of people living with respondents		
1 person	106	19.9
2 people	122	21.0
3 people	134	23.3
4 people	86	15.0
5 or more people	109	20.4
Number of people over 18 years old living with respondents ($n = 557$) ^b		
None	23	5.0
1 person	194	35.9
2 people	148	26.2
3 people	93	15.5
4 people	51	8.0
5 or more people	48	9.3
Number of people under 18 years old living with respondents ($n = 557$) ^b		
None	276	47.4
1 person	126	23.3
2 people	100	17.9
3 people	30	5.8
4 people	13	2.3
5 or more people	12	3.2
Children under 10 years old living with respondents ($n = 557$) ^b	232	44.1

Note: Unweighted frequencies and weighted percentages.

^a Excludes youth who are homeless, or who are currently placed in a hospital, treatment, or rehab facility.

^b A total of 557 youth replied that they were living with other people. An additional two youth initially stated that they were not living with other people, but in another part of the interview stated that they were living with a significant other. These two youth were counted as living with other people in the first item in the table ($n = 559$), but had not been asked questions about the people they were living with during the interview.

Table 11 reports information about the relatives and significant others living with youth among respondents who were not living alone. About 75% were living with a relative, partner/spouse, or significant other. On average, youth were living with 1.7 relatives, partners/spouses, and significant others

(median = 1). The most common coresidents of youth residing with one or more of these people were their romantic partners (44.0%), biological children (38.3%), siblings or stepsiblings (24.4%), and biological mother (14.2%).

Among youth who were not living alone, several differences were found by gender and race/ethnicity. On average, females were living with more relatives/significant others than males (1.9 vs. 1.3, $F = 11.9, p < .001$). In terms of coresidents, females were more likely than males to be living with their son or daughter ($F = 18.9, p < .001$), while males were more likely than females to report living with their siblings/stepsiblings ($F = 14.3, p < .001$) and with their siblings' partner/spouse ($F = 8.6, p < .01$). There were also differences by race/ethnicity in terms of the people living with the respondent. Among youth residing with a relative or significant other, more Hispanic youth (47.5%) than African American youth (23.9%) and multiracial youth (11.3%) reported living with their son/daughter ($F = 4.2, p < .01$), while no significant differences were found for white youth (37.2%) or youth in the "other" race/ethnicity group (39.6%). African American youth (33.4%) were significantly more likely than white youth (11.9%) and Hispanic youth (8.1%) to report living with their biological mother ($F = 6.9, p < .001$). Multiracial youth (9.4%) and youth in the "other" race/ethnicity group (27.2%) did not significantly differ from the other groups in the percentage who reported living with their mother.

Table 11. Relatives and Significant Others Residing with the Youth ($n = 557$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Number of people living with youth and related by blood, marriage, or who are youth's significant other ($n = 557$)							***
None	142	25.4	83	40.4	59	16.5	
1 person	166	30.0	55	22.7	111	34.4	
2 people	106	18.7	38	19.2	68	18.4	
3 people	83	14.2	17	7.4	66	18.2	
4 people	31	6.0	11	5.5	20	6.3	
5 or more people	29	5.7	9	4.8	20	6.2	
Among youth living with one or more relatives/significant others, youth's relation to these individuals ($n = 415$)							
Husband/wife	41	9.6	10	7.2	31	10.6	
Partner/boyfriend/girlfriend	188	44.0	54	42.7	134	44.6	
Son/daughter	157	38.3	23	19.8	134	46.1	***
Sibling/stepsibling	101	24.4	48	38.4	53	18.6	***
Sibling's partner/spouse	5	1.3	3	3.4	2	0.3	**
Biological mother	60	14.2	22	17.2	38	12.9	

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Biological father	14	4.5	5	3.9	9	4.7	
Parent's partner/spouse	11	2.8	5	3.6	6	2.5	
Father-in-law/mother-in-law	8	2.3	1	1.7	7	2.5	
Grandparent	31	7.2	11	7.7	20	7.0	
Uncle/aunt	31	7.8	7	4.6	24	9.1	
Cousin	29	7.0	9	6.0	20	7.4	
Nephew/niece	20	4.9	8	6.4	12	4.2	
Other relative	21	5.3	8	7.6	13	4.3	
Nonrelative	13	3.7	6	5.6	7	3.0	

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

^a Includes 557 youth who were living with other people.

Experiences in Care

A small but growing body of research has examined youths' perspectives on their foster care experiences after they have left care, including youth who had the opportunity to remain in care up to age 21. In the Midwest Study, almost two-thirds of the 23-year-old participants agreed that they were lucky to have been placed in foster care, and nearly as many reported feeling satisfied with their foster care experience (Courtney et al., 2010). A study by Berzin and colleagues (2014) suggests that foster youth experience many of the same developmental tasks of emerging adulthood as youth in the general population, but also have experiences that are uniquely tied to their foster care involvement. Preparation for independence while in foster care, as well as demands to become self-sufficient upon exiting care, accelerate the transition to adult responsibilities for foster youth (Curry & Abrams, 2015; Pryce, Napolitano, & Samuels, 2017; Samuels & Pryce, 2008). With less familial support than other young adults typically receive, foster youth must contend with meeting basic needs; difficulties with unemployment and underemployment; finding safe, affordable housing; avoiding hunger and homelessness; and for some youth, parenting a child (Cunningham & Diversi, 2013; Radey et al., 2016; Schelbe & Geiger, 2017). For some youth who have aged out of care, continued relationships with adults in the child welfare system (e.g., social workers) and natural mentors (e.g., friends of their family, staff at their former placement) continue to serve as sources of support in their lives beyond foster care (Collins, Spencer, & Ward, 2010; Munson et al., 2010). Given the differing reasons for and circumstances surrounding youths' exit from foster care, individualized services are needed to support their successful transition to adulthood, and youth voice is recognized as important and valuable in the transition planning (Miller, Paschall, & Azar, 2017).

Table 12 displays findings about youths’ perceptions about foster care. Over two-thirds of youth “agreed,” “strongly agreed,” or “very strongly agreed” that they felt lucky they were placed in foster care. When asked about satisfaction with foster care, close to three in five youth indicated that they “agreed,” “strongly agreed,” or “very strongly agreed” that they were generally satisfied with their experience in care. Race/ethnicity differences were found for both items that asked youth about their foster care experience. A greater percentage of Hispanic youth (28.0%) than African American youth (13.4%) and multiracial youth (8.0%) reported that they “very strongly agreed” with the statement about being lucky they were placed in foster care ($F = 1.6, p < .05$). White youth (22.5%) and youth in the “other” race/ethnicity group (34.7%) did not significantly differ from the other groups in reporting to “very strongly agree” with this statement. In terms of satisfaction, a greater percentage of youth in the “other” race/ethnicity group (36.4%) than African American youth (6.8%) reported to “strongly agree” that they were generally satisfied with their experience in care, but no significant differences were found for white youth (15.5%), multiracial youth (8.8%), and Hispanic youth (15.4%, $F = 1.7, p < .05$).

Table 12. Experiences in Foster Care ($n = 621$)^a

	#	%
I was lucky to have been placed in foster care		
Very strongly agree	146	22.6
Strongly agree	104	15.9
Agree	185	29.9
Neither agree nor disagree	111	18.6
Disagree	40	7.5
Strongly disagree	14	1.6
Very strongly disagree	20	3.9
I was generally satisfied with my experience in foster care		
Very strongly agree	76	11.8
Strongly agree	84	13.9
Agree	196	31.7
Neither agree nor disagree	120	20.9
Disagree	86	12.9
Strongly disagree	37	4.6
Very strongly disagree	21	4.2

Note: Unweighted frequencies and weighted percentages.

^a One youth was not asked questions about experiences in foster care during the interview.

Despite difficulties encountered by foster youth after leaving care, a majority of these young adults remain optimistic about the future (Courtney et al., 2010; Iglehart & Becerra, 2002; Lemus et al., 2017; Samuels & Pryce, 2008; Berzin et al., 2014). In the Midwest Study, about 90% of respondents reported

being “fairly optimistic” (34%) or “very optimistic” (56%) about their future when they were interviewed at 23 and 24 years of age (Courtney et al., 2010). These high rates of positive life outlook are consistent with findings from qualitative studies of older and former foster care youth. For example, Unrau, Seita, and Putney (2008) reported former foster youth recall the experience of transitioning into new placements as a chance to hope for something better. A qualitative study by Berzin and colleagues (2014) included 20 young adults transitioning out of foster care, and the authors found that 80% of participants were hopeful about the future and felt that their past experiences in foster care gave them confidence that they would “make it”.

Table 13 reports on youths’ optimism about their personal hopes and future goals. The overwhelming majority of youth (94.7%) reported being “very optimistic” or “fairly optimistic,” while about 5% reported being “not too optimistic” or “not at all optimistic”.

Table 13. Optimism about the Future (n = 621)^a

Extent to which respondent is optimistic when asked to think about personal hopes and goals for the future	#	%
Very optimistic	342	58.1
Fairly optimistic	241	36.6
Not too optimistic	23	2.9
Not at all optimistic	14	2.4

Note: Unweighted frequencies and weighted percentages.

^a One youth was not asked questions about optimism during the interview.

Youth were asked about their perceptions of their life orientation and self-esteem (see Table 14). Responses for the question “How satisfied are youth with life as a whole” ranged from 1, “very dissatisfied,” to 5, “very satisfied.” The remaining 10 questions about self-esteem ranged from 1, “strongly disagree,” to 5, “strongly agree.”¹⁰ The average level of satisfaction/agreement of each statement is reported in Table 14. In general, participants reported being satisfied with their life as a whole. The highest averages pertained to questions about youths’ perceptions of their good qualities, being able to achieve anything they set their mind to, and feeling that they exert control over what happens to them in the future. Youth tended to disagree with questions about feeling like they lacked control over their life and lacked an ability to solve problems.

Some of youths’ perceptions of life orientation and self-esteem differed by gender and race/ethnicity. Females (4.5) agreed more than males (4.3) with the statement, “I can do just about anything I really set

¹⁰ In the survey instrument, the response options were in the opposite direction, with 1 designating “very satisfied” / “strongly agree” and five indicating “very dissatisfied” / “strongly disagree”. In this table, the response options were reverse coded so that higher scores indicated more agreement/satisfaction.

my mind to” ($F = 5.2, p < .05$). For the statement, “I have little control over the things that happen to me,” Hispanic youth (2.2) agreed more than white youth (1.9), but no significant differences were found for African American youth (2.3), multiracial youth (2.2), and youth in the “other” race/ethnicity category (2.5, $F = 3.4, p < .01$). In terms of perceptions about the statement, “I can do just about anything I really set my mind to,” multiracial youth (4.5) and white youth (4.5) expressed more agreement than did youth in the “other” race/ethnicity group (4.1, $F = 2.5, p < .05$). African American youth (4.5) and Hispanic youth (4.4) did not significantly differ from the other groups.

Table 14. Life Orientation and Self-Esteem ($n = 621$)^a

	Mean (SD)
I am satisfied with life as a whole	3.8 (0.9)
I have many good qualities	4.4 (0.7)
I have a lot to be proud of	4.3 (0.7)
I like myself just the way I am	4.1 (0.9)
I feel I am doing things just about right	3.8 (1.0)
There is no way I can solve some of the problems I have	2.6 (1.2)
Sometimes I feel that I am being pushed around in life	2.4 (1.2)
I have little control over the things that happen to me	2.1 (1.0)
I can do just about anything I really set my mind to	4.4 (0.7)
I often feel helpless in dealing with the problems of life	2.4 (1.2)
What happens to me in the future mostly depends on me	4.4 (0.7)

Note: Unweighted frequencies and weighted means.

^a One youth was not asked questions about life orientation and self-esteem during the interview.

Education

Compared to their peers in the general population, foster youth transitioning to adulthood have been found to have lower rates of secondary and postsecondary educational attainment (see, for example, California College Pathways, 2015; Day, Dworsky, Fogarty, & Damashek, 2011; Frerer, Sosenko, & Henke, 2013; Unrau, Font, & Rawls, 2012). At age 23/24, nearly one-quarter of Midwest Study participants had neither a high school diploma nor a GED (24%), compared to less than 10% of Add Health participants (7%; Courtney et al., 2010). Rates of postsecondary education enrollment and completion were also lower for youth in the Midwest Study than for youth in Add Health. About one-third of Midwest Study participants reported completing at least one year of college (32%), including 3% who had earned a 2-year degree and 3% who had finished a 4-year degree or higher. In comparison, about three-fifths of Add Health participants (61%) had completed at least one year of college, including 9%

who had earned a 2-year degree and 24% who had finished a 4-year degree or higher (Courtney et al., 2010).

Research has explored factors that influence college outcomes for foster youth (Okpych & Courtney, 2018a; Pecora, 2012). Overall, academic history, educational aspirations, and connections to resourceful adults have been found to promote college enrollment while certain foster care history characteristics and risk factors (e.g., foster care mobility, behavioral problems, and early parenthood) decrease the expected likelihood of college enrollment (for a review, see Okpych & Courtney, 2019b). Less research has investigated contributors to degree completion, but existing research points to difficulties encountered after youth enroll in college, such as economic hardships, needing to work, and childcare responsibilities (Okpych & Courtney, 2019a). In terms of child welfare policy, spending more time in extended foster care has been found to increase youths' chances of enrolling in college by age 21, but has not been found to be statistically significantly related to persistence or degree completion (Courtney & Hook, 2017; Okpych & Courtney, 2019b; Okpych, Park, & Courtney, 2019). Early research from CalYOUTH suggests that receiving an educational and training voucher and participating in a campus support program for foster youth increase the odds of persisting through the first two semesters in college (Okpych, Park, Sayed, & Courtney, 2020).

Studies have also shown that educational attainment is an important predictor of employment outcomes for foster care youth, which underscores the importance of supporting educational attainment (Hook & Courtney, 2011). Foster youth with higher levels of educational attainment tend to have higher rates of employment and earnings than foster youth who have completed less education (Okpych & Courtney, 2014; Salazar, 2013).

Table 15 presents findings on youths' educational status and Table 16 shows findings on degree completion and receipt of financial aid. Findings on participants' connectedness to school or work (or both) are presented first, since some youth may not be enrolled in school because they were working. For the connectedness measure, youth were considered to be employed if they were currently working for pay (any number of hours per week). Over two-thirds of all youth were either enrolled in school or employed at the time of the interview, including 9% who were enrolled only, 45% who were employed only, and 14% who were both enrolled and employed. Although not displayed in the table, if we counted employment that was 10 or more hours per week, a total of 65.9% of youth were enrolled in school, working 10+ hours per week, or both at the time of their interview.

Focusing just on school enrollment, about 22% were enrolled in school at the time of the interview, with slightly more students attending full-time than part-time. Among youth who were not currently enrolled

in school, about one-third (35.1%) reported that they had been enrolled since their last CalYOUTH interview. Among youth who were currently enrolled in school, the majority was attending a 2-year college, followed by a 4-year college and a vocational/technical training program (see Table 15). Although not displayed in the table, among all CalYOUTH participants, 77.7% were not enrolled in school, 0.9% were in secondary school, 0.7% were completing a GED or alternative certificate, 3.6% were in private vocational/technical school, 11.8% were enrolled in a 2-year college, 4.3% were enrolled in a 4-year college, and 0.9% were in graduate school.

For youth who were currently enrolled in a 2-year/community college or who had been enrolled in a 2-year/community college since their last interview, the largest share were taking classes so they could eventually transfer to a 4-year college. Less than one-third were pursuing an associate's degree and the rest were either completing a certificate or just taking classes. In terms of participants' highest completed grade in school, the greatest percentage of youth stated that 12th grade was the highest grade they had completed. Another 8.9% said they completed one or more years of postsecondary vocational training, and 39.9% had completed one or more years of college. The remaining youth had completed less than 12th grade.

The only statistically significant gender difference pertained to youth who were not currently enrolled. Females were more likely than males to have been enrolled full-time since their last interview (23.5% vs. 12.2%) and less likely to have not been enrolled (59.7% vs. 73.6%, $F = 4.6, p < .05$). There was also a statistically significant difference by race/ethnicity in the reason for attending 2-year or community colleges. Among those enrolled in these schools, white youth (41.7%) were significantly more likely than African American youth (3.5%) and Hispanic youth (7.5%) to report that they were just taking classes ($F = 2.1, p < .05$).

Significant differences were also present between CalYOUTH participants and Add Health participants in several areas. Youth in Add Health were significantly more likely to be connected to school or work or both (10+ hours per week) than were CalYOUTH respondents (82.6% vs. 65.9%, $F = 45.5, p < .001$), which was true of male participants in both studies (86.8% vs. 66.8%, $F = 33.7, p < .001$) and female participants in both studies (79.8% vs. 65.3%, $F = 18.6, p < .001$). Statistically significant differences were not present between Add Health and CalYOUTH participants in their likelihood of being currently enrolled, but among those who were currently enrolled, the groups differed in the types of schools they were attending. Among those who were currently enrolled, CalYOUTH respondents were more likely than Add Health respondents to be pursuing a secondary education credential (7.2% vs. 0.7%) and to be enrolled in 2-year/vocational colleges (69.3% vs. 27.7%). On the contrary, Add Health respondents were

more likely than CalYOUTH respondents to be in 4-year colleges (47.2% vs. 19.3%) and graduate school (24.5% vs. 4.2%, $F = 26.7, p < .001$).¹¹ CalYOUTH participants were behind their peers in the Add Health study in terms of highest grade completed. Fewer CalYOUTH participants completed education beyond 12th grade than did their peers in Add Health (48.7% vs. 60.5%). Conversely, CalYOUTH participants were more likely than Add Health participants to report 12th grade or below as the highest grade they completed (51.3% vs. 39.5%, $F = 16.5, p < .001$). The differences between young people in CalYOUTH and their peers in Add Health in type of school enrolled in and highest grade completed were also present for males and females.

Table 15. Current Education Status ($n = 620$)^a

	#	%
Connectedness to school and/or work		
Neither enrolled nor employed	197	32.4
Enrolled in school only	51	8.6
Employed only	285	45.2
Both enrolled and employed	85	13.8
Currently enrolled in school		
Full-time	79	12.4
Part-time	57	10.0
Not enrolled	483	77.7
Among youth not enrolled in school, enrolled in school since last interview ($n = 484$)		
Full-time	88	19.3
Part-time	80	15.8
Not enrolled	316	64.9
Among youth currently enrolled, current education status ($n = 136$)		
High school or continuation school	6	3.9
GED classes	4	3.3
Vocational/technical training at a private school (not including community college)	18	16.3
2-year or community college	73	53.0
4-year college	29	19.3
Graduate school	6	4.2
Among youth currently or formerly enrolled in 2-year or community college, reason for attending college ($n = 166$)		

¹¹ To make the response options comparable between the two studies, the CalYOUTH response categories “high school” and “GED classes/continuation school/adult education” were combined into a single category, and “vocational school” and “2-year college” were combined into a single category.

	#	%
Earn an Associate's degree	44	28.8
Earn a certificate or diploma	23	11.8
Taking classes so I can transfer to a 4-year college	71	44.5
Just taking classes	27	14.9
Highest grade completed (<i>n</i> = 620)		
1st to 10th grade	13	2.6
11th grade	67	11.2
12th grade	242	37.5
First or second year of vocational school	50	8.9
First year of college	84	13.8
Second year of college	85	13.9
Third year of college	34	5.7
Fourth year of college	43	6.5

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

As shown in Table 16, about 85% of youth had earned a high school diploma or an equivalency certificate by the time they were interviewed. More than one in four youth had a vocational or job training certificate or license. Of the youth who had earned a high school credential, nearly 13% had earned a college degree. Among all youth in the study, 10.8% (*n* = 68) had earned a college degree, including 6.0% (*n* = 37) who earned a 2-year degree and 4.8% (*n* = 31) who earned a 4-year degree. Over two-thirds of youth who were currently enrolled in school were using a scholarship, loan, or some other type of financial aid to help pay for educational expenses.

The federally funded Chafee Educational and Training Voucher (ETV) Program awards up to \$5,000 annually during the academic year to qualified students who have been in the foster care system. The purpose of the ETV is to assist youth in obtaining an academic college education or technical and skill training in college to be prepared to enter the workforce. The ETV is commonly referred to as a Chafee grant and is an important source of aid for California foster youth to pursue postsecondary education (Okpych et al., 2020). Among CalYOUTH participants with a high school credential, 28.0% reported that they had received an ETV since their last interview, 12.0% applied for but did not receive an ETV, 42.6% knew about ETVs but had not applied for one, and 17.5% had never heard of the ETV. Among youth with a secondary credential, significant gender¹² and race/ethnicity differences were found in ETV receipt

¹² While the overall distribution of responses about ETV receipt differed between genders at a statistically significant level, none of the differences between genders for individual response categories reached statistical significance. The differences that approached statistical significance were that females were more likely than males to have received an ETV (32.2% vs. 21.1%) whereas males were more likely than females to have known about the ETV but never applied (49.3% vs. 38.5%).

since last interview. White youth were more likely than Hispanic youth to know about the ETV but not apply for one (57.6% vs. 38.5%, $F = 11.4, p < .05$). Among youth who reported that they were currently or previously (since last interview) enrolled in college or vocational school, 48.0% received an ETV, 16.3% applied for an ETV but did not receive one, 25.0% knew what an ETV is but did not apply, and 10.7% did not know what an ETV is.

Significant differences were found between CalYOUTH females and Add Health females and in the percentage who completed a high school credential (83.2% vs. 90.2%, $F = 7.6, p < .01$). The difference in secondary credential status was not statistically significant for CalYOUTH males and Add Health males.

Table 16. Degree Completion and Scholarships ($n = 620$)^a

	#	%
Secondary diploma/certificate		
High school diploma	499	79.5
High school equivalency certificate after passing GED, HiSET, or TASK	30	5.1
Certificate of proficiency	3	0.3
None	87	15.1
Vocational/job-training certificate or license	146	25.9
Among youth with high school credential, highest college degree earned ($n = 532$)		
Associate's or 2-year college degree	37	7.1
Bachelor's or 4-year college degree ^b	31	5.7
No college degree	464	87.2
Among youth currently enrolled in school, using scholarship, grant, stipend, student loan, voucher, or other educational financial aid to cover any educational expenses ($n = 136$)	97	68.1
Among youth with high school credential, received Chafee education and training voucher (Chafee grant or ETV) status since their last interview ($n = 532$)		
Received Chafee grant	143	28.0
Applied for Chafee grant but did not receive one	61	12.0
Know what Chafee grant is, but never applied for one	236	42.6
Do not know what a Chafee grant is	91	17.5

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

^bOne youth with a 4-year college degree also had a 2-year degree.

Table 17 reports findings on high school dropout. Over one-in-five youth reported that they had ever dropped out of high school. When youth who had ever dropped out of high school were asked about the

main reason for leaving school, the most common responses were that they had a personal or family issue, did not like school or lost interest, or became a parent. Females were significantly more likely than males to report a personal or family issue as a reason for dropping out of high school (45.9% vs. 15.0%, $F = 3.3$, $p < .01$).

Table 17. History of High School Dropout ($n = 620$)^a

	#	%
Ever dropped out of high school	129	22.2
Among youth who ever dropped out of high school, main reason for dropping out ($n = 129$)		
Coursework was too difficult	1	0.2
Coursework was too easy	1	0.5
Didn't like school or lost interest	26	23.5
Kept getting into trouble in school because of my behavior	13	9.5
Wanted to start working	11	9.6
Became a parent and had to take care of my child	21	13.3
Wanted to complete a GED instead	1	0.5
Had a personal issue or family issue	46	36.5
Some other reason	9	6.4

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

Table 18 reports findings for youth who are currently enrolled in college or who had been enrolled in college since their last CalYOUTH interview. Nearly all youth were attending a bricks-and-mortar college rather than an online-only institution. In terms of grades, about 71% of youth reported earning mostly As or Bs in their college classes. Nearly one-third (31.6%) of youth reported that they had been required to take one or more remedial courses before they could take college courses for credit (mean = 0.6, $SD = 1.1$, median = 0). In terms of the number of credits youth completed toward a college degree, about 11% had earned no credits, about 57% had earned between 1 and 60 credits, about 20% had earned between 61 and 119 credits, and about 13% had earned 120 or more credits (mean = 49.3, $SD = 44.6$, median = 33). On average, youth in the “other” race/ethnicity group reported having to take fewer remedial courses (0.03) than did white youth (0.68), African American youth (0.50), multiracial youth (0.67), and Hispanic youth (0.68, $F = 12.4$, $p < .001$).

Table 18. College Enrollment, Grades, and Course Taking (*n* = 222)^a

	#	%
Type of college		
Campus	211	95.4
Online	11	4.6
College grades		
Mostly As	41	20.0
Mostly Bs	114	50.8
Mostly Cs	54	25.8
Ds or lower	10	3.4
Number of required remedial courses		
None	140	68.4
1 course	34	13.3
2 courses	26	11.2
3 courses	10	4.3
4 courses	4	1.6
5 or more courses	3	1.3
Credits completed towards earning a college degree ^b		
None	24	10.6
1 to 15	35	17.6
16 to 30	36	20.9
31 to 45	18	9.3
46 to 60	17	8.7
61 to 90	32	14.5
91 to 119	13	5.8
120 or more	26	12.7

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who are currently enrolled in college or were enrolled in college since their last CalYOUTH interview. One youth was not asked these questions during the interview.

^b Item missing nearly 10% (9.9%) due to “don’t know” responses and one youth not being asked this question.

Table 19 reports findings about how youth were paying for college, among youth who are currently enrolled in college or who had been enrolled in college since last interview. Youth reported whether or not each of the responses applied to them. Among all youth, Pell Grants and ETVs were the most common ways youth were paying for college. For both of these forms of aid, roughly 60% of respondents in college reported that they had received these grants. Among youth enrolled in 2-year or community colleges, close to 70% reported receiving a Board of Governors fee waiver. About 44% of youth said that they were paying for college with their own savings or earnings. Approximately one in six youth reported receiving a federal loan that had to be paid back, and very few youth reported receiving a private loan. In

terms of the total amount of student debt that youth had, 65% reported that they did not have any student debt, about 17% owed between \$1 and \$5,000, about 9% owed between \$5,000 and \$10,000, and another 9% owed more than \$10,000 (mean = \$3,688, *SD* = \$9,449, median = \$0).

There was a statistically significant difference by race/ethnicity in the percentages of youth paying for college with other scholarships, fellowships, and grants. White youth (39.3%), Hispanic youth (39.0%), and youth in the “other” race/ethnicity group (58.0%) were more likely than multiracial youth (11.9%) to pay for college with these funds ($F = 3.3, p < .05$). African American youth (17.8%) did not significantly differ from the other groups. Additionally, youth in the “other” race/ethnicity group had lower average student loan debt (\$563) than did white youth (\$4,275), multiracial youth (\$5,859), and Hispanic youth (\$2,539 $F = 4.6, p < .01$). African American youth (\$5,410) did not significantly differ from the other groups in their amount of student loan debt.

Table 19. How Youth are Paying for College and Amount of Student Debt ($n = 222$)^a

	#	%
How youth is paying for college		
Chafee or ETV grant	123	58.0
Board of Governors (BOG) fee waiver (among youth in a 2-year or community college, $n = 166$) ^b	110	69.3
Monthly foster care payments, such as SILP check or money from Transitional Housing Placement ^c	34	14.8
A Pell Grant from the federal government	132	60.8
A federal student loan from the government that has to be paid back (e.g., Stafford Loan)	41	16.8
A private student loan from a bank that has to be paid back	5	1.8
Other scholarships, fellowships, or grants	74	32.4
Own earnings from employment or savings	100	43.7
Money from a relative, friend, or other individual	18	8.4
Money from another source	18	7.1
Total amount owes in student debt		
No student loan debt	141	64.9
\$1 to \$1,000	15	7.0
\$1,001 to \$2,500	6	3.0
\$2,501 to \$5,000	16	6.9
\$5,001 to \$10,000	21	9.3
\$10,001 to \$25,000	10	4.2

	#	%
\$25,001 or more	12	4.8

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who are currently enrolled in college or were enrolled in college since their last CalYOUTH interview. One youth was not asked these questions during the interview.

^b BOG fee waivers are only available to students attending 2-year colleges in California.

^c A Supervised Independent Living Placement (SILP) is the least restrictive placement option for nonminor dependents. SILPs include a living setting that has been approved by the youth's county social worker, and includes placements such as private market housing (e.g., apartments, renting a room, single room occupancies) and college dorms (California Fostering Connections to Success, 2016). Technically, youth who are currently enrolled in college at age 23/24 are not receiving monthly foster care payments, although they may be in a placement setting for foster care alumni that provides funding for postsecondary education. Additionally, since this question includes youth who had been enrolled in college since their last CalYOUTH interview, which could have been prior to their 21st birthday, they could have received foster care payments at that time that were used for college.

Youth who are currently in college or had been in college since their last interview were asked about their transition to college and engagement with campus activities (see Table 20). About half (50.6%) of youth reported that they were involved in a campus support program designed to help youth in foster care since their last CalYOUTH interview. Nearly one-third (30.0%) of respondents reported that they were not sure if their college had such a program and nearly one-fifth (19.4%) reported that their college had a program but they were not involved. In terms of youth involvement in a variety of academic activities and services, the most common activities youth participated in were meetings with professors, study groups, and Extended Opportunity Programs and Services (EOP), with more than half of participants participating in each. Close to half received academic advising and tutoring.

When asked about difficulties during the transition to college, the most commonly reported challenges included balancing school and work and organizing time to finish responsibilities, with more than 70% of respondents identifying each of these as a difficulty they experienced. Classes being harder than they were used to and not being able to figure out how to access financial aid were other common difficulties, with more than two in five youth reporting each as a difficulty. Concerns about transportation and college affordability were each identified as difficulties for about one-third of participants. Among the youth in college who had children, about two-thirds reported that balancing school and parental responsibilities was a difficulty in the transition to college.

Males were more likely than females to report classes being harder than they are used to as a difficulty with transitioning to college (51.9% vs. 35.0%, $F = 4.6, p < .05$). Among all youth in college, females were more likely than males to report that balancing childcare responsibilities was a difficulty during the transition to college (25.1% vs. 9.2%, $F = 5.4, p < .05$). However, among just the parents who were enrolled in college, males and females did not significantly differ in the percentage who reported that childcare responsibilities were a difficulty faced during the transition to college.

There were significant differences by race/ethnicity in involvement in campus support programs, with Hispanic youth being more likely than multiracial youth to be involved in a program most of their time in college (44.6% vs. 11.7%) and less likely to attend a college with a program and be uninvolved (10.9% vs. 53.0%, $F = 2.2, p < .01$). Hispanic youth (53.1%) and African American youth (52.8%) were more likely than multiracial youth (13.1%) to say that not being able to figure out how to access financial aid was a difficulty with the transition to college ($F = 3.7, p < .01$).

Table 20. Transition to College and Campus Involvement ($n = 222$)^a

	#	%
Involvement in campus support program for students in/previously in foster care since their last interview		
Involved in a program most of college	78	39.0
Involved in a program some of college	15	7.1
Involved in a program just a short while	10	4.5
College offers a program but was not involved	48	19.4
Not sure if a program is offered	71	30.0
Involvement in other college activities (can select more than one)		
Tutoring	85	44.2
Writing center	73	37.5
Extended Opportunity Programs and Services (EOPS)	77	50.2
Student Support Services (SSS) that is part of the federal TRIO program	22	10.5
Another program offered by a nonprofit organization or foster care agency	45	23.6
Student disability services	25	11.0
Academic advising	98	46.9
Meeting with professors or teaching assistants outside of class, such as during office hours	122	57.2
Peer mentoring program	32	15.9
Study groups/sessions with other students	114	56.0
Another type of support or service intended to help students academically	18	9.8
Involved in college sports teams, organizations, clubs, groups	38	17.6
Difficulties in transition to college		
Classes harder than youth used to	90	40.8
Difficulty organizing time to finish all responsibilities	155	70.7

	#	%
Hard making friends	60	26.8
Did not know how youth was going to afford college	74	31.7
Was not able to figure out how to access financial aid	100	45.1
Youth did not know if he/she would have transportation to and from college	67	35.9
Had to balance school and work	169	78.1
Among parents, had to balance school and being a parent (<i>n</i> = 62)	43	65.8

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who are currently enrolled in college or were enrolled in college since their last CalYOUTH interview. One youth was not asked these questions during the interview.

Youth who were enrolled in a private vocational/technical program at the time of the interview, or had been enrolled in a program since their last interview, were asked about the type of program they were attending (see Table 21). The most common types of training were in the areas of health and health care (e.g., nursing assistant) and beauty (e.g., cosmetology, barber school). Thirty percent of youth reported being enrolled in a program other than the options provided in the survey (e.g., trucking, auto repair, refrigeration, acting).

Table 21. Enrollment in Vocational/Technical School (*n* = 48)^a

Type of program/training	#	%
Business school/financial institute/secretarial school	1	1.3
Armed forces	0	0
Hospital/healthcare facility or school	21	39.7
Cosmetology/beauty/barber school	7	16.9
Police academy/firefighter training program	0	0
Job training through city/county/state/federal government	4	10.5
Trained by private employer	1	1.2
Religious institution; Bible college/school	0	0
Other	14	30.4

Note: Unweighted frequencies and weighted percentages.

^a We were not able to assess differences by gender and race/ethnicity due to the small sample size of youth in a private vocational/technical program.

Table 22 reports findings on how youth paid for their vocational/technical training program. Almost 50% (48.0%) of the students were paying for their schooling with Pell Grants and about 29% were using an

ETV grant. Over 40% were using their own savings or earnings, roughly 30% had a federal student loan, and 6% had a private student loan. In terms of the total amount youth owed in student debt for their vocational/technical training, 47% owed no student debt, 23% owed between \$1 and \$5,000, and 30% owed more than \$5,000 (mean = \$11,051, SD = \$27,501, median = \$400).¹³

Table 22. How Youth are Paying for Vocational/Technical Training and Amount of Student Debt (*n* = 48)^a

	#	%
How youth is paying for college		
Chafee or ETV grant	11	28.8
Monthly foster care payments, such as SILP check or money from Transitional Housing Placement ^b	6	14.3
A Pell Grant from the federal government	19	48.0
A federal student loan from the government that has to be paid back (e.g., Stafford Loan)	14	30.1
A private student loan from a bank that has to be paid back	4	6.4
Other scholarships, fellowships, or grants	10	18.7
Own earnings from employment or savings	23	44.2
Money from a relative, friend, or other individual	8	16.7
Money from another source	3	9.2
Total amount owes in student debt		
No student loan debt	23	47.0
\$1 to \$5,000	11	23.1
\$5,001 to \$10,000	3	8.7
\$10,001 or more	11	21.2

Note: Unweighted frequencies and weighted percentages.

^a We were not able to assess differences by gender and race/ethnicity due to the small sample size of youth in a private vocational/technical program.

^b A SILP is the least restrictive placement option for nonminor dependents. SILPs include a living setting that has been approved by the youth's county social worker, and includes placements such as private market housing (e.g., apartments, renting a room, single room occupancies) and college dorms (California Fostering Connections to Success, 2016). Technically, youth who are currently enrolled in a vocational training program at age 23/24 are not receiving monthly foster care payments, although they may be in a placement setting for foster care alumni that provides funding for a training program. Additionally, since this question includes youth who had been enrolled in a vocational training program since their last CalYOUTH interview, which could have been prior to their 21st birthday, they could have received foster care payments at that time that were used for the program.

¹³ The mean, standard deviation, and median for amount of student loan debt owed for vocational/technical training includes one influential outlier from a youth who reported owing \$150,000. When excluding the youth who reported owing \$150,000, the mean (\$7,376) and standard deviation (\$15,527) decreased. The median remained \$400.

The length of youths' vocational/technical program and information about difficulties transitioning to the vocational/technical program are displayed in Table 23. Most youth were attending programs that would take between 6 months and 2 years to complete if students attended on a full-time basis. Similar to CalYOUTH participants who were enrolled in college, the two most common difficulties encountered among youth transitioning to vocational/technical programs were balancing school and work and organizing time to finish responsibilities. Transportation and affordability were both concerns for more than one-third of students. For youth in vocational programs who had children, more than four in five said that balancing school and being a parent was a challenge.

Table 23. Vocational/Technical School Program Length and Transition ($n = 48$)^a

	#	%
Length of time to complete program if attended full-time		
Less than 6 months	6	12.3
6–11 months	21	48.6
1–2 years	14	26.7
2 years or more	5	12.5
Difficulties in transitioning to program		
Classes harder than youth used to	8	13.4
Difficult organizing time to finish all responsibilities	24	47.7
Hard making friends	6	14.3
Did not know how youth was going to afford college	17	34.7
Was not able to figure out how to access financial aid	13	28.4
Youth did not know if he/she would have transportation to and from college	14	35.3
Had to balance school and work	29	60.8
Among parents, had to balance school and being a parent ($n = 23$)	20	82.5

Note: Unweighted frequencies and weighted percentages.

^a We were not able to assess differences by gender and race/ethnicity due to the small sample size of youth in a private vocational/technical program.

Table 24 reports findings about CalYOUTH participants' college plans and help with college planning and applications. Youth who had finished high school and were enrolled in a 2-year college or vocational school (and who did not go to a 4-year college) were asked for the main reason they did not go to a 4-year college. The most commonly stated reason is wanting to go to a 2-year college first before transferring to a 4-year college, which nearly one in three youth reported. Other reasons included youth not being

interested in earning a 4-year degree, concerns about not being able to afford 4-year college, concerns about not having adequate high school grades or standardized test scores, and “other” reasons. Youth who never went to college were asked about the main reason they did not go. The most common reasons were needing to work, not being interested in going to college, and not finishing high school or a GED. All CalYOUTH respondents were asked about the amount of help they received with the actual steps needed to enroll in a college, such as picking a school, completing applications, and applying for financial aid. When asked this question, about 17% reported that they were not interested in going to college. About half of the youth (48.5%) said they did not receive enough help from others (“no help,” “only a little help,” or “some help, but not enough”) while about a third (34.3%) said they received “enough” or “more than enough” help.

A gender difference emerged in the question that asked participants about the amount of help they received with college planning and applications. Males were significantly more likely than females to report being not interested in going to college when answering the question about college help (31.4% vs. 12.2%, $F = 2.6, p < .01$).

Table 24. College Plans and Help with Planning ($n = 620$)^a

	#	%
Among youth who finished high school and were enrolled in a 2-year college or vocational school, and who did not go to a 4-year college, main reason for not applying to 4-year college ($n = 215$) ^b		
College would cost too much	28	13.3
College takes too long	10	4.1
Searching for college and completing applications/financial aid seemed too complicated	10	3.5
Not interested in earning a 4-year degree	41	17.0
Wanted to go to a 2-year college first before transferring to a 4-year college	66	30.1
Did not think high school grades or SAT/ACT scores were good enough	25	12.2
Applied to a 4-year college but were not accepted	5	2.7
Other	32	14.6
Respondent attended a 4-year college (volunteered)	7	2.6
Among youth who did not go to college, main reason for not going to college ($n = 273$)		
Did not finish your high school diploma or GED	52	20.5

	#	%
Did not think your high school grades, SAT scores, or ACT scores were good enough	3	1.0
College would cost too much	16	5.9
College would take too long	3	0.7
Needed to work	56	17.7
Needed to care for your children	31	12.1
Needed to care for family members	3	1.3
Was not interested in going to college	53	20.2
Did not want to have to move to go to college	1	0.8
Would have had transportation difficulties getting to college	9	3.3
Had health or personal issues you were dealing with	19	5.6
Criminal record made attending college difficult	6	2.9
Did attend college (volunteered)	10	3.9
Other	10	4.0
Amount of help with college planning (<i>n</i> = 620)		
No help	82	14.1
Only a little help	91	15.1
Some help, but not enough	115	19.3
Enough help	124	19.9
More than enough help	98	14.4
Not interested in going to college	110	17.2

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b Five youth were not asked this question during the interview.

Youth who were not currently enrolled in school were asked about the reasons they were not enrolled and their plans for enrolling in school in the future (see Table 25). About 32% of youth said that they were not currently enrolled but wanted to go back eventually, and over 8% said they were on break or were starting school soon. The most common reasons youth reported not being enrolled in school were wanting to work instead of going to school and not being interested in going to school. Some youth also reported health or personal problems, childcare responsibilities, and college cost as reasons for not being enrolled in school. Most youth said they put “a lot” or “some” thought in returning to school, and a third of the participants who were not enrolled were seriously looking into a specific school they may apply to or attend.

Significant gender differences were found in the main reason for not being enrolled in school ($F = 3.9, p < .001$). The central difference pertained to interest in returning to school, with a greater percentage of males than females saying that they were not interested in going back (23.4% vs. 6.0%). As seen in Table

25, females gave more thought than males to going back to school ($F = 10.8, p < .001$). Furthermore, females were also more likely than males to look into schools as a step to returning ($F = 6.9, p < .001$).

Table 25. Reasons for Nonenrollment and Plans to Return to School ($n = 484$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Main reason not enrolled in school							***
Not interested in going back to school	58	12.4	40	23.4	18	6.0	
Want to go back to school eventually, but not right now	146	31.8	44	24.3	102	36.1	
Health or personal problems are preventing you from going back to school	29	6.2	9	5.0	20	6.9	
School is too expensive	27	4.9	11	6.1	16	4.1	
Want to work instead of going to school	88	16.5	50	22.7	38	12.9	
Have to care for your children	29	6.9	6	4.2	23	8.4	
Have no transportation	8	1.3	1	0.4	7	1.8	
Discouraged by significant others	6	1.0	2	0.4	4	1.4	
Will be starting school soon or are on school break	37	8.2	12	5.9	25	9.6	
Do not have the forms or papers needed to return to school	9	1.9	0	0.0	9	2.9	
Lost financial aid	18	4.3	2	1.6	16	5.8	
A criminal record makes attending school difficult	6	1.6	3	2.4	3	1.2	
Did finish school (volunteered)	9	1.3	4	1.7	5	1.1	
Other reasons	10	1.9	5	1.9	5	1.8	
How much thought given to returning to school							***
A lot	240	51.7	70	36.5	170	60.7	
Some	170	34.3	81	43.8	89	28.7	
None	73	14.0	41	19.7	32	10.6	
Steps taken to return to school							***
Seriously looked into a specific school	152	33.6	37	21.2	115	40.9	
Have not looked but plan on doing so soon	159	34.9	60	36.7	99	33.9	
Not going to look into specific school or program anytime soon	164	30.1	91	40.9	73	23.7	
Already chosen/accepted into a school (volunteered)	7	1.4	3	1.1	4	1.5	

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

^a Includes youth who were not currently enrolled in school.

Table 26 presents findings on barriers to returning to school for youth who were not currently enrolled. Over one-third of youth reported that they faced at least one barrier to continuing their education. Among youth who reported that that they faced a barrier, needing to work full time, concerns about not being able to afford college, and childcare responsibilities were the barriers most commonly reported as being a “major reason” for not returning.

There were a few gender differences in terms of barriers to returning to school. A greater percentage of females than males reported that there was something preventing them from continuing their education (41.5% vs. 24.1%, $F = 11.4, p < .001$). Among youth who said there was a barrier, childcare responsibilities ($F = 17.1, p < .001$) were more “major” or “minor” barriers for females (51.1%) than males (24.0%, $F = 3.4, p < .05$). Females were also more likely than males to report not having paperwork as a “major” barrier (12.1% vs. 0.8%, $F = 3.4, p < .05$).

Table 26. Barriers to Returning to School ($n = 484$)^a

	#	%
Anything preventing from continuing education	173	35.0
Among youth with something preventing them from continuing education ($n = 173$)		
Would not be able to afford college		
Major reason	68	35.8
Minor reason	54	29.8
Not a reason	51	34.5
Need to work full time		
Major reason	81	42.9
Minor reason	56	33.9
Not a reason	35	23.2
Youth did not think he/she would be accepted to college		
Major reason	13	6.2
Minor reason	37	19.5
Not a reason	123	74.3
No school close by has classes that fit schedule		
Major reason	8	3.7
Minor reason	39	24.6
Not a reason	125	71.7
Criminal record		
Major reason	6	3.5

	#	%
Minor reason	13	7.1
Not a reason	154	89.4
No transportation		
Major reason	22	12.6
Minor reason	27	13.7
Not a reason	124	73.7
Need to care for children		
Major reason	44	29.5
Minor reason	25	14.6
Not a reason	104	55.9
Do not have paperwork or do not know how to enroll		
Major reason	16	9.2
Minor reason	31	15.8
Not a reason	126	75.0

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who were not currently enrolled in school.

Information about youths' educational aspirations and expectations is displayed in Table 27. Overall, most youth aspired to complete a college degree (87%), with about 77% wanting to complete a 4-year degree or higher. However, the amount of education youth expected they would complete was a bit lower. For example, about 77% expected to complete a college degree, including 60% who expected to earn a 4-year degree or higher.

Table 27. Educational Aspirations and Expectations ($n = 620$)^a

	#	%
If you could go as far as you wanted in school, how far would you go?		
Less than a high school credential	2	0.2
High school diploma, GED, or certificate of completion	26	4.1
Earn a vocational or technical certificate, diploma, or license	36	6.2
Some college	12	1.4
Earn a 2-year degree	64	9.4
Earn a 4-year degree	203	33.5
Earn more than a 4-year degree	249	43.6
Other	9	1.7
How far do you think you will actually go in school?		
Less than a high school credential	6	0.9

	#	%
High school diploma, GED, or certificate of completion	47	7.1
Earn a vocational or technical certificate, diploma, or license	42	7.2
Some college	35	4.8
Earn a 2-year degree	107	16.3
Earn a 4-year degree	207	37.4
Earn more than a 4-year degree	121	22.9
Other	11	3.3

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

Employment, Income, and Assets

Employment

Previous research indicates that young people who age out of foster care generally have unfavorable employment outcomes in terms of job market participation and earnings (Dworsky, 2005; Hook & Courtney, 2011; Macomber et al., 2008; Naccarato, Brophy, & Courtney, 2010; Pecora et al., 2005; Stewart, Kum, Barth, & Duncan, 2014; Zinn & Courtney, 2017). Courtney and colleagues (2010) found that 95% of the 23- and 24-year-old participants in the Midwest Study reported that they had ever held a job. However, only 48% were currently employed compared to 76% of their Add Health counterparts. Among young people who had been employed in the past year, median earnings among Midwest Study participants were just \$8,000 compared to \$18,300 among their Add Health counterparts (Courtney et al., 2010). However, these comparisons should be interpreted with caution. The two studies were conducted several years apart with different labor market conditions at play at the time of the studies (Midwest Study in 2008–09 and Add Health in 2001–02).

Unfortunately, the issue of low earnings and high unemployment does not appear to improve as former foster youth grow older, with multiple studies showing they are less likely than their peers in the general population to be employed or earn equivalent wages (Macomber et al., 2008; Stewart et al., 2014). In their analyses of former foster youth in California, Minnesota, and North Carolina, Macomber and colleagues (2008) found prior work experience to be the only youth characteristic that was significantly associated with employment stability across youth in the three states. Stewart and colleagues' (2014) study of foster care alumni in the same three states also found work history before age 18 to significantly predict employment outcomes at age 24. The authors also found gender differences, with females being more likely than males to be employed at age 24 in all three states. However, the average earnings of females were lower than the earnings of males. Finally, the study found that longer stays in extended care

significantly improved employment outcomes in two of the states (Stewart et al., 2014). Some studies have also found that educational attainment is also associated with improved employment outcomes among foster care alumni (Okpych & Courtney, 2015; Salazar, 2013).

Table 28 presents information about current and recent employment. More than 90% of youth reported that they ever had a job and close to 90% had worked 10 or more hours per week in jobs that lasted more than 9 weeks. At the time of the interview, almost 60% of youth were employed and more than 55% were working 10 or more hours per week. Less than 1% of respondents were currently serving in full-time active duty military. Among youth currently working more than 10 hours per week, the majority of respondents had one job (80.6%) and worked 40 hours or more per week at their main job (57.0%). Youths' average hourly wage was \$14.96. A majority of youth worked a regular day, evening, or night shift, while 32.4% worked a rotating shift, a split shift, or a job with irregular hours. Most youth (67.8%) reported working at least 10 hours per week, about two-thirds were "satisfied" or "extremely satisfied" with their job, and only about 11% were "dissatisfied" or "extremely dissatisfied" with their job.

A significant gender difference was found in terms of military service, with males being more likely than females to be currently serving in full-time active military duty (1.8% vs. 0.2%, $F = 6.8, p < .01$).

Several differences emerged between youth in the CalYOUTH Study and youth in the Add Health study. Add Health participants were more likely than CalYOUTH participants to have ever had a job (97.0% vs. 92.4%, $F = 14.7, p < .001$), and this was true for both males (97.4% vs. 92.9%, $F = 6.2, p < .05$) and females (96.8% vs. 92.0%, $F = 8.5, p < .01$). Similarly, Add Health participants were more likely than CalYOUTH participants to have ever worked 10 or more hours per week for at least 9 weeks (95.9% vs. 86.6%, $F = 38.6, p < .001$), which was the case for both males (96.7% vs. 87.7%, $F = 17.9, p < .001$) and females (95.4% vs. 86.0%, $F = 21.6, p < .001$). Add Health respondents were more likely than CalYOUTH respondents to be currently working 10 or more hours per week at the time of interview (74.9% vs. 55.3%, $F = 52.5, p < .001$), which was true for both males (78.9% vs. 60.6%, $F = 21.1, p < .001$) and females (72.3% vs. 52.2%, $F = 31.3, p < .001$). Interestingly, among those who were currently working 10 or more hours per week, CalYOUTH participants were more likely than Add Health participants to be working two or more jobs (19.5% vs. 10.3%, $F = 13.4, p < .001$). This difference was present for both males (21.5% vs. 9.1%, $F = 11.8, p < .001$) and females (18.1% vs. 11.2%, $F = 4.1, p < .05$). There were differences in the number of hours worked per week, with CalYOUTH participants being more likely than Add Health participants to be working 34 or fewer hours per week (33.6% vs. 18.9%) and less likely to be working 40 hours per week or more (57.0% vs. 72.7%, $F = 12.0, p < .001$). These between-study differences were similar for males and females.

Table 28. Current and Recent Employment ($n = 620$)^a

	#	%
Ever had a job ($n = 620$)	576	92.4
Ever worked 10+ hours/week that lasted at least 9 weeks ($n = 620$)	541	86.6
Current employment ($n = 620$)		
Not employed	249	41.1
Employed part time	110	16.9
Employed full time	260	41.9
Currently working 10+ hours/week ($n = 620$)	351	55.3
Currently serving in full-time active duty military ($n = 620$)	4	0.8
Among youth working 10+ hours per week ($n = 351$)		
Number of current jobs		
One job	285	80.6
Two or more jobs	66	19.5
Number of hours worked per week on average at main job (Mean (SD))	36.9 (12.8)	
Number of hours worked per week at main job		
10 to 19 hours	25	7.3
20 to 34 hours	92	26.3
35 to 39 hours	29	9.4
40 hours	139	38.6
More than 40 hours	66	18.4
Hourly wage (Mean (SD)) ^b	\$14.96 (\$5.20)	
Type of work shift		
Regular day shift	167	48.7
Regular evening shift	35	8.9
Regular night shift	35	8.5
Shift rotates	62	17.6
Split shift	11	4.1
Irregular schedule/hours	37	10.7
Other	4	1.6
Satisfaction with job		
Extremely satisfied	66	16.4
Satisfied	172	51.4
Neither satisfied/dissatisfied	79	21.3
Dissatisfied	21	6.3
Extremely dissatisfied	13	4.6

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b Youth could provide their wage earnings on different pay scales (i.e., hourly, daily, weekly, biweekly, bimonthly, monthly, and annually), although most youth reported on an hourly pay scale ($n = 302$). The other wage scales

were converted to an hourly rate of pay. Of the 351 youth who were asked about their earnings, one youth refused and four youth didn't know. None of these youth are represented in the earnings calculation, which included 346 respondents.

Information about job benefits of youth who reported working 10 or more hours per week is presented in Table 29. The most common types of benefits youth reporting having at their job were unpaid parental leave, paid vacation or sick days, health insurance, paid parental leave, and dental benefits. Among youth with paid vacation or sick days, almost half received more than 8 days of paid vacation or sick days per year, and the average number of days they could receive was 9.3 ($SD = 12.9$).

Table 29. Job Benefits ($n = 351$)^a

	#	%
Life insurance	121	38.4
Health insurance	221	65.5
Dental benefits	204	61.3
Paid parental leave	212	64.4
Unpaid parental leave	251	79.4
Retirement plan/pension	169	54.7
Paid vacation or sick days	264	76.1
Among youth with paid vacation or sick days, number of paid vacation or sick days per year ($n = 264$) ^b		
1 to 7 days	122	54.4
8 or more days	94	45.6

Note: Unweighted frequencies and weighted percentages.

^a Includes youth working at least 10 hours per week.

^b Item missing 18.2% due to "don't know" responses.

Table 30 depicts the main reasons for working part time instead of full time among respondents who were currently working fewer than 35 hours per week. More than two-thirds of respondents working part time want to work full time. The most common reason for working part time was personal preference, followed by school/training, only being able to find part-time work, and child care problems.

Table 30. Reasons for Part-Time Work ($n = 111$)^a

	#	%
Main reason for working part time		
Slack work/business conditions	9	8.4
Could only find part-time work	16	16.6
Seasonal work	2	1.3
Child care problems	14	13.8

	#	%
Other family/personal obligations	8	7.2
Health/medical limitations	8	5.2
School/training	20	17.2
Full-time work week is less than 35 hours	13	11.7
Only want to work part time, personal preference	18	17.6
Other	2	1.3
Want to work full time ^b		
Yes	78	68.5
No	32	30.2

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who were currently working less than 35 hours per week.

^b One youth volunteered that they already work full time.

Table 31 presents the efforts that the youth who were not currently employed made to find work. When asked if they want a job, three quarters of respondents who were not working at the time of the interview answered “yes” or “maybe, it depends.” Among youth who were not disabled or able to work, about a fifth worked for pay or profit in the week before the interview. Among youth who did not work in the previous week, close to three-fifths made efforts to find work in the last 4 weeks. Among youth who made efforts to find a work, the most common job searching activities were sending out resumes or filling out applications, contacting an employer directly, contacting friends or relatives, and looking at job advertisements. Most youth who have been looking for work in the past 4 weeks said that they have been looking for work for “weeks,” followed by “months” and “years.” Among youth looking for work, about two-thirds were seeking full-time work.

A few differences by gender and race/ethnicity emerged in activities youth were doing to find employment. Among those who had not worked in the past 4 weeks, females were more likely than males to contact an employment agency (62.4% vs. 31.1%, $F = 6.6, p < .05$) and to send out resumes or fill out applications (96.8% vs. 73.3%, $F = 6.2, p < .05$). A significant difference was also found by race/ethnicity for contacting friends and relatives to find work ($F = 2.8, p < .05$).¹⁴

¹⁴ While the overall distribution of responses about contacting friends and family to find work differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The difference that approached statistical significance suggests that African American youth (43.9%) were less likely than white youth (85.7%) to turn to friends and family.

Table 31. Efforts to Become Employed (*n* = 249)^a

	#	%
Currently want a job		
Yes or maybe, it depends	181	75.3
No	37	14.3
Disabled	16	5.4
Unable to work	14	5.0
Worked last week for pay/profit (<i>n</i> = 219) ^b		
Yes	42	19.4
No	168	75.1
Disabled	2	1.9
Unable to work	7	3.6
Have youth been doing anything to find work in the last 4 weeks (<i>n</i> = 168) ^c		
Yes	93	59.2
No	68	37.2
Disabled	2	1.2
Unable to work	4	2.4
Among youth who were doing anything to find work in the last 4 weeks (<i>n</i> = 93):		
Activities done in past 4 weeks to find work (can select more than one)		
Contacted an employer directly or had a job interview	67	72.5
Contacted an employment agency	52	52.0
Contacted friends or relatives	63	66.1
Contacted a school or university employment center	20	18.6
Sent out resumes or filled out applications	85	88.9
Placed or answered ads	41	43.3
Checked union or professional registers	15	16.7
Looked at ads	57	58.9
Attended job training programs or courses	21	21.5
Other	2	2.5
Length of time looking for work		
Weeks	58	65.0
Months	26	27.5
Years	8	7.5
Looking for work of 35 hours or more per week		

	#	%
Yes	62	64.9
No	9	8.1
Doesn't matter	22	27.0

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who were not working at all.

^b Excludes youth who said they were disabled or unable to work in previous question.

^c Includes youth who said they had not been working in the past week.

Table 32 provides information regarding respondents' work experiences in the 12 months prior to the interview, excluding youth who reported that they were disabled or unable to work. About 87% of respondents worked at a job that lasted 3 or more months and worked at least 20 hours per week. Of these youth, almost two-thirds worked for the entire 12 months (63.6%) and about two-thirds worked full-time (65.9%). Few respondents were in the military in the year before the interview. Among all survey participants, about a quarter had completed a paid or unpaid apprenticeship, internship, or other on-the-job training in the previous year.

Multiple subgroup differences were identified in work experience of the past year. Females were more likely than males to work mostly in part-time jobs (38.5% vs. 27.1%, $F = 5.0, p < .05$). In the past 12 months, Hispanic youth were more likely than white youth to work for the entire 12 months (71.4% vs. 53.8%, $F = 2.8, p < .05$). Additionally, multiracial youth (39.9%) and youth in the "other" race/ethnicity group (52.8%) were more likely than white youth (17.1%) to complete apprenticeship, internship, or other on-the-job training ($F = 4.4, p < .01$).

CalYOUTH and Add Health participants who had worked in the past year were compared in terms of whether they worked for the entire 12 months and whether this work was part time or full time. Add Health participants were more likely than CalYOUTH participants to have been working for the entire year (77.2% vs. 63.6%, $F = 22.0, p < .001$), and this was true for both males (79.4% vs. 68.1%, $F = 7.5, p < .01$) and females (75.8% vs. 60.8%, $F = 14.3, p < .001$). Moreover, Add Health participants were more likely than CalYOUTH participants to have worked full time (78.5% vs. 65.9%, $F = 20.5, p < .001$). Gender differences were only significant for females; Add Health females were more likely than CalYOUTH females to have worked full time (77.7% vs. 61.5%, $F = 18.8, p < .001$).

Table 32. Work Experience in Past 12 Months (*n* = 552)^{a,b}

	#	%
Worked in last 12 months at job that lasted 3 or more months and worked at least 20 hours per week		
Yes	478	87.3
No	74	12.7
Among youth who worked in past 12 months at a job that lasted 3 or more months and worked at least 20 hours per week (<i>n</i> = 478)		
Worked for entire 12 months		
Yes	298	63.6
No	180	36.4
Worked mostly full time or part time		
Full time	319	65.9
Part time	158	34.1
Work was civilian or military		
Civilian	465	97.9
Military	3	1.0
Both civilian and military	4	1.0
Among all youth, completed apprenticeship, internship, or other on-the-job training (paid or unpaid) during past year (<i>n</i> = 620)	153	25.8

Note: Unweighted frequencies and weighted percentages.

^a Excludes youth who had never worked and youth who reported being disabled or unable to work in the questions in the previous table.

^b Two youth were not asked these question during the interview.

Youth and Household Earnings

Information on earnings from employment of CalYOUTH respondents and the partner/spouse with whom they live is displayed in Table 33. It is useful to keep in mind that all of the CalYOUTH respondents had left care prior to the time period over which our interview questions assess their employment and earnings. When asked about earnings received during the 12 months preceding their interview, over three-fourths of youth reported having income from their own employment. More than four in ten youth who had employment earnings reported a yearly household income of \$10,000 or less. The average annual income from employment was \$19,600 (the median was \$15,000). Among all youth, including those who reported earning \$0, the average annual income from employment was \$14,760 (the median was \$8,000).

In the year 2018, the federal poverty level for a single adult was \$12,140 (U.S. Department of Health and Human Services, 2020). When considering all CalYOUTH participants, just under 60% were found to

have annual incomes below the federal poverty level. Among CalYOUTH participants who had earnings from employment in the past year, about 46% reported annual earnings that fell below the federal poverty level for an individual. These percentages should be interpreted with caution. It is important to keep in mind that some youth were enrolled in school during the previous year or were not seeking employment. Additionally, the percentages of youth below the federal poverty level reported here considers just income from employment, and CalYOUTH participants may have received income from other sources. Finally, this measure does not consider the combined earnings of participants and their partners for youth who were cohabiting with a partner or spouse.

Almost three-fourths of youth who lived with their spouse or partner reported that their spouse/partner received income from employment during the past year. Among spouses/partners who received any income, over four in ten were earning \$10,000 or less. Almost 40% of spouses/partners who had earnings in the previous year were earning over \$25,000. The average annual earnings for spouses/partners was about \$25,770 (the median was \$17,500).

Multiple subgroup differences were found. In terms of past-year earnings, females were more likely than males to earn \$1 to \$5,000 (26.6% vs. 14.6%) and less likely than males to earn more than \$10,000 (19.2% vs. 41.5%, $F = 8.1, p < .001$). In the past year, on average, females earned \$15,944, which was significantly lower than males' earnings (\$25,407, $F = 20.9, p < .001$). Females were more likely than males to have income from their spouse's/partner's employment in the past year (79.3% vs. 60.6%, $F = 5.6, p < .05$). Hispanic youth (13.1%) were less likely than white youth (26.7%) and African American youth (43.7%) to earn between \$1 and \$5,000 in the past year ($F = 3.3, p < .001$). African American youth (\$13,372) earned significantly less in the past year than did multiracial youth (\$23,341, $F = 4.6, p < .05$), Hispanic youth (\$22,164, $F = 13.1, p < .001$), and youth in the "other" race/ethnicity group (\$23,696, $F = 5.6, p < .05$). The past-year earnings of white youth (\$18,063) did not significantly differ from the other groups. African American youth were more likely than Hispanic youth to report an income of \$1 to \$5,000 from their spouse's/partner's employment (64.4% vs. 10.5%, $F = 2.2, p < .05$).

We compared participants in CalYOUTH and participants in the PSID study in terms of their earnings during the past year. Compared to their counterparts in the PSID study, CalYOUTH participants were less likely to have received any income from a job in the past year (75.8% vs 85.7%, $F = 5.4, p < .05$). Gender differences were only significant for males; CalYOUTH males were less likely than PSID males to have received income from a job (78.6% vs 93.1%, $F = 11.4, p < .001$). CalYOUTH participants and PSID participants did not significantly differ in the average amount of income from employment, either when comparing all youth (\$14,761 for CalYOUTH vs. \$16,504 for PSID) or when comparing just those who

reported earning income in the previous year (\$19,601 for CalYOUTH vs. \$19,334 for PSID).¹⁵ Among those with any earnings from employment in the previous year, there were significant differences in the percentage of youth living below the federal poverty level for just females (54.7% for CalYOUTH females vs. 35.1% for PSID females, $F = 7.3, p < .01$) based solely on their earnings.¹⁶ However, if we considered all youth including those who reported no earnings during the past year, CalYOUTH participants were more likely than PSID participants to fall below the federal poverty level (59.2% vs. 46.2%, $F = 7.3, p < .01$). Gender differences were only significant for females; CalYOUTH females were more likely than PSID females to fall below the federal poverty level (66.6% vs. 47.7%, $F = 9.0, p < .01$). The limitations noted earlier in this section about the federal poverty level measure also apply to comparisons made between CalYOUTH and PSID participants.

Table 33. Income of Youth and Youths' Partner/Spouse ($n = 620$)^a

	#	%
Any income from employment during the past year	471	75.8
Among youth with any earnings in the past year, amount of income from employment (average; $n = 471$) ^b (Mean (SD))	\$19,601 (\$18,339)	
Among youth with any earnings in the past year, amount of income from employment (categories; $n = 471$) ^c		
\$1 to \$5,000	104	22.0
\$5,001 to \$10,000	89	20.7
\$10,001 to \$25,000	142	29.5
More than \$25,000	124	27.8
Among all youth, income from earnings was below the 2018 federal poverty level for an individual ($n = 620$)	358	59.2

¹⁵ When interpreting these findings, it is important to keep in mind that California's state minimum wage of \$12/hour is greater than the minimum wages of most other states in the U.S. Further, some counties had county minimum wages that were higher than the state minimum wage (e.g., \$15 in Berkeley and San Francisco). Since PSID is a nationally representative sample, the nonsignificant differences in income from earnings between CalYOUTH participants and PSID participants (particularly when \$0 wage earners are included) may be due in part to wage differences between California and the entire U.S. Due to small sample sizes, it was not possible to limit the PSID sample to just young people residing in California.

¹⁶ To make the analysis comparable between the two studies, a binary measure of whether participants fell below the federal poverty level was created for each study for the year before the interviews were conducted. The federal poverty level was based on HHS guidelines. Interviews for the CalYOUTH Study were conducted in 2019, and the percentage of participants below the 2018 federal poverty level for a single person was calculated using the threshold of \$12,140. Interviews for the PSID study, Transition into Adulthood Supplement, were conducted in 2017, and the percentage of participants below the 2016 federal poverty level for a single person was calculated using the threshold of \$11,880.

	#	%
Among youth with any earnings in the past year, income from earnings was below the 2018 federal poverty level for an individual (<i>n</i> = 471)	211	45.8
Any income from spouse's/partner's employment during the past year (<i>n</i> = 229) ^d	167	74.1
Amount of spouse's/partner's income from employment, if any (average; <i>n</i> = 167) ^e (Mean (SD))		\$25,769 (\$27,586)
Amount of spouse's/partner's income from employment, if any (categories; <i>n</i> = 167) ^f		
\$1 to \$5,000	29	16.6
\$5,001 to \$10,000	33	25.0
\$10,001 to \$25,000	35	21.1
More than \$25,000	63	37.4

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked the question during the interview.

^b Includes youth who received income from a job in the past 12 months. One hundred and thirteen youth reported "don't know" or "refused" to the question about the specific dollar amount of their earnings from employment and were asked a follow-up question with income categories. When calculating mean earnings, the midpoint was used for the following income categories: "\$1 to \$5,000" (*n* = 20), "\$5,001 to \$10,000" (*n* = 22), "10,001 to \$25,000" (*n* = 37), "\$25,001 to \$50,000" (*n* = 18), "\$50,001 to \$100,000" (*n* = 7), and "\$100,000 to 250,000" (*n* = 1). The nine remaining youth reported "don't know" or "refused" to the question with earnings categories.

^c Includes youth who received income from a job in the past 12 months. Youth were first asked to provide the exact dollar amount of earnings, but if they replied "don't know" or "refused," they were asked a follow-up question with earnings categories. The earnings categories reported here reflect the categories in the latter question. The responses of youth who reported a specific earnings amount were recoded to these categories.

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

^e Fifty-one youth reported "don't know" or "refused" to the question about the specific dollar amount of their partner's/spouse's income from employment and were asked a follow-up question with income categories. When calculating mean earnings, the midpoint was used for the following categories: "\$1 to \$5,000" (*n* = 5), "\$5,001 to \$10,000" (*n* = 17), "10,001 to \$25,000" (*n* = 7), "25,001 to \$50,000" (*n* = 10), "\$50,001 to \$100,000" (*n* = 5), and "\$100,001 to \$250,000" (*n* = 1). Six remaining youth answered "don't know" or "refused" to the question regarding earnings categories.

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

Income from Other Sources

Youth who were living with their own children, their spouse's/partner's children, or both (*n* = 195) were asked about the income they had received from child support and the Earned Income Tax Credit (EITC). These findings are shown in Table 34. One in ten of the CalYOUTH participants with children reported that child support payments had been agreed to or awarded during the past year. Among youth who did not have a child support agreement in the past 12 months, nearly 10% said that they or their

spouse/partner were supposed to have received child support. Among youth who received or were supposed to receive child support payments in the past 12 months, about half reported that they did not receive anything. Of the youth living with their own or their spouse's/partner's child (or both), over 40% either did claim, or were planning to claim, an EITC benefit. About 40% of youth were unaware of the EITC program, 16% reported that they were not eligible for EITC, and the remaining youth reported not claiming EITC for other reasons.

Table 34. Income from Child Support and EITC (*n* = 195)^a

	#	%
Child support payments agreed to or awarded during last 12 months	21	10.2
Among youth for whom child support payments were not agreed to or awarded in last 12 months, supposed to receive child support payments during last 12 months (<i>n</i> = 174)	16	9.8
Amount of child support payments received in last 12 months (<i>n</i> = 37) ^{b,c}		
\$0	16	52.7
\$1 to \$500	6	17.9
\$501 or more	13	29.7
Claimed/planning to claim the EITC (<i>n</i> = 195)		
Yes, I did claim the EITC	71	35.4
Yes, planning to claim the EITC	11	6.1
No, not eligible for the EITC	30	16.0
No, not aware of the EITC	71	38.3
No, other reasons	8	4.3

Note: Unweighted frequencies and weighted percentages.

^a Includes youth living with their child, their partner's/spouse's child, or both.

^b Includes youth for whom child support payments were agreed to/awarded, or who were supposed to receive payments.

^c Item missing 10.8% due to "don't know" and "refused" responses.

Some youth reported income from sources other than employment, child support, and the EITC, which are presented in Table 35. Of the youth living with someone above the age of 14 (not including their spouse/partner), about 45% reported that these individuals had incomes between \$10,001 and \$50,000. The average income was just under \$40,000 (the median income was \$17,500).¹⁷ About a third of all respondents reported that someone else helped them out by giving them money (not including loans) since their last interview. These youth were then asked whether they received money from a family

¹⁷ The average income is considerably larger than the median income due to several youth who reported large incomes. Sixteen youth reported incomes of household members of \$150,000 or more.

member, friend, or social service agency. The greatest percentage of youth reported that they received money from a family member (75.1%), followed by a friend (54.2%). All youth were then asked if they received money from anyone else, and about 11% reported that they did. When asked to estimate the amount they received from all sources since their last interview, the majority of youth (86.3%) reported the total amount was \$5,000 or less. The overall average amount received was just over \$3,000 (the median was \$1,200).

Race/ethnicity differences were found in whether youth received money (not including loans) from anyone since last interview, with multiracial youth being more likely to have received money than Hispanic youth (48.8% vs. 27.0%, $F = 2.9, p < .05$)

Table 35. Income from Other Sources ($n = 620$)^a

	#	%
Amount of income of other household members above age 14 (average; $n = 310$) ^{b,c,d} (Mean (SD))	\$39,949 (\$49,836)	
Amount of income of other household members above age 14 (categories; $n = 310$) ^{b,d,e}		
\$5,000 or less	51	20.7
\$5,001 to \$10,000	28	10.3
\$10,001 to \$25,000	66	23.4
\$25,001 to \$50,000	61	21.7
\$50,001 to \$100,000	40	15.6
More than \$100,000	20	8.3
Not including loans, received money from anyone since last interview ($n = 620$)	209	33.6
Among youth who received money from anyone since last interview, received money from a family member since last interview ($n = 209$)	162	75.1
Among youth who received money from anyone since last interview, received money from a friend since last interview ($n = 209$)	107	54.2
Received money from a social service agency since last interview ($n = 620$)	59	8.9
Received money from anyone else ($n = 620$)	65	10.9
Among youth who received money, total amount of money received from all people above (average; $n = 262$) ^{f,g} (Mean (SD))	\$3,438 (\$6,919)	
Total amount of money received from all people above (categories; $n = 262$) ^{f,h}		
\$1 to \$5,000	217	86.3
\$5,001 to \$10,000	22	7.4
\$10,001 to \$25,000	14	4.7
\$25,001 to \$50,000	5	1.6

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b Includes youth who had someone living in their household above the age of 14, other than a spouse or partner. A total of 18 youth said that someone above age 14 lived in their household but had an income of \$0. These youth are not included in the calculations in the table.

^c Two hundred twenty youth reported “don’t know” or “refused” to the question about the specific dollar amount of their income from employment and were asked a follow-up question with income categories. When calculating the mean income, the midpoint was used for the following income categories: “\$1 to \$5,000” ($n = 31$), “\$5,001 to \$10,000” ($n = 23$), “10,001 to \$25,000” ($n = 46$), “25,001 to \$50,000” ($n = 38$), “50,001 to \$100,000” ($n = 26$), “\$100,001 to \$250,000” ($n = 10$), and “more than \$250,000” ($n = 3$). For the three youth who reported “more than \$250,000,” \$250,000 was entered as the dollar amount. The 43 remaining youth replied “don’t know” or “refused” to the question with income categories.

^d Item missing 13.4% due to “don’t know” and “refused” responses.

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

^f Includes youth who received money from family, friends, social service agencies, or anyone else.

^g Thirty-two youth replied “don’t know” or “refused” to the question about the specific dollar amount of money received from others and were asked a follow-up question with categories. When calculating the mean amount of money received, the midpoint was used for the following categories: “\$1 to \$5,000” ($n = 16$), “\$5,001 to \$10,000” ($n = 8$), and “10,001 to \$25,000” ($n = 4$). The four remaining youth reported “don’t know” or “refused” to the question with categories.

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

Housing Costs

Table 36 reports the costs of housing and utilities for youth who were not homeless and who were not living in an institutional setting (e.g., residential treatment centers, hospitals, and correctional facilities) at the time of the interview. The majority of these youth (84.1%) were renting, while just under 5% said they owned the property, and the remaining youth reported having some other type of housing status. Certain youth (i.e., those living in their own place; hotel/motel/single-room occupancy; transitional housing placement; a college dorm; or with parents, relatives, former foster family, spouse/partner, or friends) were asked how much they were paying in monthly rent. The largest percentage of these youth reported paying \$500 or less in rent (38.8%), followed by \$501 to \$1,000 (23.0%). About 16% of these youth reported paying \$0 in rent. Excluding those who reported paying \$0 per month for rent, the average monthly rent was about \$782 (the median rent was \$600). Nearly all youth (96.5%) paid rent monthly. In terms of the cost of utilities, the most common amount that youth reported paying per month was \$0 (41.2%), followed by monthly utility costs between \$51 and \$100 (16.3%).

Race/ethnicity differences were found for housing status, with white youth being more likely than African American youth to own the property (13.5% vs. 1.2%, $F = 3.8$, $p < 0.001$). Significant differences by race/ethnicity were also found for rent billing period ($F = 4.1$, $p < 0.001$).¹⁸

¹⁸ While the overall distribution of responses about rent billing period differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The difference that approached Chapin Hall at the University of Chicago

Table 36. Costs of Housing and Utilities

	#	%
Housing status of youth living in their own place or living with a spouse/partner (<i>n</i> = 344) ^a		
Owns	18	4.6
Rents	289	84.1
Other	37	11.3
Among youth living in their own place, hotel/motel/single-room occupancy, transitional housing placement, with parents, with relatives, with former foster family, with spouse/partner, with friends, and in a college dorm (<i>n</i> = 554) ^b		
Amount paying for rent per month (categories) ^{b,c}		
Youth reported paying \$0	94	16.4
\$500 or less	203	38.8
\$501 to \$1,000	137	23.0
\$1,001 to \$1,500	65	13.3
\$1,501 to \$2,000	22	4.0
More than \$2,000	19	4.5
Among youth paying more than \$0 for rent, amount paying for rent or mortgage per month (average; <i>n</i> = 460) ^{b,c} (Mean (SD))	\$782	(\$671)
Rent billing period		
Every week or every two weeks	9	1.7
Every month	431	96.5
Other	8	1.8
Amount paying for utilities per month ^{b,d}		
\$0	226	41.2
\$1 to \$50	61	11.8
\$51 to \$100	90	16.3
\$101 to \$150	37	5.8
\$151 to \$200	51	10.6
\$201 to \$250	15	3.3
More than \$250	61	11.1

Note: Unweighted frequencies and weighted percentages.

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

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

statistical significance suggests that multiracial youth (9.0%) were more likely than youth in the “other” race/ethnicity group (0.0%), Hispanic youth (0.9%), white youth (1.5%), and African American youth (2.1%) to pay rent every week or two weeks.

^c Twenty-one youth reported “don’t know” or “refused” to the question about the specific dollar amount of how much they pay for rent and were asked a follow-up question with rent amount categories. When calculating the mean income, the midpoint was used for the following income category: “\$1 to \$500” ($n = 3$), “\$501 to \$1,000” ($n = 2$), “\$1,001 to \$1,500” ($n = 2$), “\$2,501 to \$3,000” ($n = 1$), and “\$3,501 to \$5,000” ($n = 1$). One youth reported “more than \$10,000” and \$10,000 was entered as the dollar amount for the youth. The remaining 11 youth reported “don’t know” or “refused” to the question with categories.

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

Assets and Debts

Table 37 presents information on the checking, savings, and money market accounts of CalYOUTH participants. Almost three-fifths of youth reported having a checking, savings, or money market account. Of the youth with an account who also reported living with a spouse or partner, over half reported that they and their spouse/partner each had their own separate account, and over 20% had their own account. Of all of the youth with an account, just over half indicated having a balance between \$1 and \$1,000 at the time of the interview. The next most common amount was between \$1,001 and \$2,500. Excluding the 6% of the respondents who had a balance of \$0 in their bank accounts, the average balance was \$3,245 (the median was \$1,000).

Multiracial youth (37.4%) were more likely to have a total balance of \$5,001 to \$10,000 than white (5.3%) and African American youth (1.1%) across accounts (e.g., checking account, savings account, money market account or funds) at the time of interview ($F = 2.5, p < .001$). On average, among youth with an account with more than a \$0 balance, African American youth (\$1,134) had a significantly smaller balance than did multiracial youth (\$4,899) and Hispanic youth (\$2,975, $F = 7.2, p < .001$).

Differences were also found between the CalYOUTH respondents and PSID respondents.¹⁹ Young people in CalYOUTH were significantly less likely than those in PSID to have a checking, savings, money market account or funds (53.9% vs. 87.8%, $F = 61.5, p < .001$), and this was true for both males (52.4% vs. 87.2%, $F = 29.8, p < .001$) and females (54.8% vs. 88.1%, $F = 33.2, p < .001$). Among youth who had an account, CalYOUTH participants had significantly less than PSID participants (\$3,245 vs. \$6,918, $F = 10.1, p < .01$), and this was true for both males (\$2,510 vs. \$5,617, $F = 7.9, p < .01$) and females (\$3,639 vs. \$7,687, $F = 5.7, p < .05$). Further, when considering the average balances for all youth (including

¹⁹ In the PSID study, respondents were asked two questions about their accounts (one about checking and savings accounts, and another about other types of accounts such as money market funds, certificates of deposits, government savings bonds, and rights to a trust or estate). In contrast, CalYOUTH participants were asked a single question about their various accounts. To make the studies comparable, we combined the two separate PSID items into a single question. Another difference between the two studies is that PSID participants were asked about their own accounts, while CalYOUTH participants were asked about their own accounts as well as accounts that were jointly owned with a partner. To make the analyses comparable between the two studies, CalYOUTH data were restricted to respondents who only reported about their own assets, which is why the percentages and the means reported in the text do not exactly match those reported in Table 37.

those with no accounts), CalYOUTH participants reported a significantly lower amounts than did PSID participants (\$1,706 vs. \$5,839, $F = 19.0$, $p < .001$). Significant differences in account amounts were found for males (\$1,251 vs. \$4,679, $F = 14.4$, $p < .001$) and females (\$1,970 vs. \$6,538, $F = 10.5$, $p < .01$).

Table 37. Checking Accounts, Savings Accounts, and Money Market Accounts ($n = 620$)^a

	#	%
Any checking account, savings account, money market account or funds	355	57.2
Among youth with an account who is living with a spouse/partner, ownership status of bank account(s) ($n = 143$)		
Has own account	27	21.3
Has account jointly with spouse/partner only	20	13.6
Has own account and account jointly with spouse/partner	16	11.3
All accounts belong to spouse/partner only	3	1.2
Has own account and spouse/partner has their own account	77	52.6
Amount of current balance in all accounts (average; $n = 338$) ^{b,c} (Mean (SD))		\$3,245 (\$7,618)
Amount of current balance in all accounts ($n = 338$) ^d		
\$0	17	6.0
\$1 to \$1,000	173	51.2
\$1,001 to \$2,500	55	16.5
\$2,501 to \$5,000	42	11.6
\$5,001 to \$10,000	32	10.1
More than \$10,000	19	4.6

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b Forty-six youth responded “don’t know” or “refused” to the question about the specific dollar amount of their current balance and were asked a follow-up question with categories. When calculating the average amount in all accounts, the midpoint was used for the following categories: “\$1 to \$1,000” ($n = 8$), “\$1,001 to \$2,500” ($n = 8$), “\$2,501 to \$5,000” ($n = 5$), “5,001 to \$10,000” ($n = 3$), “10,001 to \$25,000” ($n = 1$), and “25,001 to \$50,000” ($n = 3$). One youth reported “more than \$50,000” and \$50,000 was entered as the dollar amount for the youth. The 17 remaining youth reported “don’t know” or “refused” to the question with categories.

^c Excludes 17 youth who reported having \$0 in their accounts.

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

Responses to questions about vehicle ownership are presented in Table 38. Almost three in five respondents said that they owned a vehicle. Among all youth who owned a vehicle, about 56% did not owe any money on the vehicle. Among youth who still owed money on their vehicle, more than half reported owing over \$5,000. Among youth with a vehicle who were also living with a spouse or partner at

the time of the interview ($n = 178$), about 40% reported that they and that person each own a vehicle separately, and about 23% shared ownership of a vehicle with their spouse/partner.

One significant subgroup difference was found in vehicle ownership. White youth (63.5%) and Hispanic youth (63.3%) were more likely to own any vehicles than were African American youth (38.3%, $F = 5.6$, $p < 0.001$).

Table 38. Vehicle Ownership ($n = 620$)^a

	#	%
Owns any vehicles	350	56.8
Amount owed on vehicles ($n = 350$) ^b		
\$0	190	56.3
\$1 to \$5,000	43	12.4
\$5,001 to \$10,000	48	13.2
\$10,001 or more	65	18.1
Among youth with a vehicle who is living with a spouse/partner, ownership status of vehicle(s) ($n = 178$)		
Own all vehicles alone	33	19.0
Own all vehicles jointly with spouse/partner	39	22.8
Own vehicles alone and jointly with spouse/partner	6	2.5
Spouse/partner owns vehicles alone	29	15.6
Spouse/partner and I each own vehicle separately	70	40.1

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

^bYouth were first asked to provide the exact dollar amount, but if they replied “don’t know” or “refused” they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Table 39 presents the debts owed by the respondents. Almost one in five youth reported ever borrowing at least \$200 from relatives or friends/nonrelatives.²⁰ Of the youth who ever borrowed, more than three-fourths borrowed money from a relative and more than one-half borrowed money from a friend/nonrelative. About half of the youth borrowed less than \$500 from anyone. Of the respondents that had borrowed money from anyone, 65% did not currently owe the lender any money. When youth who

²⁰ The question about youths’ debts excluded money loaned to youth for education expenses (those debts were covered in the section of the survey pertaining to education) and for the purchase or remodeling of a home.

were living with a spouse or partner were asked about any other current debts that were owed either alone or with their partner, about 86% owed more than \$500, with most owing between \$1,001 and \$5,000.

Table 39. Debts ($n = 620$)^a

	#	%
Ever borrowed at least \$200 from relatives or friends/nonrelatives	116	19.3
Among youth who ever borrowed, borrowed at least \$200 from a relative ($n = 116$)	91	77.6
Among youth who ever borrowed, borrowed at least \$200 from a friend/nonrelative ($n = 116$)	62	53.9
Amount borrowed from anyone ($n = 113$)		
\$1 to \$300	25	25.1
\$301 to \$500	29	24.8
\$501 to \$1,000	23	19.6
\$1,001 to \$5,000	34	28.1
More than \$5,001	2	2.4
Amount still owed on loans ($n = 117$)		
\$0	74	65.0
\$1 to \$500	20	16.9
More than \$500	21	18.1
Any other current debts owed, either alone or with spouse/partner ($n = 159$)		
\$0 to \$500	24	14.3
\$501 to \$1,000	24	16.6
\$1,001 to \$5,000	69	44.0
More than \$5,000	41	25.1

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

Economic Hardship, Food Insecurity, and Public Program Participation

Economic Hardship

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

Although earnings increased as youth grew older, the mean and median annual earnings for former foster youth remained below the poverty threshold, even eight years after discharge from care.

In addition to having low incomes, research indicates that former foster youth face economic hardships in meeting their everyday needs and paying for living expenses. Courtney and colleagues (2010) found that almost half (47.5%) of former foster youth at ages 23 and 24 reported experiencing at least one of five material hardships (e.g., not having enough money to pay rent or a utility bill) compared with less than a quarter of their Add Health Study peers (23.2%). Further, former foster youth at 23 and 24 experienced an average of 1.03 types of economic hardships while same-aged youth in Add Health experienced just 0.39 economic hardships on average (Courtney et al., 2010).

Table 40 presents the economic hardships CalYOUTH participants experienced during the past 12 months. Some of the more common hardships youth reported were not having enough money to buy clothing, having their cell phone or TV services disconnected, and not having enough money to pay rent. Overall, just under half (48.6%) of the youth reported experiencing at least one of the economic hardships we asked them about. There were significant difference by gender for some of the hardships, with females being more likely than males to not have enough money to pay utility bills ($F = 30.8, p < .001$), to have their cell phone or TV services disconnected ($F = 9.0, p < .01$), and to have their gas or electricity shut off ($F = 5.3, p < .05$). A greater percentage of females than males experienced any of the hardships they were asked about ($F = 7.3, p < .01$).

Table 40. Economic Hardship in the Past 12 Months ($n = 620$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Not enough money to buy clothing	199	31.1	65	26.0	134	34.2	
Not enough money to pay rent	154	26.2	49	21.9	105	28.8	
Evicted because unable to pay rent/mortgage	49	9.1	15	7.7	34	9.9	
Not enough money to pay utility bills	126	19.1	25	8.0	101	25.7	***
Cell phone/TV services disconnected	164	26.9	48	19.1	116	31.5	**
Gas/electricity shut off	56	8.4	18	5.2	38	10.3	*
Experienced at least one of the economic hardships above	296	48.6	101	40.6	195	53.3	**

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

^a Two youth were not asked these questions during the interview.

Food Insecurity

Food insecurity is a particularly important indicator of economic hardship. Courtney and colleagues (2010) used a food security composite score similar to the short form of the United States Department of Agriculture’s food security measure and found that nearly 29% of 23- and 24-year-olds in the Midwest

Study would be categorized as having low or very low food security. For example, 35.8% of youth reported in the past 12 months that they sometimes or often ran out of food and were unable to afford more. Although limited comparative research has been conducted, some studies suggest that food insecurity is more common for foster youth than for other youth (Government Accountability Office, 2019). For example, a large study of nearly 86,000 2-year and 4-year college students in 24 states found that two-thirds of individuals who had ever been in foster care (66%) experienced an extreme level of food insecurity compared to just less than half of students who had never been in foster care (45%; Goldrick-Rab, Baker-Smith, Coca, Looker, & Williams, 2019).

Table 41 displays food insecurity of CalYOUTH participants. Nearly nine in ten youth reported having enough food to eat in the past month, even if it was not the kinds of food they wanted. Additionally, participants were asked about their experience of several types of food insecurity over the past 12 months. Almost one-quarter of youth said they had to borrow food or food money from relatives or friends, a little under one-quarter reported having to forego paying a bill to purchase food, one-fifth got emergency food from a pantry, and slightly under one-tenth ate at a soup kitchen or community meal program. About one in six youth reported that someone in their household cut or skipped meals because they could not afford food, and among those who ever skipped or cut a meal, nearly one in four did so almost every month. During the past year, over one in ten youth reported not eating for a whole day, and among those who said they did not eat for an entire day, over one in five had done so almost every month. Almost one in five youth said they ate less than they should, nearly one in five were hungry but did not eat, and over one in ten lost weight because of not having enough food. Finally, approximately one-third of the youth reported that it was “often true” or “sometimes true” for each of the following: they worried about running out of food, they did not have enough money to buy food after the food didn’t last, and that they could not afford to eat balanced meals. Overall, 28.2% of the youth qualified as being food insecure based on the USDA measure. Only one difference by race/ethnicity was found for food insecurity, with African American youth being more likely than Hispanic youth to have lost weight because of not having enough food (18.1% vs. 7.5%, $F = 2.4, p < .05$).

Table 41. Food Insecurity ($n = 620$)^a

	#	%
Food situation in the household in past month		
Enough of the kinds of foods wanted	406	67.0
Enough food, but not always the kinds of food wanted	127	20.8
Sometimes not enough food to eat	62	9.3
Often not enough to eat	21	2.9

	#	%
Food insecurity in past 12 months		
Got food or borrowed money for food from friends or relatives	158	24.0
Put off paying a bill to buy food	155	23.7
Received emergency food from a pantry	120	20.0
Ate meals at a soup kitchen/community meal program	60	9.1
Anyone in household skipped/cut size of meals because of not enough money for food	101	16.0
Frequency of skipping/cutting meals (<i>n</i> = 101)		
Almost every month	26	24.8
Some months, but not every month	45	45.0
Only 1 or 2 months	30	30.2
Did not eat for a whole day because of not enough money for food	78	11.2
Frequency of not eating a whole day (<i>n</i> = 78)		
Almost every month	17	22.3
Some months, but not every month	32	42.4
Only 1 or 2 months	29	35.3
Ate less than should because of not enough money for food	128	18.8
Was hungry but didn't eat because could not afford food	123	19.2
Lost weight because of not enough food	75	11.3
Worried about running out of food		
Often true	55	8.7
Sometimes true	149	23.2
Never true	413	68.1
Did not have enough money to buy food after food didn't last		
Often true	49	8.0
Sometimes true	147	22.5
Never true	422	69.6
Could not afford to eat balanced meals		
Often true	68	10.1
Sometimes true	137	22.3
Never true	413	67.6
Food insecure ^b	183	28.2

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b A youth was classified as food insecure if he or she answered “yes” to two of more of the following items: (1) anyone in household skipped/cut size of meals because of not enough money for food, (2) did not eat for a whole day because of not enough money for food, (3) ate less than they should because of not enough money for food, (4) did not have enough money to buy food after food didn’t last (sometimes or often), and (5) could not afford to eat balanced meals (sometimes or often).

Unemployment Benefits

Youth reports of unemployment and workers’ compensation payments are shown in Table 42. Almost 11% of youth reported ever receiving unemployment compensation, and approximately 27% of these youth said that they were currently receiving unemployment compensation. Among youth who had ever received unemployment compensation, in the previous 12 months more than one-half had received it for more than 4 weeks. Among youth who had received unemployment compensation for at least 1 week in the past 12 months, slightly fewer than two-thirds indicated that they received over \$200 per week in unemployment compensation. Receipt of workers’ compensation was even rarer than receipt of unemployment compensation, with about 3% of youth in the study reporting that they ever received worker’s compensation.

Differences in receipt of workers’ compensation were found between CalYOUTH participants and PSID participants.²¹ Young people in the CalYOUTH Study were more likely than those in PSID to have received workers’ compensation (0.7% vs. <0.1%, $F = 10.4$, $p < .01$), and statistically significant differences were present for both males and females.

Table 42. Unemployment Compensation and Workers’ Compensation ($n = 620$)^a

	#	%
Ever received unemployment compensation	62	10.5
Among youth who ever received unemployment compensation, currently receiving unemployment compensation ($n = 62$)	13	26.8
Among youth who ever received unemployment compensation, number of weeks received unemployment compensation in past 12 months ($n = 62$)		
0 weeks	20	32.4
1 week to 4 weeks	8	12.6
More than 4 weeks	33	55.0

²¹ The PSID study asked respondents about receiving any workers’ compensation in 2016 (i.e., during the last year), whereas the CalYOUTH Study asked about any workers’ compensation that they were currently receiving. Since a comparable time frame for workers’ compensation receipt was not available between studies, these comparisons use the time frames that were available in both studies. However, because the time frames for workers’ compensation receipt are not the same, results should be interpreted with caution.

	#	%
Among youth receiving unemployment benefits for 1 or more weeks, average amount received from unemployment benefits (per week; $n = 41$)		
\$1 to \$100	8	17.7
\$101 to \$200	8	19.5
\$201 to \$300	10	27.5
More than \$300	13	35.4
Ever received workers' compensation ($n = 620$)	18	3.2
Among youth who ever received workers' compensation, currently receiving workers' compensation ($n = 18$)	4	20.0
Among youth who ever received workers' compensation, number of weeks received workers' compensation in the past 12 months ($n = 18$)		
0 weeks	7	30.9
1 or more weeks	11	69.2
Among youth who received workers' compensation for 1 or more weeks in the past 12 months, average amount received from workers' compensation benefits (per week) ($n = 11$)		
Less than \$200	4	29.5
More than \$200	7	70.5

Note: Unweighted frequencies and weighted percentages.

^s Two youth were not asked these questions during the interview.

Public Program Participation

Past research has shown that a nontrivial percentage of transition-age foster youth participate in various public assistance programs and that females are significantly more likely than males to receive public benefits (Byrne et al., 2014; Courtney et al., 2010; Dworsky, 2005; Needell, Cuccaro-Alamin, Brookhart, Jackman, & Shlonsky, 2002). Courtney and colleagues (2010) reported that among the 23/24-year-old participants in the Midwest Study, 70% of young women and 29% of young men received one or more forms of need-based government benefits such as TANF, unemployment insurance, or food stamps. Among females who were living with at least one child, 89% received one or more public benefits. Young adults in the Midwest Study were far more likely than their Add Health counterparts to be receive public assistance (e.g., food stamps, public housing/rental assistance, unemployment insurance, SSI, Worker's Compensation) regardless of gender (Courtney et al., 2010). For instance, 68% of female

Midwest Study participants received food stamps during the past year, compared to 7% of female Add Health participants. However, these comparisons should be interpreted with caution because the two studies were conducted several years apart with different macro-economic conditions in effect at the time of the studies (Midwest Study in 2008–09 and Add Health in 2001–02).

CalYOUTH participants were asked about receipt of Supplemental Nutrition Assistance Program (SNAP) assistance, which is commonly called food stamps, or CalFresh in California. As presented in Table 43, more than half of the youth reported that they had ever received CalFresh benefits. Of these youth, nearly 58% reported currently receiving CalFresh. Although not displayed in the table, among all CalYOUTH participants, 32.1% were currently receiving CalFresh. Over two-fifths of youth who had ever received CalFresh reported receiving assistance for more than 6 months during the past year. The average monthly amount youth reported receiving in CalFresh benefits was about \$253 (median = \$195). Nearly 82% of mothers with a resident child reported ever receiving Supplemental Nutrition Program for Women, Infants and Children (WIC), and among those who ever received WIC benefits, almost 52% reported that they were currently receiving WIC benefits.

Some gender and race/ethnicity differences were found in receipt of public food assistance. Females were more likely than males to have ever received CalFresh benefits ($F = 15.1, p < .001$). Among youth who had ever received food assistance, females were also more likely than males to have been currently receiving CalFresh benefits ($F = 16.0, p < .001$). Among youth who participated in the CalFresh program in the past year, females were more likely than males to have received benefits for 10 to 12 months whereas males were more likely than females to have reported receiving benefits for 0 months ($F = 8.3, p < .001$). Among past-year recipients, females received about \$78 more than males ($F = 31.4, p < .001$). In terms of significant differences by race/ethnicity, among CalFresh recipients in the past year, white youth (26.2%) and Hispanic youth (21.1%) were more likely than multiracial youth (3.6%) to report receiving benefits for 0 months, whereas multiracial youth (24.6%) were more likely than white youth (2.7%) and Hispanic youth (4.2%) to have received benefits for 7 to 9 months ($F = 1.8, p < .05$). Among past-year recipients, multiracial youth (\$198) received significantly fewer benefits than white youth (\$260), African American youth (\$268), and Hispanic youth (\$257, $F = 4.5, p < .01$).

Table 43. Public Food Assistance (n = 620)^a

	Overall		Male		Female		<i>p</i>
	#	% / Mean (SD)	#	% / Mean (SD)	#	% / Mean (SD)	
Ever received Food Stamps/CalFresh	348	55.4	107	44.0	241	62.1	***
Currently receiving food assistance, including Food Stamps/CalFresh (n = 348)	189	57.9	45	39.7	144	65.6	***
Among recipients of food assistance, number of months received Food Stamps/CalFresh in the past 12 months (n = 348)							***
0 months	68	18.7	34	36.5	34	11.3	
1 to 3 months	73	21.6	21	20.9	52	21.8	
4 to 6 months	82	24.2	29	22.9	53	24.7	
7 to 9 months	19	5.7	7	7.6	12	4.9	
10 to 12 months	101	29.8	15	12.0	86	37.2	
Among youth who received Food Stamps/CalFresh for 1 or more months in the past 12 months (n = 275)							
Average amount received in Food Stamps/CalFresh per month (average) ^b	\$253 (\$135)		\$192 (\$74)		\$271 (\$142)		***
Average amount received in Food Stamps/CalFresh per month (categories) ^c							***
\$1 to \$100	28	8.4	6	7.1	22	8.8	
\$101 to \$200	151	55.6	60	84.9	91	46.8	
\$201 to \$300	28	10.7	3	5.4	25	12.2	
More than \$300	68	25.4	3	2.6	65	32.2	
Among mothers with a resident child, ever received Supplemental Nutrition Program for Women, Infants and Children (WIC; n = 195)	157	81.5	—	—	—	—	
Among mothers with a resident child who ever received WIC, currently receiving WIC (n = 157)	75	51.5	—	—	—	—	

****p* < .001; *Note:* Unweighted frequencies and weighted percentages, means, and standard deviations.

^a Two youth were not asked these questions during the interview.

^b Two youth responded “don’t know” or “refused” to the question about the specific dollar amount they received in food stamps and were asked a follow-up question with categories. When calculating the average amount of food stamp payments, the midpoint was used for the following categories: “\$1 to \$100” (n = 1), and “\$101 to \$200” (n = 1).

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

Table 44 displays CalYOUTH participants' receipt of public housing and rental assistance support. Slightly less than 7% of youth reported ever living in public housing or having received rental assistance. Of those who ever received housing assistance, over two-thirds of youth were currently receiving this benefit. Among those who had ever received this benefit, more than half had received housing assistance for 4 months or longer and nearly two-thirds of these youth reported receiving more than \$500 per month for housing assistance. There was a gender difference in the percentage of youth who had ever lived in public housing or received rental assistance, with females being more likely than males to receive this benefit (10.3% vs. 0.6%, $F = 16.8, p < .001$).

Table 44. Public Housing and Rental Assistance ($n = 620$)^a

	#	%
Ever lived in public housing/rental assistance	37	6.7
Among youth who ever received public housing assistance ($n = 37$)		
Currently receiving any public housing assistance	25	68.7
Number of months received public housing/rental assistance in the past 12 months		
0 months	9	23.0
1 to 3 months	9	24.7
4 to 12 months	19	52.3
Among youth who received assistance for 1 or more months in the past year, average amount received for rental assistance (per month; $n = 28$) ^b		
\$100 to \$500	10	36.7
More than \$500	16	63.4

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

^bTwo youth reported receiving \$0 and was not included.

As reported in Table 45, nearly 7% of CalYOUTH participants reported ever receiving CalWORKs benefits (CalWORKs is the name of California's Temporary Assistance for Needy Families (TANF) program). Among those who ever participated in the CalWORKs program, nearly half were currently receiving these benefits. Almost 40% of youth who ever received CalWORKs had received the benefit for more than 6 months during the past year. Among those who received CalWORKs in the past year, over half reported receiving \$500 or more per month. Additionally, youth were asked if they ever received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Nearly one in ten youth reported receiving SSI or SSDI and almost three in five of those youth were receiving payments at the time of the interview. Of the youth who ever received SSI/SSDI, almost half received the benefit for

more than 6 months in the previous year. Among those who received SSI/SSDI in the past year, over three-quarters of those received more than \$500 per month in assistance. The only significant gender difference pertained to the percentage of youth who had ever received CalWORKs, with females being more likely than males to participate in CalWORKs (10.3% vs. 1.2%, $F = 31.1, p < .001$).

Differences in CalWORKs/TANF receipt were also found between CalYOUTH participants and PSID participants.²² Young people in the CalYOUTH Study were more likely than those in PSID to have received CalWORKs/TANF (3.4% vs. 0.6%, $F = 9.0, p < .01$). CalYOUTH females were more likely than PSID females to have received CalWORKs/TANF (5.1% vs. 0.8%, $F = 8.3, p < .01$), but a statistically significant difference was not found for males.

Table 45. TANF/CalWORKs and Other Public Welfare Assistance ($n = 620$)^a

	#	%
Ever received low-income family assistance (TANF/CalWORKs) ($n = 620$)	48	6.9
Among youth who ever received TANF/CalWORKs ($n = 48$)		
Currently receiving TANF/CalWORKs	23	48.9
Number of months received TANF/CalWORKs in the past 12 months ($n = 48$)		
0 months	11	17.2
1 to 3 months	7	15.1
4 to 6 months	12	28.2
7 to 12 months	18	39.5
Among youth who received TANF/CalWORKs for 1 or more months in the past year, average amount received in TANF/CalWORKs assistance (per month; $n = 37$)		
\$100 to \$500 per month	17	44.7
More than \$500 per month	20	55.4
Ever received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) ($n = 620$)	64	9.6
Among youth who ever received SSI or SSDI ($n = 64$)		
Currently receiving SSI or SSDI	38	59.1
Number of months received SSI/SSDI in the past 12 months		

²² The PSID study asked respondents about receiving any income from TANF in 2016 (i.e., during the last year), whereas the CalYOUTH Study asked about any income from CalWORKs that they were currently receiving. Since a comparable time frame for TANF receipt was not available between studies, these comparisons use the time frames that were available in both studies. However, because the time frames for TANF receipt are not the same, results should be interpreted with caution.

	#	%
0 months	19	29.8
1 to 3 months	7	11.3
4 to 6 months	6	10.7
7 to 12 months	30	48.2
Among youth who received SSI or SSDI for 1 or more months in the past year, average amount received in SSI or SSDI (per month; $n = 43$) ^b		
\$500 or less	7	22.8
\$501 to \$1,000	23	53.1
More than \$1,000	9	24.1

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b Two youth were not asked this question, one youth responded “don’t know”, and one youth responded that they received \$0.

Physical and Mental Health

Physical Health

Foster youth transitioning to adulthood have a greater likelihood of experiencing physical and mental health problems when compared to their non-foster peers (Ahrens, Garrison, & Courtney, 2014). While the majority of transition-age foster youth rate their health as good, very good, or excellent, a nontrivial proportion of youth report struggling with health limitations (Courtney et al., 2010; Reilly, 2003). In the Midwest Study, 13% of 23- and 24-year-olds reported having health conditions that limited their daily activities and almost 15% reported having chronic medical conditions (Courtney et al., 2010). Nearly a third (31%) of Midwest Study participants visited the emergency room two or more times in the past year and over one-fifth (22%) had been hospitalized at least once in the past year (Courtney et al., 2010). Overall, pregnancy-related hospitalizations accounted for the largest portion of visits (50%), followed by hospitalizations due to illness (17%), injury or accident (12%), and drug use or emotional problems (8%; Courtney et al., 2010). Research has found that exposure to certain types of maltreatment (e.g., sexual abuse and neglect) increases the rate of medical visits among transition-age foster youth (Jackson et al., 2016).

As displayed in Table 46, when CalYOUTH participants were asked about their current health status, about three in four youth rated their health as “excellent,” “very good,” or “good.” Youth in the Add Health study saw themselves as being in better health than did the CalYOUTH participants ($F = 49.3, p < .001$). For example, nearly three-quarters (73.3%) of Add Health participants rated their health as “excellent” or “very good,” while less than half (42.3%) of CalYOUTH participants gave similar ratings.

Similar trends were found when comparisons were made across studies for males ($F = 20.7, p < .001$) and for females ($F = 32.5, p < .001$).

Table 46. Current Health Status ($n = 621$)^a

	CalYOUTH		Add Health		<i>p</i>
	#	%	#	%	
General health rating					***
Excellent	118	19.5	496	34.0	
Very good	144	22.8	592	39.3	
Good	210	33.5	309	22.8	
Fair	122	20.2	51	3.6	
Poor	26	4.1	5	0.4	

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

^a One CalYOUTH participant was not asked this question during the interview.

Study participants' health and dental insurance coverage is reported in Table 47. Overall, almost 90% of young adults reported having health insurance, and more than 75% of young adults had dental insurance coverage. Among those with health coverage, almost 90% reported their primary source of insurance as Medi-Cal (California's Medicaid program) or another state program. The "other" category includes 1 youth who had insurance from Alaska Native/Indian Health Service/Tribal Health Services. Among those with dental health coverage, more than 80% reported their primary source of insurance as Medi-Cal (California's Medicaid program) or another state program. The "other" category includes 3 youth who had insurance from Alaska Native/Indian Health Service/Tribal Health Services.

There were differences by gender in terms of health insurance coverage. Females were significantly more likely than males to report having health insurance (91.7% vs. 84.3%, $F = 5.86, p < .05$). There were also race/ethnicity differences in terms of the primary source of health insurance ($F = 2.4, p < .001$). White youth (13.8%), multiracial youth (10.7%), and Hispanic youth (7.1%) were more likely than African American youth (0.6%) to report having purchased health insurance through employer or union ($F = 2.4, p < .001$). In addition, African American youth were more likely than multiracial youth to report their primary source of insurance as Medi-Cal (California's Medicaid program) or another state program (94.6% vs. 74.2%, $F = 2.4, p < .001$).

Young people in CalYOUTH were more likely than those in Add Health to report having health insurance (88.9% vs. 76.7%, $F = 28.1, p < .001$), which was true among males (84.3% vs. 73.8%, $F = 7.1, p < .01$)

and females (91.7% vs. 78.5%, $F = 21.6$, $p < .001$), though the health insurance policy landscape has changed considerably since the time of the Add Health study.²³

Table 47. Health Insurance Coverage and Dental Insurance Coverage ($n = 621$)^a

	#	%
Health insurance		
Youth has health insurance	553	88.9
Among youth with health insurance, primary source of health insurance ($n = 553$)		
Plan purchased through employer or union	42	7.3
Plan youth/family member bought on their own	18	2.8
Medicaid/Medi-Cal/DENTI-CAL/state program	471	87.2
Tricare (formerly Champus), VA, or military	10	1.7
Other	9	1.0
Dental insurance		
Youth has dental insurance	447	75.7
Among youth with dental insurance, primary source of dental insurance ($n = 447$)		
Plan purchased through employer or union	52	11.3
Plan youth/family member bought on their own	14	3.2
Medicaid/Medi-Cal/state program	358	81.7
Tricare (formerly Champus), VA, or military	10	2.5
Other	10	1.3

Note: Unweighted frequencies and weighted percentages.

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

Data on the use of medical care and barriers to care are displayed in Table 48. Over half of the youth in our sample reported having had a physical exam in the past year and about half reported having had a dental exam in the past year. About 13% of youth reported being unable to receive needed medical care within the past year, and among these respondents the most common reasons for not being able to receive needed medical care were not having insurance, not having transportation, and costs being too much. Additionally, almost 18% of respondents said they were unable to access medical care in the past year for some “other” reason (e.g., was told insurance would not cover procedure, denial of coverage, lost

²³ It is important to note that the Add Health data were collected before the implementation of the Affordable Care Act Medicaid program expansion. The provisions of the law allowed young adults to remain on their parents’ health insurance up to age 26. Youth in foster care also qualify for this provision. This likely explains some of the differences observed in rates of health insurance coverage between CalYOUTH and Add Health participants.

insurance card, did not want to go, were incarcerated). About 14% of youth reported encountering barriers to receiving needed dental care within the past year. The most common barrier to receiving needed dental care was not having insurance, followed by costs being too much and not knowing where to go. Additionally, about 17% of the youth gave some “other” reason for not receiving needed dental care. Finally, about 18% of youth reported having an injury during the past year that was either “serious,” “very serious,” or “extremely serious.”

In terms of gender differences, females were more likely than males to have had a physical exam within the past year (68.6% vs. 41.3%), whereas males were more likely than females to have had their last exam more than 2 years ago (28.8% vs. 11.9%, $F = 13.0, p < .001$).

A few differences were found between CalYOUTH and Add Health participants in medical care use. Add Health participants were more likely than CalYOUTH participants to have had their last physical exam less than a year ago (64.1% vs. 58.4%), while CalYOUTH participants were more likely than Add Health participants to have had their last physical exam 1 to 2 years ago (22.4% vs. 16.0%, $F = 4.3, p < .05$).²⁴ Add Health respondents were more likely than CalYOUTH respondents to have had a dental exam in the past year (56.7% vs. 46.7%, $F = 11.6, p < .001$), which was the case for both males (55.0% vs. 42.4%, $F = 7.6, p < .01$) and females (49.2% vs. 57.7%, $F = 5.0, p < .05$). Additionally, fewer CalYOUTH respondents than Add Health respondents reported being unable to receive needed medical care in the past year (12.5% vs. 23.5%, $F = 23.5, p < .001$), which was true for both males (11.0% vs. 22.5%, $F = 10.7, p < .01$) and females (13.4% vs. 24.2%, $F = 13.1, p < .001$). It is worth restating that the availability of health insurance has changed significantly for young adults and for former foster youth in particular since the Add Health study interviews were conducted.

Table 48. Medical Care Use and Barriers to Use ($n = 621$)^a

	#	%
Last physical exam		
Never	5	1.0
Less than 1 year ago	359	58.4
1 to 2 years ago	145	22.4
2 or more years ago	112	18.2
Last dental exam		
Never	5	0.8
Less than 1 year ago	278	46.7
1 to 2 years ago	188	29.7

²⁴ The CalYOUTH questionnaire only provided a response option for “never.” To make the response options comparable between the two studies, the CalYOUTH response category “never” was combined with “2 or more years ago.”

	#	%
2 or more years ago	148	22.9
Unable to receive needed medical care in the past year	81	12.5
Reason(s) unable to receive medical care (<i>n</i> = 81)		
Didn't know where to go	7	7.9
Cost too much	10	11.4
No transportation	14	22.0
Hours were inconvenient	2	2.2
Would lose pay for missed work	5	4.8
No insurance	26	34.1
Other reason	17	17.7
Unable to receive needed dental care in the past year (<i>n</i> = 620) ^b	92	13.9
Reason(s) unable to receive dental care (<i>n</i> = 92)		
Didn't know where to go	12	11.8
Cost too much	17	17.7
No transportation	7	8.4
Hours were inconvenient	2	1.6
Would lose pay for missed work	4	3.9
No insurance	36	39.8
Other	14	16.8
Worst injury in the past year (<i>n</i> = 621) ^a		
Very minor	215	35.4
Minor	289	46.4
Serious	68	10.6
Very serious	26	4.2
Extremely serious	22	3.5

Note: Unweighted frequencies and weighted percentages.

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

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

Table 49 presents findings on youths' reports of receipt of behavioral health counseling and psychotropic medication use during the past year. Overall, 19% of the youth reported receiving psychological or emotional counseling, about 13% reported they were prescribed medication for their emotions, and about 7% reported receiving treatment for an alcohol or substance abuse problem. In terms of gender differences, females (22.9%) were about twice as likely as males (11.1%) to have ever received

psychological or emotional counseling in the past year ($F = 11.0, p < .001$). Additionally, about twice as many females as males reported having received medication for emotional problems in the past year (15.6% vs. 7.5%, $F = 7.9, p < .05$).

Young people in the CalYOUTH Study were significantly more likely than those in Add Health to have received psychological or emotional counseling during the past year (18.5% vs. 7.3%, $F = 33.9, p < .001$) and treatment for a drug or substance abuse problem in the past year (7.0% vs. 2.9%, $F = 11.9, p < .001$). When examining differences across studies, both males and females in CalYOUTH were more than twice as likely as their counterparts in Add Health to have received counseling (11.1% vs. 4.8% for males, 22.9% vs. 8.9% for females, both $p < .01$). Gender differences in the percentage of youth receiving alcohol or substance abuse treatment were only statistically significant for females. CalYOUTH females were more likely than Add Health females to have received alcohol or substance abuse treatment (6.5% vs. 0.3%, $F = 29.4, p < .001$).

Table 49. Behavioral Health Counseling and Psychotropic Medication Use ($n = 621$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Received psychological or emotional counseling in the past year	129	18.5	29	11.1	100	22.9	***
Received treatment for an alcohol or substance abuse problem in the past year	47	7.0	17	8.0	30	6.5	
Received medication for emotional problems in the past year	91	12.6	21	7.5	70	15.6	**

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

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

The health conditions and disabilities of young people in this study are presented in Table 50. Overall, almost one-fifth of young people reported having a health condition or disability that limits their daily activities. Among these youth, over two-fifths reported their health condition limits their activities “a lot,” and nearly four-fifths of youth with a health condition/disability reported their health condition developed before the past year. The most commonly reported health conditions were ADHD, hyperactivity, or ADD (28.8%), followed by asthma or reactive airways disease (22.9%) and high blood pressure or hypertension (11.0%).

Differences in rates of several health conditions emerged between young people in CalYOUTH and Add Health. Participants in CalYOUTH were nearly three times as likely as their counterparts in Add Health to have a health condition or disability that limits their daily activities (17.9% vs. 6.2%, $F = 43.6, p < .001$), which was true for both males (15.3% vs. 3.5%, $F = 28.2, p < .001$) and females (19.5% vs.

7.9%, $F = 21.6, p < .001$).²⁵ Respondents in CalYOUTH were more likely than their peers in Add Health to have ever been told that they had high blood pressure or hypertension (11.0% vs. 6.9%, $F = 6.7, p < .01$), diabetes or high blood sugar (5.0% vs. 1.2%, $F = 16.9, p < .001$), or asthma or reactive airways disease (22.9% vs. 17.7%, $F = 5.1, p < .05$).²⁶ When making comparisons across studies by gender, CalYOUTH males were more likely than Add Health males to report that they had high blood pressure (10.4% vs. 4.7%, $F = 6.5, p < .05$). (There was no statistically significant difference was present for females.) CalYOUTH females were more likely than Add Health females to report that they had asthma (27.3% vs. 18.4%, $F = 7.7, p < .01$). (There was no statistically significant difference was present for males.) Both CalYOUTH males (4.2% vs. 1.2%, $F = 4.1, p < .05$) and CalYOUTH females (5.4% vs. 1.1%, $F = 13.8, p < .001$) were more likely than their counterparts in Add Health to have been told they had diabetes. When interpreting these findings, it is important to keep in mind that there was an upward trend in the prevalence of obesity through the 1990s and into the 2000s (Ogden, Carroll, Kit, & Flegal, 2014). Since health problems such as high cholesterol, high blood pressure, and asthma are associated with obesity (Must & McKeown, 1999), the rise in obesity may have contributed to differences in the prevalence rates of health problems between CalYOUTH participants and Add Health participants.

Table 50. Health Conditions, Disabilities, and Injuries ($n = 621$)^a

	#	%
Has health condition or disability that limits daily activities	119	17.9
Among youth with a health condition/disability ($n = 119$)		
How much health condition or disability limits daily activities		
Limits a little	68	57.0
Limits a lot	50	43.0
When health conditions or disabilities developed		
Within the past year	22	17.7
More than a year ago	96	82.3
Among all youth ($n = 621$)		
Ever been told they have seizures or epilepsy	22	2.8
Ever been told they have high cholesterol	29	4.6

²⁵ Add Health asked respondents about whether their health limits them in doing “moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf,” whereas CalYOUTH asked respondents about having health conditions or disabilities that limit the “activities that they can do on a typical day.”

²⁶ The question wording about health problems varied slightly for Add Health and CalYOUTH (“high cholesterol” vs. “high cholesterol or high lipids,” “diabetes” vs. “diabetes or high blood sugar”, “asthma” vs. “asthma or reactive airways disease”).

	#	%
or high lipids		
Ever been told they have high blood pressure or hypertension	70	11.0
Ever been told they have diabetes or high blood sugar	36	5.0
Ever been told they have asthma or reactive airways disease	155	22.9
Ever been told they have an eating disorder or anorexia or bulimia	34	4.8
Ever been told they have ADHD, hyperactivity, or ADD	190	28.8

Note: Unweighted frequencies and weighted percentages.

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

Tables 51 and 52 present height and weight information reported by CalYOUTH participants and statistics on body mass index (BMI). Using the height and weight information and standard BMI calculations, we computed the mean BMI for CalYOUTH participants, as well as percentile rankings to indicate the relative position of the youth’s BMI among young adults of the same age and sex. Body mass index is a useful measure for assessing the extent to which one’s body weight deviates from what is considered desired or healthy for a person of that height and is used for screening of weight categories that may lead to health problems (Centers for Disease Control and Prevention, 2020). Table 51 displays the height and weight of youth as mean and standard deviation. On average youth were about 66 inches tall and weighed 178 pounds.

A few differences were found by gender and race/ethnicity. In terms of gender differences, males were taller (69.9 vs. 63.8, $F = 437.1, p < .001$) and heavier (192.9 vs. 169.1, $F = 23.8, p < .001$) than females. In terms of race/ethnicity, youth in the “other” race/ethnicity group (63.7) were shorter than white youth (66.8), African American youth (66.5), and multiracial youth (67.6, $F = 5.2, p < .001$), while Hispanic youth (65.6) were shorter than multiracial. Additionally, youth in the “other” race/ethnicity group (154.0) weighed less than white youth (178.4) and Hispanic youth (180.2, $F = 2.6, p < .05$).

Table 51. Height and Weight ($n = 621$)^a

	Mean (SD)
Height (in.)	66.1 (4.3)
Weight (lbs.)	178.0 (53.5)

Note: Weighted means and standard deviations.

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

Table 52 displays the average BMI of CalYOUTH youth participants, both overall and separately for males and females. The average BMI of youth was 28.6 ($SD = 8.3$). Most youth fell in the “healthy weight” BMI status, although 26% fell in the “overweight” category and 35% fell in the “obese” category.²⁷ As displayed in Table 52, females had a higher BMI than males ($F = 4.5, p < .05$). In terms of the BMI groups, males were more likely than females to fall in the “overweight” category while females were more likely than males to fall in the “obese” category ($F = 4.5, p < .01$).

CalYOUTH participants had a higher average BMI than did PSID participants (28.6 vs. 27.1, $F = 5.5, p < .05$), but the difference was only statistically significant for females (29.2 vs. 26.9, $F = 6.5, p < .05$). No statistically significant differences were found between CalYOUTH and PSID participants for BMI status categories ($p > .05$).

Table 52. Body Mass Index (BMI) and Obesity

	Overall ($n = 621$) ^a		Female ($n = 385$) ^a		Male ($n = 236$)		p
Mean BMI (SD)	28.6 (8.3)		29.2 (9.1)		27.6 (6.9)		*
	#	%	#	%	#	%	
BMI Status							*
Underweight ($BMI < 19$)	14	2.0	10	2.1	4	1.7	
Healthy weight ($19 \leq BMI < 25$)	230	37.3	143	37.0	87	37.8	
Overweight ($25 \leq BMI < 30$)	156	25.5	73	20.5	83	33.8	
Obese ($BMI \geq 30$)	212	35.3	150	40.4	62	26.8	

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

^a One female was not asked these questions during the interview.

Table 53 reports the frequency of smoking and usage of smoking products. Almost 29% of youth reported ever smoking cigarettes regularly (i.e., at least one cigarette every day for 30 days), and almost 29% reported smoking a cigarette during the past month. Also shown in the table is the use of electronic smoking devices. These devices were used less frequently than nonelectronic cigarettes. A little over 15%

²⁷ After excluding females who were pregnant at the time of the interview ($n = 20$), the average BMI for females is 29.0 ($SD = 9.2$)

of youth reported ever using an electronic smoking device regularly and about 17% reported using an electronic smoking device in the past month.

Gender differences were found in rates of smoking and the use of electronic smoking devices during the past month. A greater percentage of males (37.2%) than females (23.7%) smoked during the past month ($F = 10.8, p < .01$). Males were more likely than females to have ever used electronic smoking devices in the past month (21.7% vs. 13.5%, $F = 5.7, p < .05$).

Differences also emerged by race/ethnicity in rates of smoking and use of electronic smoking devices. White youth (42.3%) were more likely than Hispanic youth (21.6%) to have ever smoked cigarettes regularly ($F = 4.8, p < .001$), while no differences were found for African American youth (26.8%), multiracial youth (41.1%), and youth in the “other” race/ethnicity group (38.0%). Additionally, a greater percentage of white youth (40.1%) than Hispanic youth (22.7%) smoked during the past month ($F = 2.9, p < .05$), while no differences were present for African American youth (28.8%), multiracial youth (33.7%), and youth in the “other” race/ethnicity group (33.0%). Finally, race/ethnicity differences were found for the use of electronic smoking devices during the past month ($F = 2.5, p < .05$).²⁸

Finally, participants in Add Health were significantly more likely than CalYOUTH participants to report ever having smoked cigarettes regularly (44.7% vs. 28.9%, $F = 32.0, p < .001$), which was true for both males (45.2% vs. 32.8%, $F = 7.9, p < .01$) and for females (44.3% vs. 26.7%, $F = 24.4, p < .001$). Add Health participants were also more likely than CalYOUTH participants to report ever having smoked cigarettes in the past 30 days (36.5% vs. 28.7%, $F = 8.0, p < .01$). This difference was present for females (36.5% vs. 23.7%, $F = 14.1, p < .001$) but not for males. Cigarette smoking comparisons between the CalYOUTH and Add Health participants should be interpreted with caution due to the decrease in cigarette smoking among older adolescents and young adults over the past 20 years (Centers for Disease Control and Prevention, 2015).

²⁸ While the overall distribution of responses about the use of electronic smoking devices in the past month differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The differences that approach statistical significance tend to suggest that youth in the “other” race/ethnicity category (34.9%) were more likely than African American youth (9.8%) to have used electronic smoking devices in the past month.

Table 53. Smoking ($n = 621$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Ever smoked cigarettes regularly (at least one cigarette per day for 30 days)	203	28.9	87	32.8	116	26.7	
Ever smoked cigarettes in the past 30 days	200	28.7	94	37.2	106	23.7	*
Ever smoked electronic cigarettes, e-cigarettes, electronic pipes, e-pipes, or other kinds of vaporizers, such as hookah pens, regularly (at least one e-cigarette per day for 30 days)	105	15.1	50	18.4	55	13.1	
Ever smoked electronic cigarettes, e-cigarettes, electronic pipes, e-pipes, or other kinds of vaporizers, such as hookah pens, in the past 30 days	114	16.5	54	21.7	60	13.5	*

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

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

Table 54 presents information on youths' most recent hospitalizations. About one in three youth reported being hospitalized at least one time since their last interview. Among those who were hospitalized at least once, the average number of hospitalizations since their last interview was 2.0 ($SD = 1.7$). Among those who had been hospitalized since last interview, the most commonly reported reasons for being recently hospitalized were related to pregnancy, illness, or an injury or accident. Among youth who had been hospitalized, about 12% reported that they were hospitalized due to emotional, psychological, or mental health problems was the main reason they were hospitalized. We separately asked all CalYOUTH participants if, since their last interview, they had ever been hospitalized because they experienced emotional, psychological or mental health problems. A little over 8% of respondents reported that they had been hospitalized for mental health reasons.

A few gender differences were found for hospitalizations. Females were more likely than males to have been hospitalized at least once since their last interview (41.9% vs. 21.6%, $F = 20.4$, $p < .001$). Among youth who were hospitalized, gender differences also emerged in the reason for the most recent hospitalization. Males were more likely than females to have been hospitalized because of an injury/accident (40.4% vs. 7.1%), while a sizeable percentage of females reported being hospitalized because of pregnancy-related issues (48.8%, $F = 9.5$, $p < .001$).

Differences were also present between the Add Health and CalYOUTH participants in the timing of and reason for their most recent hospitalization. In general, CalYOUTH Study participants were more likely than Add Health participants to have been recently hospitalized ($F = 10.8$, $p < .001$). For example, more than twice as many CalYOUTH participants as Add Health participants reported that their most recent hospitalization occurred within the last 3 months (22.7% vs. 9.7%). Differences in the timing of the most recent hospitalization were present for males ($F = 4.3$, $p < .01$) and females ($F = 8.0$, $p < .001$) across the

two studies. For example, CalYOUTH males were much more likely than Add Health males to have been hospitalized in the year preceding the interview (68.8% vs. 26.2%). Similarly, CalYOUTH females were more likely than Add Health females to have been hospitalized in the year preceding the interview (68.3% vs. 34.2%). In terms of the reason for most recent hospitalization, CalYOUTH participants were more likely than Add Health participants to report that they went to the hospital because of a drug/alcohol problem or emotional/mental health problem (15.3% vs. 3.2%, $F = 8.1, p < .001$).²⁹ CalYOUTH males were more likely than Add Health males to have been recently hospitalized due to a substance use or psychological health problem (31.4% vs. 8.6%, $F = 4.2, p < .01$). CalYOUTH females were more likely than Add Health females to have been recently hospitalized due to a substance use or psychological health problem (10.5% vs. 2.1%) and less likely to have been recently hospitalized because of a pregnancy-related issue (48.8% vs. 70.3%, $F = 4.4, p < .01$).

Table 54. Hospitalizations ($n = 621$)^a

	#	%
Hospitalized since last interview	206	34.4
Among youth who were hospitalized since last interview ($n = 206$)		
Number of hospitalizations since last interview (Mean (SD))	2.0 (1.7)	
Time of most recent hospitalization		
Within the past 3 months	44	22.7
4 to 6 months ago	38	21.0
7 to 9 months ago	27	12.5
10 to 12 months ago	26	12.1
More than 1 year but less than 2 years ago	52	23.7
At least 2 years ago	17	8.0
Main reason for most recent hospitalization		
Illness	29	16.3
Injury or accident	33	14.7
Alcohol or other drug problem	7	3.8
Emotional or mental health problem	27	11.5
Pregnancy related	74	37.6
Other	34	16.2
Ever hospitalized for mental health since last interview ($n = 621$)	55	8.2

Note: Unweighted frequencies and weighted percentages.

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

²⁹ The Add Health version of this question had a single response category for emotional or mental health problem and alcohol or other drug problem. These response categories were separate options in the CalYOUTH Study, but were combined into a single category when compared with Add Health.

CalYOUTH respondents were also asked about other health services they received in the past year (see Table 55). Just over 12% of youth reported receiving family planning counseling/services in the past year, and almost 26% reported receiving STD/AIDS testing or treatment.

Gender and race/ethnicity differences were found for receipt of family planning counseling/services in the past year. Females were more likely than males to have received these services (16.2% vs. 5.6%, $F = 10.2, p < .01$). Also, a greater percentage of females than males have received STD/AIDS testing or treatment in the past year (30.5% vs. 17.7%, $F = 9.6, p < .01$). Additionally, youth in the “other” race/ethnicity group (30.5%) were more likely than Hispanic youth (9.0%) to have received family planning counseling/services ($F = 2.6, p < .05$), while no differences were found for white youth (12.2%), African American youth (16.7%), and multiracial youth (11.6%). Finally, African American youth (38.1%) were more likely than Hispanic youth (21.0%) to have received STD/AIDS testing or treatment in the past year ($F = 2.8, p < .05$). No differences were found for white youth (25.4%), multiracial youth (22.8%) and youth in the “other” race/ethnicity group (24.7%).

Table 55. Other Health Services Received by Youth ($n = 621$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Received in the past year							
Family planning counseling/services	77	12.2	12	5.6	65	16.2	**
STD/AIDS testing or treatment	163	25.7	42	17.7	121	30.5	**

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

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

Mental Health

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

In this section, “behavioral health” is a broad term that includes both mental health problems and alcohol/drug use problems. Behavioral health diagnoses were not reported at age 23 and 24 in the Midwest Study report. However, Brown and colleagues (2015) found that at age 23 and 24, about one-fifth of

young adults in the Midwest Study reported having depressive symptoms and about one-sixth reported having a substance dependence problem in the past 12 months.

Despite the continued need for treatment for mental health and substance use problems, many foster youth do not receive behavioral health services after foster care exit (Ashwood et al., 2015; Brown et al., 2015; McMillen & Raghavan, 2009; Munson & McMillen, 2010; Salzer, Wick, & Rogers, 2008). Recent qualitative studies of foster care alumni identified factors that could reduce youths' utilization of mental health services once they leave the foster care system (Sakai et al., 2014; Villagrana, Guillen, Macedo, & Lee, 2018). When asked about their experience with mental health service use after foster care exit, youth in these studies reported some barriers, such as a lack of involvement in making decisions about their mental health care, a lack of preparation to help them manage their health care when they are on their own, and self-stigma around receiving mental health services that developed while youth were in foster care. Youth also identified practical difficulties, such as appointment availability and transportation, as impeding their ability to use services after they left care (Sakai et al., 2014).

Table 56 presents information on youths' thoughts of suicide and suicide attempts. About one in five youth reported thinking about suicide since their last interview. Additionally, about one in 15 youth reported attempting suicide since their last interview. Significant differences were found by race/ethnicity in thoughts of suicide, with multiracial youth being more likely than Hispanic youth to report having thoughts since last interview (34.2% vs. 14.3%, $F = 2.9$, $p < .05$).

Table 56. Past Suicidal Ideation and Suicide Attempts ($n = 618$)^a

	#	%
Thought about committing suicide since last interview	125	18.5
Attempted suicide since last interview	46	6.5

Note: Unweighted frequencies and weighted percentages.

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

Table 57 displays diagnostic information for the psychiatric disorders we assessed. The most prevalent behavioral health disorders youth reported were major depression, psychotic thinking, antisocial personality disorder, panic disorder, social phobia, alcohol dependence/abuse, and substance dependence/abuse. Less than 5% of young people screened positive for mania (i.e., manic episode, hypomanic episode, hypomanic symptoms), obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder, anorexia nervosa, and bulimia nervosa. In terms of overall disorders, roughly three in ten youth had a positive screen for at least one of the current mental health disorders that

we assessed, about one in six screened positive for an alcohol or substance use disorder, and about one in three screened positive for either a mental health or substance use disorder.

Table 57. Mental Health Diagnoses (*n* = 617)^a

	Positive diagnosis		Negative diagnosis		Other		Don't know/Refused*	
	#	%	#	%	#	%	#	%
Major depressive episode								
Current	73	11.3	544	88.7	–	–	48	8.2
Past	145	22.9	472	77.1	–	–	52	10.1
Recurrent	81	13.6	536	86.4	–	–	57	10.3
Manic episode								
Current	11	1.3	606	98.7	–	–	70	11.3
Past	23	3.4	594	96.6	–	–	90	14.5
Hypomanic episode								
Current	8	1.8	598	98.2	11	1.3 ^b	69	11.3
Past	18	2.8	576	97.2	23	3.4 ^b	89	14.8
Hypomanic symptoms								
Current	6	0.6	592	99.4	19	3.1 ^b	68	11.2
Past	35	5.5	541	94.5	41	6.1 ^b	87	15.5
Panic disorder								
Lifetime	50	7.2	567	92.8	–	–	58	9.6
Limited symptom	26	3.3	591	96.7	–	–	66	10.9
Current	27	4.0	590	96.0	–	–	68	10.7
Social phobia (social anxiety disorder)								
Current	43	5.9	574	94.1	–	–	32	5.1
Generalized (subtype)	38	4.8	579	95.2	–	–		
Nongeneralized (subtype)	5	1.1	612	98.9	–	–		
Obsessive-compulsive disorder	21	3.2	596	96.8	–	–	59	9.8
Posttraumatic stress disorder	36	4.7	581	95.3	–	–	44	6.8
Generalized anxiety disorder	33	4.7	584	95.3	–	–	45	7.2
Alcohol dependence	48	6.8	569	93.2	–	–	42	7.6
Alcohol abuse	34	5.0	535	95.0	48	6.8 ^c	34	5.8
Substance dependence (nonalcohol)	40	5.0	577	95.0	–	–	36	5.8
Substance abuse (nonalcohol)	23	2.8	554	97.2	40	5.0 ^c	32	5.5
Antisocial personality disorder	55	7.2	562	92.8	–	–	41	6.5
Psychotic thinking (current; <i>n</i> = 590) ^d	55	8.3	535	91.7	–	–	19	4.6
Eating disorder ^e								
Anorexia nervosa	32	4.2	585	95.8	–	–	35	5.7
Bulimia nervosa (<i>n</i> = 594)	17	2.7	577	97.3	–	–	3	0.3
Any current mental health disorder (<i>n</i> = 597) ^f	186	28.8	411	71.2	–	–	82	20.2
Any current substance/alcohol use disorder (<i>n</i> = 617) ^g	114	15.3	503	84.7	–	–	49	9.2

	Positive diagnosis		Negative diagnosis		Other		Don't know/Refused*	
	#	%	#	%	#	%	#	%
Any current mental health or substance/alcohol use disorder (<i>n</i> = 597)	231	34.9	366	65.1	–		74	20.9

Note: Unweighted frequencies and weighted percentages.

*The absence of affirmative responses to all items necessary for a positive diagnosis resulted in a negative diagnosis, even when this was the result of “don’t know/refused” responses. The “Don’t know/Refused” columns indicate the number and percentage of youth who received a negative diagnosis due to one or more “don’t know/refused” responses.

^a Five youth were not asked these questions during the interview.

^b Not explored due to positive screen on a more severe disorder (e.g., manic episode is more severe than hypomanic episode).

^c Not applicable: Respondents in this category met the criteria for dependence, which preempts abuse.

^d Excludes 27 respondents who answered four or fewer items. Scores were only calculated for respondents who answered five or more items. Among youth who answered five or more items, the mean of the answered items was calculated and compared to norms from nonclinical population (separately for males and females). Respondents whose average raw score corresponded to a t-score greater than 63 were coded as a positive case of psychotic thinking (see Derogatis & Unger, 2010). Given the limitations mentioned above, results for psychotic thinking should be interpreted with caution.

^e A brief version of the EDI-3 was used to screen for anorexia nervosa and bulimia nervosa (Friborg et al., 2013). Four items were used to assess anorexia and two items were used to assess bulimia. For each eating disorder, raw scores were converted to criteria scores and then summed (Garner, 2004), and cut scores were used to determine positive cases (Friborg et al., 2013).

Given the brevity of the instrument, results for anorexia and bulimia should be interpreted with caution.

^f Includes positive screen for major depressive episode (current and recurrent), manic episode, hypomanic episode, panic disorder, social phobia, obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder, antisocial personality disorder, anorexia, or bulimia.

^g Includes positive screen for substance abuse, substance dependence, alcohol abuse, or alcohol dependence.

Table 58 reports positive screens for mental health diagnoses separately for males and females. Compared to males, females were more likely to report symptoms consistent with depression, a manic episode (current), panic disorder (lifetime and current), social phobia (current, generalized type), posttraumatic stress disorder, generalized anxiety disorder, and symptoms of anorexia. Overall, females were more likely than males to have a positive screen for at least one of the current mental health disorders that we assessed. Additionally, females were more likely than males to screen positive for either a mental health or substance use disorder.³⁰

One significant race/ethnicity difference was found for behavioral health diagnoses. White youth (8.5%) and multiracial youth (10.4%) were more likely than African American youth (1.0%) to screen positive for PTSD ($F = 3.3, p < .05$). Hispanic youth (4.1%) did not significantly differ from the other groups, and none of the youth in the “other” race/ethnicity category screened positive for PTSD.

³⁰ Females and males did not significantly differ in rates of substance use disorders. Thus, the gender difference found in the combined measure of mental health/substance use disorders is likely driven by differences in mental health problems, not by differences in substance use problems.

Table 58. Mental Health Diagnoses by Gender (*n* = 617)^a

	Overall		Males		Females		<i>p</i>
	#	%	#	%	#	%	
Major depressive episode							
Current	73	11.3	18	6.3	55	14.3	**
Past	145	22.9	34	12.9	111	28.8	***
Recurrent	81	13.6	17	7.3	64	17.3	**
Manic episode							
Current	11	1.3	1	0.3	10	1.9	*
Past	23	3.4	5	1.8	18	4.3	
Hypomanic episode							
Current	8	1.8	4	2.1	4	1.6	
Past	18	2.8	5	1.9	13	3.3	
Hypomanic symptoms							
Current	6	0.6	3	0.7	3	0.5	
Past	35	5.5	12	4.4	23	6.1	
Panic disorder							
Lifetime	50	7.2	6	1.3	44	10.7	***
Limited symptom	26	3.3	10	3.9	16	2.9	
Current	27	4.0	3	0.9	24	5.8	***
Social phobia (social anxiety disorder)							
Current	43	5.9	9	2.3	34	8.0	**
Generalized (subtype)	38	4.8	8	2.0	30	6.4	**
Nongeneralized (subtype)	5	1.1	1	0.3	4	1.6	
Obsessive-compulsive disorder	21	3.2	5	2.1	16	3.8	
Posttraumatic stress disorder	36	4.7	5	1.5	31	6.6	**
Generalized anxiety disorder	33	4.7	1	0.1	32	7.4	***
Alcohol dependence	48	6.8	21	6.8	27	6.9	
Alcohol abuse	34	5.0	12	4.6	22	5.3	
Substance dependence (nonalcohol)	40	5.0	16	5.6	24	4.7	
Substance abuse (nonalcohol)	23	2.8	10	3.2	13	2.6	
Antisocial personality disorder	55	7.2	17	5.6	38	8.2	
Psychotic thinking (current, <i>n</i> = 590)	55	8.3	15	5.9	40	9.7	
Eating disorder symptoms							
Anorexia nervosa	32	4.2	2	0.4	30	6.4	***
Bulimia nervosa	17	2.7	3	1.3	14	3.5	
Any current mental health disorder (<i>n</i> = 597)	186	28.8	44	17.0	142	35.8	***
Any current substance/alcohol use disorder (<i>n</i> = 617)	114	15.3	48	16.2	66	14.8	
Any current mental health or substance/alcohol use disorder (<i>n</i> = 597)	231	34.9	71	27.2	160	39.4	**

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

^a Five youth were not asked these questions during the interview.

Life Skills and Satisfaction with Services

Independent living services play a large role in preparing foster youth for the transition to adulthood. Since the Chafee Foster Care Independence Program was launched in 2000, federal funds have been granted to provide foster youth with independent living services across several domains (Collins, 2004). Recent federal legislation, such as the Fostering Connections to Success and Increasing Adoptions Act of 2008, has increasingly emphasized involving transition-age youth in the independent living plans that guide decision making related to their independent living services. Youth participation in their planning decisions is recognized as a protective factor and opportunity for positive youth development (Havlicek, Curry, & Villalpando, 2018). Independent living services target life domains such as secondary and postsecondary education, vocational training and employment, budgeting and financial management, health education, housing, and youth development. Few studies have investigated the types of independent living services utilized or their impact on transition-age youths' later outcomes (Courtney et al., 2017), and existing research focuses on independent living services receipt between ages 17 and 21. A national analysis of Chafee-funded independent living services among foster youth aged 16 to 21 found that around 50% of youth received at least one type of service (Okpych, 2015).

At age 23/24, Midwest Study participants reported feeling more prepared for independent adulthood overall than in previous interview waves (Courtney et al., 2010). Indeed, two-thirds (66%) of 23- and 24-year-olds reported feeling “very prepared” to be self-sufficient. More than one-third of participants said that there was training or assistance they wish they received while in care, particularly in the area of independent living skills such as budgeting and money management (Courtney et al., 2010). In analyses of Midwest Study data, Katz and Courtney (2015) found that 35.5% of youth at age 23 reported having an unmet independent living service need. Additionally, youth with mental health issues were more likely to report unmet need, whereas youth who received more social support and independent living services were less likely to report unmet need (Katz & Courtney, 2015).

Youth were asked about their level of satisfaction with the life skills training and services they received in the twelve areas: education, employment, housing, financial literacy, independent living skills, physical health, mental/behavioral health, substance abuse, sexual health, family planning, parenting, and relationship skills. Responses ranged from 1, “very dissatisfied” to 4, “very satisfied.” The average level of satisfaction in each service area is reported in Table 59. Most averages hovered around a score of 3.0, which corresponds to the response option of being “satisfied.” Youth were the most satisfied with the services they received in the area of sexual health, family planning, independent living skills, and substance abuse. Youth reported being the least satisfied with the preparation they received in the area of

financial literacy. Gender differences were found for youths' satisfaction with a couple of the life skills training and services they received. On average, males were more satisfied than females with the services they received in financial literacy (3.0 vs. 2.8, $F = 3.9, p < .05$) and in parenting (3.3 vs. 3.1, $F = 5.5, p < .05$).

Table 59. Satisfaction with Life Skills Preparation, Support Services, or Training ($n = 620$)^a

	Mean (SD)
Education	3.0 (0.7)
Employment	3.1 (0.8)
Housing	3.0 (0.8)
Financial literacy	2.9 (0.8)
Independent living skills	3.2 (0.7)
Physical health	3.0 (0.7)
Mental health	3.0 (0.7)
Substance abuse	3.2 (0.7)
Sexual health	3.3 (0.6)
Family planning	3.2 (0.7)
Parenting ($n = 248$)	3.1 (0.7)
Relationship skills	3.1 (0.7)

Note: Weighted means.

The scale for this item ranged from 1, "very dissatisfied," to 4, "very satisfied".

^a Two youth were not asked these questions during the interview.

Community Connections and Social Support

Civic Engagement

Civic engagement is believed to allow youth to form social networks, build social capital, and connect to educational and occupational opportunities (Flanagan & Levine, 2010; Havlicek & Samuels, 2018). Youth advisory boards (YABs) are one way for foster care youth to participate in advocacy. Members of YABs discuss foster youth issues, make decisions alongside adults, and advise their state's agency director (Havlicek, Lin, & Villalpando, 2016). This enables foster care youth to influence policies related to their needs and to cultivate their voice (Havlicek, Lin, & Braun, 2016). However, dropping out of high school and being arrested have been linked to reduced civic engagement, which is particularly concerning since foster youth experience these outcomes at higher rates than their nonfoster peers (Flanagan & Levine, 2010). Little is known about the civic participation of transition-age foster youth. Courtney and colleagues (2010) found Midwest Study participants at age 23/24 to be less likely than their Add Health counterparts to report performing any unpaid volunteer or community service over the prior 12 months (18% vs. 25%). Of the Midwest Study participants who did perform unpaid volunteer or community

service, most participated in activities with church groups, community centers, or youth organizations (Courtney et al., 2010). At age 23/24, there were small but statistically significant differences between Midwest Study participants and Add Health participants in the proportions of youth who were registered to vote (74% vs. 77%) and who voted in the most recent presidential election (44% vs. 50%) (Courtney et al., 2010). Conversely, Midwest Study participants were significant more likely than Add Health participants to have attended a political rally (7% vs. 3%; Courtney et al., 2010).

Table 60 shows information about CalYOUTH participants' civic engagement. Fifteen percent of youth reported having attended a meeting for a local board, council, or organization that deals with any community problems during the past year. One in ten youth reported having worked with or gotten together informally with others in their community/neighborhood to try to deal with community issues. Finally, about a quarter of youth reported voting in the last national election.

In terms of gender differences, females were more likely than males to have voted in the last national election (27.4% vs. 17.9%, $F = 5.7, p < .05$). There was a significant difference by race/ethnicity in local meeting attendance in the past year, with youth in the "other" group less likely to report "never" (56.1%) than white youth (90.1%), and more likely to report "two or three times" (18.3%) than Hispanic youth (4.5%, $F = 2.1, p < .01$).

CalYOUTH Study participants were less likely to have voted in the last national election than PSID participants (23.9% vs. 61.5%, $F = 80.5, p < .001$), which was true for males (17.9% vs. 63.2%, $F = 60.0, p < .001$) and females (27.4% vs. 60.6%, $F = 33.5, p < .001$). It should be noted that the CalYOUTH question asked about the 2018 midterm election to elect members of Congress, while the PSID question asked about the 2016 Presidential election. Since voting turnout is markedly lower in midterm elections, the comparison between the CalYOUTH and PSID studies should be interpreted cautiously.

Table 60. Civic Engagement ($n = 620$)^a

	#	%
How often attended a meeting for a local board, council, or organization that deals with any community problems during the past year		
Never	525	85.0
Once	28	4.6
2 to 3 times	28	4.5
About once a month	24	3.6
More than once a month	15	2.3
Worked with or gotten together informally with others in community/neighborhood to try to deal with community issues	73	11.2
Voted in the last national election	145	23.9

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

Perceptions of Neighborhoods

Limited research is available regarding the neighborhoods in which former foster youth live, particularly youth who have exited extended foster care. This is not surprising given that extended foster care policy has only recently created a variety of new living arrangements for nonminor dependents. However, neighborhoods are important to understand—they provide an important developmental context for young adults (Ross & Jang, 2000). Housing options that foster youth can afford may be more likely to be in unsafe neighborhoods (Hormuth, 2001). A study by Berzin, Rhodes, and Curtis (2011) showed that foster youth were more likely than a matched non-foster youth sample to live in neighborhoods of poorer quality, defined as neighborhoods where gangs were present and buildings were in poor condition or had poor exteriors. A second study by Tam and colleagues (2016) found that supportive housing and shelters for former foster youth in the Los Angeles area were predominately located in low-income neighborhoods, which may not have the same employment and educational opportunities as more affluent neighborhoods. Beal and colleagues (2019) examined the socioeconomic characteristics of older youth (ages 16–20) in out-of-home care. The authors examined the Census tracts of 229 youth in out-of-home care in a Midwest county and found that tracts where foster youth reside were significantly more disadvantaged across five area-based socioeconomic indicators. Finally, in a qualitative study of nonminor dependents in California, Napolitano and Courtney (2014) found that youth lived in a variety of different types of neighborhoods. While some youth described their neighborhoods as safe and quiet, others described their neighborhoods as places where violence and crime occurred regularly (Napolitano & Courtney, 2014).

Youth were asked several questions about their views of their neighborhood and their interactions with people in their neighborhood. As seen in Table 61, over 42% of youth agreed (“agreed” or “strongly agreed”) that they live in a close-knit neighborhood, and over 43% agreed that their neighbors are willing to help each other. About one-quarter of youth agreed that their neighbors do not share the same values. About a third of youth agreed that their neighbors could be trusted.

Table 61. Neighborhood Social Cohesion (*n* = 620)^a

	#	%
Lives in a close-knit neighborhood		
Strongly agree	74	12.9
Agree	190	29.5
Neither agree nor disagree	186	31.7
Disagree	118	17.4

	#	%
Strongly disagree	51	8.5
People around are willing to help their neighbors		
Strongly agree	56	9.1
Agree	222	34.1
Neither agree nor disagree	214	35.8
Disagree	96	15.3
Strongly disagree	32	5.7
People in the neighborhood do not share the same values		
Strongly agree	37	5.6
Agree	135	22.4
Neither agree nor disagree	322	53.4
Disagree	103	15.0
Strongly disagree	20	3.7
People in the neighborhood can be trusted		
Strongly agree	35	6.0
Agree	176	26.2
Neither agree nor disagree	243	40.9
Disagree	112	17.6
Strongly disagree	52	9.3

Note: Unweighted frequencies and weighted percentages

^aTwo youth were not asked these questions during the interview.

Table 62 reports youths' perceptions of how likely their neighbors would be to intervene to address various kinds of antisocial behaviors in their neighborhood. Overall, a little under half of youth reported it is likely ("very likely" or "likely") that their neighbors would intervene if children were loitering around a street corner. About 70% of youth said that it is likely that their neighbors would intervene if children were painting graffiti on a building, and a little under 70% reported that their neighbors would break up a fight if someone was being hurt. About two in five youth reported that it is likely that their neighbors would scold a child for showing disrespect to an adult.

Table 62. Neighborhood Social Control (n = 620)^a

	#	%
Likelihood that neighbors would intervene if a group of neighborhood children were skipping school and hanging out on a street corner		
Very likely	102	16.5
Likely	174	30.7
Unlikely	220	35.5
Very unlikely	109	17.3
Likelihood that neighbors would intervene if some children were spray painting graffiti on a local building		

	#	%
Very likely	212	33.7
Likely	225	36.5
Unlikely	119	20.2
Very unlikely	55	9.7
Likelihood that people in neighborhood would scold child if a child was showing disrespect to an adult		
Very likely	84	13.6
Likely	181	29.2
Unlikely	246	41.6
Very unlikely	95	15.6
Likelihood that neighbors would break up a fight in front of house if someone was being beaten or threatened		
Very likely	213	34.0
Likely	216	34.6
Unlikely	124	20.9
Very unlikely	56	10.4

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

Youth were asked about how safe they felt in their neighborhood and how happy they were living in their neighborhood. As presented in Table 63, close to 90% of youth indicated that they felt safe in their neighborhood, and over 55% said that they were “very happy” or “somewhat happy” living in their neighborhood. Males were more likely than females to report feeling safe in their neighborhood (92.3% vs. 86.1%, $F = 4.0, p < .05$).

Table 63. Neighborhood Safety and Satisfaction ($n = 620$)^a

	#	%
Feel safe in neighborhood	552	88.4
On the whole, how happy living in neighborhood		
Very happy	229	36.3
Somewhat happy	126	19.3
Neutral	209	34.6
Somewhat unhappy	28	4.4
Not at all happy	28	5.4

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

Religiosity

A limited amount of research has been conducted on religiosity and its relationship to other outcomes for transition-age foster care youth. Courtney and colleagues (2010) found that Midwest Study participants at

ages 23 and 24 were less likely to have attended religious services during the past 12 months than their Add Health counterparts (60% vs. 73%). Despite lower religious service attendance rates, Midwest Study participants were more likely than Add Health participants to report that their religious faith was more important to them than anything else (16% vs. 8%; Courtney et al., 2010).

Studies that have examined the relationship between religiosity and other outcomes for youth with foster care involvement show mixed findings. A study of 189 former foster youth found that youth who reported greater spiritual support demonstrated higher resilience in their early 20s in the areas of education participation, avoidance of early parenthood, employment history, avoidance of drug use, and avoidance of criminal activity (Daining & DePanfilis, 2007). Studies of foster youth at younger ages have also found that religiosity can play a protective role (Scott, Hodge, White, & Munson, 2018; Scott, Munson, McMillen, & Ollie, 2006), although some studies report nonsignificant associations with later outcomes (see, for example, Makanui, Jackson, & Gusler, 2019; Oshima, Narendorf, & McMillen, 2013; Shpiegel, 2016).

Table 64 presents data on youths' participation in religious services. About three in four youth attended a religious service at least once in the past year. Significant differences were found between CalYOUTH participants and Add Health participants. Compared to their peers in Add Health, CalYOUTH participants were more likely to have never attended religious services during the past year and less likely to have attended a service at least once in the past year ($F = 70.7, p < .001$). This difference was statistically significant for both males ($F = 18.0, p < .001$) and females ($F = 54.9, p < .001$). Lower rates of participation in religious activities between CalYOUTH participants and Add Health participants may partly be a reflection of the overall trend in the U.S. of declining involvement with organized religion (Pew Research Center, 2015).

Table 64. Religiosity ($n = 620$)^a

	CalYOUTH		Add Health		<i>p</i>
	#	%	#	%	
How often attended religious services during past year					***
Once a week or more	54	9.4	268	17.2	
Once a month or more, but less than once a week	48	8.9	272	17.6	
Less than once a month	98	16.7	534	37.5	
Never	419	65.1	370	27.6	

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

^aTwo youth were not asked these questions during the interview.

Social Support

The importance of supportive relationships for foster youth transitioning to adulthood has been underscored by a number of recent studies (e.g., Blakeslee, 2015; Blakeslee & Keller, 2018; Mccauley, Bogen, & Miller, 2017; Rosenberg, 2019; Thompson, Greeson, & Brunsink, 2016; Curry & Abrams, 2015; Jones, 2014). However, researchers have found that maintaining supportive relationships is difficult for some foster youth due to histories of unstable living arrangements, caregiver maltreatment, attachment difficulties, and experiences in out-of-home care (Thompson et al., 2016; Okpych & Courtney, 2018b; Samuels & Pryce, 2008).

Researchers have investigated the social relationships of foster youth in terms of the types of support they receive, the adequacy of their social support, and the structural characteristics of their relationships. With regard to the types of social support these youth receive, Courtney and colleagues (2010) asked 23- and 24-year-old Midwest Study participants questions about their receipt of four types of social support (emotional/informational, tangible, positive social interaction, and affectionate). Although levels of support were generally high, participants reported having more affectionate support and positive social interaction available to them than emotional/informational and tangible support (Courtney et al., 2010). With respect to the adequacy of their social support, the majority of Midwest Study participants reported that they had enough people to turn to for different needs, including helping with favors (57%), encouraging goals (60%), and listening (64%; Courtney et al., 2010). Less than half of participants reported having enough people to loan them money (47%).

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

professional), the age of the nominee, the frequency of contact with the nominee, and the geographic distance from the nominee.

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

Before asking youth about specific people they could turn to for social support, we asked youth to estimate the size of their social support networks. Table 65 presents the youths' estimates of how many people they have for each of the three types of social support, as well as the total number of people they could turn to if they needed any kind of support. For all four of these measures, the possible range was 0 to 99. On average, youth said they had about 3.9 people they could turn to for emotional support (someone to talk to about something private), about 2.8 people they could turn to for tangible support (someone who can lend or give something the youth needed), and 3.0 people they could turn to for advice/guidance (someone to give advice or information). Youth reported having an average of about 5 people in total that they could turn to if they needed support. Nearly 10% of youth reported having zero people to count on for advice/guidance, nearly 8% of youth said they had no one to rely on for tangible support, and about 4% said no one was available for emotional support. Overall, about 2% of youth said they had no one to turn to for any of the types of support.

There were significant gender differences in the estimated number of available supports. On average, males reported having more emotional supports than did females (4.6 vs. 3.5, $F = 4.4$, $p < .05$). However, at the same time, a greater percentage of males than females said they had no one to count on for

emotional support (7.7% vs. 2.1%, $F = 8.1, p < .01$). Additionally, males were also more likely than females to reporting having no one to count on for tangible support (11.2% vs. 5.5%, $F = 4.9, p < .05$).

Significant differences by race/ethnicity were also found. On average, youth in the “other” race/ethnicity group (3.9) had more people to turn to for tangible support than did African American youth (2.2, $F = 3.5, p < .01$). In terms of advice and guidance, white youth (3.3) and youth in the “other” race/ethnicity group (5.7) had more people to turn to than did African American youth (2.1, $F = 6.4, p < .001$). For all supports, white youth (5.3) and Hispanic youth (4.9) had more people to turn to than did African American youth (3.4, $F = 7.2, p < .001$).

Table 65. Estimated Number of Available Supports, by Type of Support ($n = 621$)^a

	None		Median	Mean (SD)
	#	%		
Emotional	23	4.2	3.0	3.9 (4.0)
Tangible	45	7.6	2.0	2.8 (2.4)
Advice/guidance	52	9.6	2.0	3.0 (4.3)
All supports	12	2.1	3.0	4.9 (6.7)

Note: Unweighted frequencies, and weighted percentages and weighted means.

^aOne youth was not asked these questions during the interview.

Table 66 displays the number of people that youth nominated as someone they could turn to for support, as collected from the SSNQ instrument. Within each type of support, the greatest percentages of youth nominated just one individual: emotional (35.1%), tangible (36.2%), and advice/guidance (40.2%). Sixty percent of youth nominated two or more people for emotional support, about 56% nominated two or more people for tangible support, and approximately 50% nominated two or more people as a source of advice/guidance. The smallest percentage of youth nominated no one for each type of support: emotional (4.7%), tangible (7.9%), and advice/guidance (10.3%). Only one significant gender difference was found, with females nominating more people than males for emotional support (2.0 vs. 1.8, $F = 5.0, p < .05$).

Table 66. Number of Individuals Nominated, by Type of Support ($n = 621$)^a

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
None	26	4.7	47	7.9	56	10.3
One individual	217	35.1	222	36.2	251	40.2
Two individuals	166	25.8	167	26.7	165	25.8
Three individuals	212	34.4	185	29.2	149	23.7

Note: Unweighted frequencies and weighted percentages.

^aOne youth was not asked these questions during the interview.

The total number of distinct individuals that the youths nominated appears in Table 67. Almost all youth (97.1%) nominated at least one person whom they could turn to for social support. On average, youth nominated 2.8 distinct individuals.

Table 67. Total Number of Nominated Individuals ($n = 621$)^a

	None		Median	Mean (SD)
	#	%		
Total number of nominated individuals	15	2.9	3.0	2.8 (1.4)

Note: Unweighted frequencies, and weighted percentages and weighted means.

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

Relationships with important people can also be sources of stress. Thus, youth were asked about how often they experienced strain with each social support nominee. Table 68 displays youths' responses when they were asked how often they experienced the following four types of strain: disappointment (breaks promises, does not come through when needed), intrusiveness (butts into youth's business, bosses youth around, acts like they know what's best for youth), criticism (puts youth down, makes youth feel stupid), and conflict (has fights or strong disagreements with youth). Youths' responses were on a range from 1 to 5 for each type of strain (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Always).

Table 68 presents the distribution of youths' responses to questions about relationship strain for each type of strain across all of the individuals who were nominated by the youth ($n = 1,769$). Overall, strain was relatively uncommon in the youths' relationships with people they could turn to for support; "never" was the most common response for all four types of strain, followed by "rarely." When looking at strain that occurred frequently ("often" or always"), intrusiveness was the most common type of strain, with youth reporting about 18% of their support persons frequently acted like they know what's best for the youth. In contrast, the three other types of strain occurred frequently in only about one in fifteen relationships (conflict) or less (disappointment and criticism).

A few differences in youths' characterization of relationship strain were found by gender and race/ethnicity. Gender differences were found in the level of criticism among people nominated by the youth.³¹ In terms of intrusiveness, African American youth (15.1%) were more likely than white youth

³¹ While the overall distribution of responses about criticism differed by gender at a statistically significant level, none of the differences for individual response categories reached statistical significance. The differences that approach statistical significance tend to suggest that females were less likely than males to report criticism "rarely" occurred in their relationships with support nominees.

(4.5%) and multiracial youth (5.1%) to report “always” experiencing strain ($F = 2.0, p < .05$).

Race/ethnicity differences were also found for conflict.³²

Table 68. Frequency of Relationship Strain ($n = 1,769$ individuals nominated as supports)^a

	Disappointment		Intrusiveness		Criticism		Conflict	
	#	%	#	%	#	%	#	%
Never	751	41.9	761	42.7	1379	79.0	778	44.1
Rarely	700	40.4	416	23.7	237	13.2	580	32.3
Sometimes	247	13.7	292	15.8	104	5.3	307	17.0
Often	62	3.6	156	8.8	34	1.6	75	4.6
Always	8	0.5	144	9.1	15	0.9	29	2.1

Note: Unweighted frequencies and weighted percentages.

^a The youth’s relationship to nominee was not asked about for 18 nominees.

Table 69 presents the variation in average scores for our measures of relationship strain, ranging from 1 (Never) to 5 (Always). Overall, youth experienced the various forms of strain on their relationships rarely to almost never; average scores for the measures of relationship ranged from 1.3 to 2.2. The highest overall average for relationship strain was for intrusiveness, followed by conflict, disappointment, and criticism. Two differences were found by race/ethnicity in average relationship strain among the individuals nominated as supports. African American youth reported higher average intrusiveness than did white youth (2.3 vs. 2.0, $F = 2.7, p < .05$). A similar trend was found for the average amount of conflict, with African American youth reporting a higher level of conflict than white youth (2.0 vs. 1.8, $F = 2.4, p < .05$).

Table 69. Average Relationship Strain ($n = 1,769$ individuals nominated as supports)^a

	Median	Mean (SD)
Disappointment	2.0	1.8 (0.8)
Intrusiveness	2.0	2.2 (1.3)
Criticism	1.0	1.3 (0.7)
Conflict	2.0	1.9 (1.0)

Note: Unweighted frequencies and weighted means.

^a The youth’s relationship to nominee was not asked about for 18 nominees.

Table 70 displays youths’ responses when they were asked to classify their relationship to each of the people they nominated as someone they could turn to for support. The most common people named as

³² While the overall distribution of responses about conflict differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The differences that approach statistical significance tend to suggest that multiracial youth were less likely than white youth and youth in the “other” race/ethnicity group to report that conflict “never” occurred in their relationships with support nominees.

supports were friends, followed by siblings and romantic partners. The relationship classifications can be organized into the following six categories: relatives by blood or marriage (including stepparents), friends, romantic partners or spouses, foster care professionals (e.g., foster or adoptive parent, transitional housing staff), nonfoster care professionals (e.g., professional at school or training program, therapist/counselor, mentor, or “other professional”), and other individuals (e.g., family friend, in-law of romantic partner/spouse, roommate, coworker, and “other” individual). In total, about 38% of the nominees were relatives, 27% were friends, 15% were romantic partners/spouses, 6% were people linked to the youth’s foster care involvement, 6% were other professionals, and 9% were other individuals who did not fit into these categories. Significant differences were found by gender in the overall distribution of relationships with nominees ($F = 1.9, p < .05$).

Table 70. Relationship to Nominated Supports ($n = 1,769$ individuals nominated as supports)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Relationship to nominated individual							*
Biological mother	131	7.5	50	8.5	81	6.9	
Biological father	44	2.4	15	2.3	29	2.5	
Stepparent	28	1.6	12	1.6	16	1.6	
Former foster parent	76	4.3	31	5.6	45	3.6	
Adoptive parent	24	1.1	9	1.2	15	1.0	
Sibling	246	14.7	92	15.1	154	14.4	
Aunt/uncle	93	5.0	41	5.3	52	4.7	
Grandparent	66	3.4	24	4.3	42	2.9	
Cousin	53	3.0	11	1.8	42	3.6	
Family friend	13	0.5	11	1.3	2	0.1	
Romantic partner/spouse	261	14.7	81	12.9	180	15.6	
In-laws of romantic partner/spouse	73	3.8	20	3.1	53	4.2	
Friend	459	27.1	165	27.4	294	26.9	
Roommate	6	0.3	2	0.1	4	0.4	
Coworker	17	1.1	5	0.9	12	1.1	
Mentor	60	3.3	17	2.3	43	3.8	
Therapist/counselor	21	1.1	6	0.8	15	1.3	
Staff person at transitional housing program	4	0.1	2	0.2	2	0.1	
Professional at school/college/training program	4	0.1	1	0.1	3	0.2	
Other professional (volunteered)	37	1.9	17	2.6	20	1.5	
Other	50	3.2	15	2.5	35	3.6	

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

^a The youth’s relationship to nominee was not asked about for 18 nominees.

Youth were asked how often they were in contact (either by phone, email, or in person) with the individuals they nominated as supports. As shown in Table 71, youth reported being in regular contact with their supports overall. More than three-quarters of the nominees were in touch with the youth at least a few times per week. About 6% of youths' supports were in contact with them on less than a monthly basis. A gender difference was found in frequency of contact, with females being more likely than males to contact nominated supports "almost every day" (56.5% vs. 47.7%) and being less likely than males to contact them "less than once a month" (4.3% vs. 9.4%, $F = 5.5, p < .001$).

Table 71. Frequency of Contact with Nominated Supports ($n = 1,769$ individuals nominated as supports)^a

	#	%
Almost every day	916	53.5
A few times every week	399	22.1
About once a week	197	10.8
More than once a month	143	7.6
Less than once a month	112	6.1

Note: Unweighted frequencies and weighted percentages.

^a The youth's frequency of contact with nominee was not asked about for 18 nominees.

In addition to questions that ask youth about people whom they can turn to for support, the youth were also asked about the overall adequacy of support and the amount of strain they experienced in all of their relationships with people who were important to them. Table 72 presents the extent to which youth had sufficient emotional, tangible, and advice/guidance supports overall. More than half of youth reported having "enough people" to count on for all three types of support. In contrast, about two-fifths indicated not having enough people ("too few people" or "no one to count on") for emotional support and for tangible support, and about one-third reported not having enough people for advice/guidance.

There were differences by race/ethnicity in all three types of support. For emotional support, white youth (73.3%) were significantly more likely than African American youth (40.2%) and Hispanic youth (56.3%) to report having "enough people" for social support ($F = 3.4, p < .001$). Similar trends were also found for tangible support (71.7% for white youth, 48.4% for African American youth, and 54.7% for Hispanic youth, $F = 2.5, p < .05$) and advice/guidance (78.6% for white youth, 50.7% for African American youth, and 65.8% for Hispanic youth, $F = 3.3, p < .01$).

Table 72. Sufficiency of Overall Amount of Support ($n = 620$)^a

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
Enough people	374	56.9	374	57.7	419	66.5
Too few people	211	36.3	213	36.0	171	28.2
No one to count on	35	6.8	33	6.3	30	5.4

Note: Unweighted frequencies and weighted percentages.

^aTwo youth were not asked these questions during the interview.

Table 73 presents the number of relationships with people who were important to them in which youth experienced strain. Youth were asked to indicate whether there were “too many people,” “some people,” “just a few people,” or “no one” in their lives for each of the four types of relationship strain. More than half of the youth reported having “just a few people” or “no one” in their lives from whom they experienced any of the four types of relationship strain. About a third of youth reported having “some people” or “too many people” in their lives who disappointed them (29.5%). Intrusiveness (23.2%) had the second highest percentage, with about one-quarter of youth who reported having “too many” or “some” people in their lives who were intrusive. Finally, fewer than one-fifth of youth reported having “some” or “too many” people who criticize them (19.0%) or who have conflict with them (17.4%).

Table 73. Overall Relationships with Strain ($n = 620$)^a

	Disappointment		Intrusiveness		Criticism		Conflict	
	#	%	#	%	#	%	#	%
Too many	82	13.2	48	8.5	34	5.5	21	3.3
Some	107	16.3	85	14.7	78	13.5	87	14.1
Just a few	313	49.5	308	47.3	257	40.4	347	56.2
None	117	21.0	178	29.6	250	40.7	164	26.5

^aTwo youths were not asked these questions during the interview.

Sexual Orientation, Sexuality, STDs, and Pregnancy

In the Midwest Study, most young adults transitioning from foster care identify their sexual orientation as 100% heterosexual, with 8% of 23- and 24-year-olds self-identified as “bisexual,” “mostly homosexual,” or “100% homosexual” (Courtney et al., 2010). Males were more likely than females to report their sexual orientation as 100% heterosexual (Courtney et al., 2010). Studies have found LGBTQ foster youth to be more likely than their heterosexual peers to experience sexual abuse, greater placement instability, limited housing options, discrimination from caregivers, greater difficulty in achieving legal permanency, victimization, and mental health problems (Mitchell, Panzarello, Gryniewicz, & Galupo, 2015; Maccio & Ferguson, 2016; McCormick, Schmidt, & Terrazas, 2017; Baams, Wilson, & Russell, 2019).

In terms of sexual behavior, at age 23 and 24 most Midwest Study participants reported ever having sex (92%), and most of the participants reported having sex in the past year (86%; Courtney et al., 2010). Among those who had been sexually active in the past year, around half reported having protected sex during their most recent sexual encounter (52% used birth control and 40% used a condom). Females were less likely than males to report consistent condom use (32% vs. 45%; Courtney et al., 2010). Furthermore, a relatively small number of the Midwest Study participants engaged in risky sexual behaviors. Eleven percent said they had ever been paid by someone to have sex, 3% reported that they ever paid someone to have sex, and 2% said they ever had sex with an injection drug user (Courtney et al., 2010). Males were more likely than females to report having ever paid someone for sex (5% vs. 1%). Few differences were found between Midwest Study participants and Add Health participants. For both males and females, Midwest Study participants were less likely than Add Health participants to have used birth control consistently and were more likely to report having ever been paid by someone to have sex (Courtney et al., 2010).

Table 74 presents CalYOUTH participants' self-reported sexual orientation. About 75% of the youth identified as being "100% heterosexual or straight" and 25% identified with another sexual orientation, the most common being "bisexual (attracted to men and women equally)" (11.5%).

There were significant gender and race/ethnicity differences in the sexual orientation youth identified with. Males were more likely than females to identify as being "100% heterosexual or straight" (91.0% vs. 66.1%), while females were more likely than males to identify as being "Mostly heterosexual or straight, but somewhat attracted to people of my own sex" (11.1% vs. 1.6%) and "bisexual (attracted to men and women equally)" (17.3% vs. 1.9%, $F = 9.6, p < 0.001$). Hispanic youth were less likely than white youth to identify as "100% homosexual or gay" (0.7% vs. 8.1%, $F = 2.9, p < 0.001$).

Differences in sexual orientation were present between youth in the CalYOUTH Study and youth in the Add Health study ($F = 23.2, p < .001$). Add Health respondents were more likely than CalYOUTH respondents to identify as "100% heterosexual or straight" (89.1% vs. 75.4%), while CalYOUTH respondents were more likely than Add Health respondents to report being "bisexual" (11.5% vs. 1.3%). When comparing youth from the two studies by gender, both males ($F = 4.1, p < .01$) and females ($F = 18.4, p < .001$) differed in their sexual orientations. Differences were larger for females than males, with CalYOUTH females being more likely than Add Health females to report being "bisexual" (17.3% vs. 2.0%) and less likely than Add Health females to report being "100% heterosexual or straight" (66.1% vs. 85.8%).

Table 74. Sexual Orientation (*n* = 618)^a

	#	%
Sexual orientation		
100% heterosexual or straight	446	75.4
Mostly heterosexual or straight, but somewhat attracted to people of my own sex	55	7.5
Bisexual (attracted to men and women equally)	74	11.5
100% homosexual or gay	20	3.4
Mostly homosexual or gay but somewhat attracted to people of the opposite sex	6	1.4
Not sexually attracted to either males or females	4	0.7

Note: Unweighted frequencies and weighted percentages.

^a Four youth were not asked this question during the interview.

Responses to questions about youths' sexual activity are shown in Table 75. A little over nine in ten youth reported ever having sexual intercourse.³³ Among youth who ever had sex, more than half reported first having sex when they were 16 years old or older. Among youth who ever had sex, the average number of lifetime sexual partners was 8.3 (the median was 5) and the average number of sexual partners over the past 12 months was 1.8 (the median was 1).³⁴

Add Health respondents differed from CalYOUTH respondents in a few ways with regard to sexual activity.³⁵ CalYOUTH respondents were more likely than Add Health respondents to report ever having had sexual intercourse (93.2% vs. 89.5%, $F = 4.5, p < .05$). CalYOUTH females were more likely than Add Health females to have ever had sex (94.8% vs. 90.3%, $F = 4.6, p < .05$), but males' responses did not differ between studies in this regard. Among young people who had ever had sex, CalYOUTH respondents were also more likely than Add Health respondents to report first having sexual intercourse between the ages of 10 and 12 years old (9.3% vs. 3.4%) or at the age of 13 years old (9.2% vs. 4.2%, $F = 10.2, p < .001$). CalYOUTH respondents were less likely to report first having sexual intercourse at the age of 18 years old or older (24.3% vs. 32.5%). Differences in age of first intercourse was statistically significant for both males ($F = 3.6, p < .01$) and females ($F = 7.4, p < .001$). Among youth who ever had sex, the average number of sexual partners over their lifetime was greater for CalYOUTH participants (mean = 8.3) than for Add Health participants (mean = 7.1, $F = 4.8, p < .05$). When examined separately

³³ Youth were asked: "Have you ever had sexual intercourse?" Youth may have included consensual and nonconsensual intercourse.

³⁴ Youth were asked: "With how many partners have you ever had sexual intercourse, even if only once?" and "With how many different partners have you had sexual intercourse in the past 12 months?" Youth may have included consensual and nonconsensual partners.

³⁵ For all four questions in Table 75, Add Health asked respondents about engaging in "vaginal intercourse" whereas CalYOUTH participants were asked about engaging in "sexual intercourse." Thus, findings should be interpreted with caution.

by gender, CalYOUTH females had significantly more lifetime partners than did Add Health females (8.0 vs. 6.3, $F = 7.0$, $p < .01$), but a statistically significant difference was not found for males. In terms of average number of sexual partners in the past year among youth who had ever had sex, CalYOUTH females reported more partners than did Add Health females (1.7 vs. 1.4, $F = 6.5$, $p < .05$) but males did not significantly differ.

Table 75. Sexual Activity ($n = 618$)^a

	#	%/ Mean (SD)
Ever had sexual intercourse	561	93.2
Among youth who ever had sexual intercourse ($n = 561$)		
Age at first sexual intercourse that youth agreed to ^b		
10 to 12 years old	43	9.3
13 years old	52	9.2
14 years old	66	13.4
15 years old	67	14.5
16 years old	79	15.5
17 years old	65	13.8
18–23 years old	125	24.3
Number of partners, lifetime ^c		8.3 (9.5)
Number of partners in the past year		1.8 (2.4)

Note: Unweighted frequencies and weighted percentages, means, and standard deviations.

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

^b Item is missing 11.4% due to “don’t know” and “refused” responses.

^c Item is missing 15.7% due to “don’t know” and “refused” responses.

Youths’ reports of sexually transmitted infections are displayed in Table 76. Among youth who reported having one or more sexual partners in the past year, almost 13% reported that at least one of their partners had an STI. Nearly one in five youth who ever had sex reported that they had ever had an STI.

Significant gender differences were found in terms of youths’ STI status. Among youth who had sex in the past year, female youth were more likely than male youth to have had a partner with STI in the past year (16.1% vs. 6.3%, $F = 7.4$, $p < 0.01$). Among youth who ever had sex, females were more likely than males to report ever having an STI (26.8% vs. 7.9%, $F = 27.0$, $p < .001$). In terms of differences by

race/ethnicity, among youth who ever had sex, African American youth were more likely than Hispanic youth to have ever had an STI (30.5% vs. 14.6%, $F = 3.5, p < .01$).

Among youth who had sex in the past year, CalYOUTH females were more likely than Add Health females to report that a sexual partner in the past year had a sexually transmitted infection (16.1% vs. 10.6%, $F = 4.0, p < .05$), but males' responses did not significantly differ between studies.

Table 76. Sexually Transmitted Infections^a

	#	%
Among youth who had one or more sexual partners in past year, any sexual partner ever had an STI ($n = 474$)	65	12.8
Among youth who ever had sex, ever had an STI ($n = 561$)	123	19.9

Note: Unweighted frequencies and weighted percentages.

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

Table 77 displays findings on contraceptive use among youth who reported having intercourse with one or more sexual partners in the past year. Among youth who had sex in the past year, youth had vaginal intercourse an average of about 63 times (the median was 20). When youth were asked about how frequently they or their partner used some form of birth control in the past year, about 35% reported not using birth control at all, while nearly 30% reported using birth control all of the time. When the same question was asked about condom usage during the past year, about 50% of youth reported not using a condom at all, while approximately 13% said they used a condom all of the time. About 47% of youth reported they or their partner used some form of birth control during the most recent time they had sexual intercourse. Slightly less than one-third of youth reported using a condom the last time they had sexual intercourse.

Some differences by gender and race/ethnicity were identified in sexual activity and contraceptive use in the past year. Among youth who had sex in the past year, on average, males had vaginal intercourse more often than females (87.9 vs. 49.1, $F = 5.2, p < .05$). Males were more likely than females to have used a condom during the last time they had sex (37.3% vs. 25.6%, $F = 5.1, p < .05$). In terms of race/ethnicity, on average, white youth (86.2 times) reported having vaginal intercourse significantly more in the past year than did African American youth (23.1 times, $F = 6.3, p < .001$).

CalYOUTH participants who had ever had sex were compared with Add Health participants who had ever had sex in terms of their sexual activity and contraceptive use in the past year.³⁶ As shown in Table

³⁶ For the last two questions in Table 77 (birth control and condom use during most recent intercourse), CalYOUTH asked about "sexual intercourse" while Add Health asked about "vaginal intercourse." Thus, findings should be interpreted with caution.

77, when asked about the number of times they had sexual intercourse in the past year, the average for CalYOUTH participants was significantly lower than the average for Add Health participants ($F = 114.3$, $p < .001$).³⁷ This difference was statistically significant for both males (87.9 vs. 149.3, $F = 12.6$, $p < .001$) and for females (49.1 vs. 169.7, $F = 148.3$, $p < .001$). In terms of the frequency with which birth control was used during sexual intercourse in the past year, CalYOUTH respondents were more likely than Add Health respondents to report “none” of the time or “some” of the time and were less likely than Add Health respondents to report “most” or “all” of the time ($F = 27.6$, $p < .001$), which was true for both males ($F = 19.7$, $p < .001$) and females ($F = 12.6$, $p < .001$). Similarly, regarding the frequency of condom use in the past year, CalYOUTH participants were more likely than Add Health participants to report “none” of the time and were less likely than Add Health respondents to report using a condom “most” of the time ($F = 6.2$, $p < .001$). These differences were significant for females ($F = 2.6$, $p < .05$) and for males ($F = 4.3$, $p < .01$). Finally, CalYOUTH participants were less likely than Add Health participants to report using birth control at the time of their most recent sexual intercourse ($F = 51.0$, $p < .001$), which was the case for males (47.7% vs. 71.4%, $F = 22.9$, $p < .001$) and females (46.5% vs. 68.7%, $F = 28.6$, $p < .001$). No statistically significant differences between studies were found in the rate of condom use during the most recent sexual intercourse.

Table 77. Contraceptive Use in Past Year

	CalYOUTH (<i>n</i> = 474) ^a		Add Health (<i>n</i> = 1185)		<i>p</i>
	#	% / Mean (SD)	#	% / Mean (SD)	
Number of times had vaginal intercourse in the past year ^b	63.3	(102.1)	162.0	(128.4)	***
Frequency of using birth control during sexual intercourse in the past year					***
None of the time	156	35.4	165	13.5	
Some of the time	76	17.4	128	9.1	
Half of the time	25	5.5	95	8.3	
Most of the time	56	12.3	251	22.3	
All of the time	143	29.5	524	46.3	
Frequency of using a condom in the past year					***
None of the time	227	50.1	389	36.2	
Some of the time	92	18.8	280	23.8	
Half of the time	37	8.7	91	7.2	

³⁷ The number of times a youth had sex in the past year was top-coded at 365 times (or once per day).

	CalYOUTH (<i>n</i> = 474) ^a		Add Health (<i>n</i> = 1185)		<i>p</i>
	#	% / Mean (SD)	#	% / Mean (SD)	
Most of the time	46	9.1	193	17.2	
All of the time	58	13.4	213	15.6	
Used birth control at the time of most recent sexual intercourse	224	46.9	795	69.8	***
Used a condom at the time of most recent sexual intercourse	133	29.5	431	66.7	n.s.

****p* < .001; *Note:* Unweighted frequencies and weighted percentages and means and standard deviations.

^a Questions in this table were asked to respondents who reported having one or more sexual partners in the past year.

^b Item is missing 34.4% of responses for CalYOUTH participants due to “don’t know” or “refused” responses.

Additionally, 31 youth reported having vaginal intercourse zero times, and they were also removed from this calculation. The original variable had a maximum answer of 999 times, but the responses were top-coded at 365 when calculating the mean.

Youths’ reports of engagement in risky sexual activities are shown in Table 78. Among youth who have had sexual intercourse, one in ten youth reported ever being paid to have sex with someone. For the youth who were paid for sex, nearly three-fifths reported being paid for sex in the past year. About 5% of youth who had ever had sex did so with someone who took or shot street drugs using a needle. Among these youth, almost half reported having had sex with an intravenous drug user in the past year.

Differences in engagement in risky sexual activities were found by gender. Females were more likely than males to have ever had sex with someone who paid them (12.9% vs. 4.9%, $F = 7.3$, $p < .01$) and were more likely to have ever had sex with someone who takes or shoots street drugs using a needle (7.8% vs. 1.0%, $F = 20.3$, $p < .001$).

There were differences in risky sexual behavior between CalYOUTH and Add Health study participants. Young people in the CalYOUTH Study were more likely than young people in the Add Health study to report ever having sex with someone for money (10.0% vs. 3.0%, $F = 28.1$, $p < .001$). CalYOUTH females were more likely than Add Health females to have ever had sex with someone for money (12.9% vs. 2.3%, $F = 38.1$, $p < .001$), but significant differences were not found for males. CalYOUTH females were also more likely than Add Health females to have ever had sex with someone who shoots street drugs with a needle (7.8% vs. 1.9%, $F = 12.4$, $p < .001$), but significant differences were not found for males.

Table 78. Risky Sexual Activity (n = 561)^a

	#	%
Ever had sex with someone who paid them to do so (n = 561)	57	10.0
Among youth who ever had paid sex, times had sex with someone who paid them to do so during the past year (n = 57)		
Never	22	41.0
One time	13	27.2
Two or three times	8	16.1
Four or more times	10	15.7
Ever had sex with someone who takes or shoots street drugs using a needle (n = 561)	31	5.3
Among youth who ever had sex with drug user, times had sex with someone who takes or shoots street drugs using a needle in past year (n = 31) ^b		
Zero times	13	51.0
One or more times	16	49.0

Note: Unweighted frequencies and weighted percentages.

^a Questions in this table were only asked to youth who reported ever having sex.

^b Two youth replied “don’t know” to this question.

Pregnancy

Over the past three decades, most research on pregnancy rates among older foster youth has focused on experiencing pregnancy by age 18 or 21. These studies report that foster youth are more likely than their peers to experience pregnancy and that rates of pregnancy among foster youth are higher for females than males (Eastman, Palmer, & Ahn, 2019; Svoboda, Shaw, Barth, & Bright, 2012). When Midwest Study participants were interviewed at age 23 or 24, 77% of females had ever been pregnant while 61% of males had ever gotten a female pregnant. Among Midwest Study participants who had ever been pregnant, two-thirds of females (66%) and close to two-fifths of males (37%) experienced a repeat pregnancy (i.e., more than one pregnancy/impregnation; Courtney et al., 2010). Rates of pregnancy among Midwest Study participants were found to be higher than rates for participants in the Add Health Study, where 40% of females had ever been pregnant and 28% of males reported ever getting a female pregnant. Among youth who had ever been pregnant, rates of repeat pregnancy were found to be higher for Midwest Study females than Add Health Study females (66% vs. 53%; Courtney et al., 2010).

Table 79 presents findings on the pregnancy histories of females in CalYOUTH, relying on responses to pertinent questions asked at all four waves of interviews (see footnotes for Table 79 for more detail).

About two-thirds of females reported ever being pregnant and over half reported having ever given birth.

About 40% of females reported that they had been pregnant since their last CalYOUTH interview. Among the youth who were pregnant since the last interview, about two-thirds had been pregnant only one time. A little under one-fifth of the female youth who had become pregnant since the last interview reported using birth control at the time of their most recent pregnancy. When asked about their desire to become pregnant at the time, nearly one-quarter reported that they definitely did not want to have a baby, while one-third reported that they definitely wanted to have a baby, with the remaining youth falling somewhere in between these two responses. Nearly half of the youth who had become pregnant since the last interview wanted to marry their partner at the time. About three-quarters (74.8%) of females saw a doctor or nurse within the first three months of pregnancy, while about one-tenth of youth said that they never received prenatal care. Most pregnancies ended in a live birth, but a little over one-third ended in a still birth, miscarriage, or abortion.

Table 79. Pregnancy History (Females; *n* = 383)^a

	#	%
Ever been pregnant ^b	242	66.7
Ever given birth to a child ^c	199	53.3
Ever been pregnant since last interview	146	41.0
Among females who have been pregnant since last interview, number of times been pregnant since last interview (<i>n</i> = 146)		
1	93	67.3
2	43	27.9
3 or more	8	4.9
Among females who have been pregnant since last interview, the questions below are about their most recent pregnancy (<i>n</i> = 146)		
Youth or partner using birth control methods at time of pregnancy	27	19.3
Wanted to become pregnant at that time		
Definitely no	34	23.6
Probably no	17	13.1
Neither wanted nor didn't want	32	19.8
Probably yes	17	10.5
Definitely yes	43	33.0
Among those not currently married, wanted to marry partner at time of most recent pregnancy (<i>n</i> = 143) ^d		
Yes	72	49.0
No	53	44.0
Didn't care	10	7.0
Month of pregnancy first saw doctor or nurse (<i>n</i> = 146)		
Month 1	68	48.0
Month 2	26	19.1
Month 3	10	7.7
Months 4 to 6	14	11.2
Months 7 to 9	6	4.1

	#	%
Didn't receive prenatal care	12	9.9
How pregnancy ended (<i>n</i> = 126) ^c		
Live birth	83	64.9
Still birth/Miscarriage	26	21.0
Abortion	16	14.2

Note: Unweighted frequencies and weighted percentages.

^a Three females were not asked these questions during the Wave 4 interview.

^b During the Wave 4 interview, female respondents were asked if they had ever been pregnant since their last interview. We used data from previous interviews (Wave 1, Wave 2, and Wave 3) to calculate the percentage of females who had ever been pregnant.

^c During the Wave 4 interview, female respondents were asked if they had ever given birth to any child. We used data from previous interviews (Wave 1, Wave 2, and Wave 3) to calculate the percentage of females who had ever given birth. The Wave 4 question identified 190 females who had given birth. Information from the previous interview waves identified 9 additional females, bringing the total to 199 females who reported giving birth to a child.

^d The three females who were currently married were not married at the time of their most recent pregnancy.

^e Excludes females who were currently pregnant at the time of the interview (*n* = 20).

Table 80 displays male CalYOUTH participants' histories of impregnating females and fathering children, relying on responses to pertinent questions asked at all four waves of interviews (see footnotes for Table 79 for more detail). A little less than half of males had ever gotten a female pregnant and nearly one-quarter had ever fathered a child. Among males who had ever gotten a female pregnant, about 55% impregnated just one female. Close to one-fifth of males had gotten a female pregnant since they were last interviewed. Among males who had gotten a female pregnant since the last interview, nearly nine in ten had only gotten only one female pregnant, and just over seven in ten had ever fathered a child that was born. When asked about the most recent time they got someone pregnant since their last interview, less than 10% said they or their partner were using any kind of birth control at the time of the pregnancy. When the pregnancy occurred, about one-third of these males definitely did not want their partner to become pregnant, while a little under one-quarter definitely did want their partner to become pregnant. The remaining males gave responses that were in between these extremes. About two in five males who had gotten a female pregnant since the last interview reported that they wanted to marry their partner at the time they became pregnant.

Table 80. History of Impregnating Females (Males; $n = 235$)^a

	#	%
Ever gotten female pregnant ^b	109	47.0
Number of females respondent has ever gotten pregnant ^{b,c}		
0	121	54.6
1	94	39.4
2 or more	14	6.1
Ever fathered a child that was born ^d	57	24.2
Any partner became pregnant since last interview	42	18.7
Among males who had gotten a partner pregnant since last interview ($n = 42$)		
Number of females respondent has gotten pregnant since last interview		
1	38	88.5
2	4	11.5
Ever fathered a child that was born	29	70.9
Among males who had gotten a partner pregnant since last interview, most recent time got female pregnant ($n = 42$)		
Used birth control at time partner became pregnant	3	9.8
Wanted partner to become pregnant at that time ^e		
Definitely no	10	31.5
Probably no	3	12.8
Neither wanted nor didn't want	9	22.2
Probably yes	4	10.7
Definitely yes	10	23.0
Among those not currently married, wanted to marry partner at time partner became pregnant ($n = 40$) ^{f,g}		
Yes	15	40.5
No	16	48.3
Didn't care	4	11.2

Note: Unweighted frequencies and weighted percentages.

^a One male was not asked these questions during the Wave 4 interview.

^b During Wave 4, youth who had ever had sexual intercourse were asked to report the number of females they had ever gotten pregnant. A total of 73 males reported having ever gotten one or more females pregnant. However, 29 youth who reported that they impregnated zero females during the Wave 4 interview had said that they had gotten a female pregnant or fathered a child at an earlier CalYOUTH interview wave. Additionally, 7 youth reported “don’t know” or “refused” to the Wave 4 impregnation question or were missing data on the question, but had reported that they had gotten a female pregnant or fathered a child at an earlier interview. In the estimate reported in the table, these 36 youth were added to the 73 youth who reported ever impregnating a female at Wave 4. Thus, the number of males who had ever gotten a female pregnant by Wave 4 sums to 109.

^c One youth who had gotten a female pregnant reported “don’t know” to how many females he had gotten pregnant.

^d The Wave 4 question “Have you ever fathered any children that were born?” was only asked to males who had gotten a female pregnant since last interview. Of the 42 males who had gotten a female pregnant since last interview, 29 had fathered a child that was born. We also used information from previous CalYOUTH interviews to obtain information on child births for males who had not gotten a female pregnant since last interview. This identified an additional 28 males, bringing the total number of males who had ever fathered a child to 57.

^e Item is missing 14.3% due to “don’t know” or “refused” responses.

^f Item is missing 12.5 % due to “don’t know” or “refused” responses.

^g Of the two males who were currently married, one was married and one was not married at the time their partner became pregnant.

Children and Parenting

Over the last 30 years, most studies on parenthood among transition-aged foster youth have focused on young adults between the ages of 17 and 21 and report that foster youth are more likely than their peers to parent a child (see reviews by Eastman et al., 2019; Svoboda et al., 2012). The Midwest Study was among the first longitudinal studies to examine parenthood among young adults who had been in foster care in their late teens and early 20s. In the Midwest Study, two-thirds of females and almost half of males had at least one living child at age 23 or 24 (Courtney et al., 2010). Females (67%) and males (44%) in the Midwest Study were more than twice as likely as their same-aged female (30%) and male (18%) Add Health counterparts to have had at least one living child (Courtney et al., 2010). Among Midwest Study participants who had a child, on average females had significantly more children than males (means of 1.8 vs. 1.6, $p < .05$; Courtney et al., 2010). Of the roughly 340 Midwest Study respondents who had a living child at age 23 or 24, only about 2.4% reported that one of their children was living with foster parents and about 2.7% said one of their children lived with adoptive parents (Courtney et al., 2010).

Information on the number of children and the dependency status of the children for CalYOUTH participants is presented in Table 81. Just over two in five youth had one or more living children. Among youth with a living child, most CalYOUTH parents had only one (56%) or two children (33.4%). Most CalYOUTH parents in the “3 or more children” category had three children. Few CalYOUTH parents (9.9%) had a child who was a dependent of the court. Among all CalYOUTH participants, fewer than 5% (4.1%) had a child who was a dependent of the court.

Gender differences emerged for youth who had children and for the dependency status of their children. Females were more likely than males to have a living child ($F = 37.3$, $p < .001$) and to have at least one living child who was a dependent of the court (5.8% vs. 1.2%, $F = 8.3$, $p < .01$). Among youth who were parents, there was no significant gender difference in the percentage of youth with a child who was a dependent of the court (see Table 81).

Table 81. Number of Children and Dependency Status ($n = 620$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Has a living child	248	41.7	53	23.7	195	52.3	***
Among parents, number of living children ($n = 248$)							
1 child	136	56.0	32	59.7	104	55.0	
2 children	84	33.4	17	30.7	67	34.1	
3 or more children	28	10.6	4	9.6	24	10.9	
Among parents, number of youth who have at least one child who is a dependent of the court ($n = 248$)	26	9.9	4	5.1	22	11.1	

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

^a Two youth were not asked these questions during the interview.

Among CalYOUTH participants who were parents, they had a combined 390 children. Table 82 reports the age and gender for these children. Seventeen percent of the children were newborn/infant age (less than 1 year old), just over 30% were toddler age (1 to 2 years old), and a little more than half were preschool age or older (3 years old or older). There were slightly more male children than female children.

Table 82. Age and Gender of Youth's Child ($n = 390$ children)^a

	#	%
Child's age		
Less than 1 year old	63	17.0
1 year old	47	13.4
2 years old	75	18.4
3 years old	53	13.9
4 years old	62	16.1
5 years old or older	85	21.2
Child's gender		
Female	186	47.5
Male	199	52.5

Note: Unweighted frequencies and weighted percentages.

^a Five youth refused to answer these questions during the interview.

Parental Involvement

Little research has explored the level of involvement that former foster care youth who are young parents have with their children. At age 23 or 24, mothers in the Midwest Study were more likely than fathers to be living with their children. Among the parents, only 17% of females had at least one nonresident child compared to 61% of males (Courtney et al., 2010). The proportions of Midwest Study parents who were

not living with at least one of their children were higher than the proportions among Add Health parents for both females (4%) and males (38%; Courtney et al., 2010). For nonresident children of Midwest Study participants, the most common living arrangements of the child reported by mothers at age 23 or 24 were with the child's other parent, maternal relatives, and foster parents. The most common living arrangements of the child reported by fathers at age 23 or 24 were with the child's other parent or maternal relatives (or both). At age 23 or 24, the majority of Midwest Study respondents with nonresident children had visited their children at least once per month during the prior year (Courtney et al., 2010). At age 23 or 24, only a small proportion of parents in the Midwest Study reported that a child had health problems or disabilities (Courtney et al., 2010).

Studies on the experiences of young mothers aging out of care have found that they often report feeling overwhelmed and stressed by parenting (Eastman et al., 2019; Svoboda et al., 2012; Radey et al., 2016). Little research has been conducted on the experiences of fathers aging out of the child welfare system. While most parents in the Midwest Study did not report experiencing high levels of parenting stress, the majority acknowledged that being a parent was harder than they had expected. Young parents in the Midwest Study were most likely to identify their biological mother, grandparent, another relative, or foster mother as sources of information about parenting and as someone who had taught them how to be a good parent (Courtney et al., 2010). In terms of discipline, parents in the Midwest Study were more likely to report using nonviolent modes of discipline than psychological aggression or physical discipline. The most common type of physical discipline used was spanking a child with a bare hand, which was reported by about two-fifths of young mothers and young fathers. Most young parents in the Midwest Study did not report engaging in any neglect of their children.

Table 83 reports findings on the living arrangements and parental contact of the 390 children of CalYOUTH Study participant parents. Just over four in five children live with the CalYOUTH parent. In about two-fifths of the cases, the child's other parent lives with the CalYOUTH participant. For about one-quarter of the children, CalYOUTH parents have a legal custody agreement with the other parent. For children who live with the CalYOUTH parent, about 16% of those parents have a child support order from the court. For children who live with the CalYOUTH parent, we asked the respondent about how much time the child spends with the respondent and with the other parent. A little less than half of the children spend more time with the CalYOUTH parent and about two-fifths spend equal time with both parents.

For children who do not live with the CalYOUTH parent, we asked the participant how often they see the child. Close to three-quarters of children who do not live the CalYOUTH parent are visited by that parent

a few times a month or more (“few times per month,” “about once a week,” or “daily”). For the children who are not currently residing with the CalYOUTH parent, we asked the parent to name all of the people that the child is living with. The most commonly reported person the child is living with was the child’s other biological parent, followed by the other partner’s parents or relatives. For children who did not live with the other parent, CalYOUTH parents were asked how often the other parent visits with the child. About three in five children are visited by the other parent infrequently (“never” or “less than once a month”).

We found several differences by gender in terms of child living arrangements. The children of female respondents were more likely than children of male respondents to be living with the respondent (85.6% vs. 61.8%, $F = 18.6, p < .001$). Male respondents (58.4%) were more likely than female respondents (37.1%) to be living with their child’s other parent ($F = 9.1, p < .01$). Among children not living with the respondent, female respondents (18.4%) were more likely than male respondents (1.4%) to have a court order requiring the other parent to pay child support ($F = 13.6, p < .001$). Gender differences were also found in terms of the child’s time spent with their parents among children who were living with the youth ($F = 29.7, p < .001$). Female respondents (55.5%) were more likely than male respondents (11.0%) to report that their child spends more time with the respondent than the child’s other parent, while male respondents (38.3%) were more likely than female respondents (7.3%) to report that their child spends more time with the child’s other parent than the respondent. Among children not living with the respondent, males were more likely than females to have their child living with the child’s other biological parent (94.4% vs. 26.9%, $F = 58.0, p < .001$), but less likely than females to have their child living with foster parents (3.4% vs. 22.4%, $F = 12.5, p < .001$).

Race/ethnicity differences were found for child living arrangements as well as child and parent contact. A greater percentage of multiracial respondents (57.1%), Hispanic respondents (47.9%), and white respondents (44.9%) than African American respondents (12.8%) reported they were living with their child’s other parent ($F = 6.5, p < .001$). Among children whose other parent is not currently living with the youth, the children of white respondents (71.4%) were more likely to have ever lived with the other parent than the children of African American respondents (37.1%, $F = 4.2, p < .01$). A greater percentage of respondents in the “other” race/ethnicity group than white respondents have a legal agreement regarding custody with their child’s other parent (61.9% vs. 15.9%, $F = 3.3, p < .05$). Race/ethnicity differences were also found for the amount of time the child spent with the respondent and the other parent ($F = 3.5, p < .001$). African American respondents (65.9%), Hispanic respondents (45.9%), and white respondents (41.4%) were more likely than multiracial respondents (6.2%) to report that their child spends more time with the respondent than the child’s other parent. In contrast, multiracial respondents

(76.3%) were more likely than Hispanic respondents (38.9%) and African American respondents (28.7%) to report that their child spends equal time with the respondent and the child's other parent. Among children not living with the respondent, race/ethnicity differences were found in the percentage of children who were living with their maternal grandparent ($F = 4.3, p < .01$).³⁸

Table 83. Living Arrangements and Parental Contact ($n = 390$ children)

	#	%
Child currently lives with youth in same household ($n = 390$)	298	81.0
If not living with youth, child ever lived with youth in same household in the past ($n = 92$)	70	80.1
Child's other parent currently lives with youth ($n = 390$)	153	41.3
If not living with youth, child's other parent ever lived with youth in the past ($n = 237$)	141	56.5
Youth has legal agreement regarding custody with other parent ($n = 390$)	90	26.4
Among youth living with their child, other parent has a court requirement to pay child support ($n = 298$)	52	15.9
Child's time spent with their parents ($n = 390$)		
More time with youth	174	46.8
Equal time with youth and other parent	144	39.9
More time with other parent	61	13.4
If child does not live with youth ($n = 92$)		
Frequency of visitation for youth with a child in the past year		
Never	19	14.9
Less than once a month	11	12.9
Few times per month	24	30.2
About once a week	17	24.8
Daily	14	17.2
Current residence of child (can be living with more than one person)		
Living with other biological parent	42	53.3
Living with maternal grandparents	19	20.2
Living with other maternal relatives	8	8.4
Living with paternal grandparents	5	4.9

³⁸While the overall distribution of responses to the question about child living arrangements among youth not currently living with their child and whose child is living with maternal grandparents differed by race/ethnicity at a statistically significant level, none of the differences for individual response categories reached statistical significance. The differences that approach statistical significance tend to suggest that among children not living with the respondent, multiracial respondents (37.5%) and Hispanic respondents (29.7%) were more likely than white respondents (2.5%) and African American respondents (4.2%) to report that their child lives with maternal grandparents. Due to small sample sizes, we were not able to assess race/ethnicity differences in living arrangement among children who were not living with the respondent.

	#	%
Living with other paternal relatives	8	9.9
Living with friends	3	2.2
Living with adoptive parents	10	8.5
Living with foster parents	13	15.0
Living in an institution	2	1.8
If child does not live with other parent ($n = 201$)		
Frequency of visitation for other parent with child in the past year		
Never	77	46.1
Less than once a month	30	13.5
Few times per month	40	18.9
About once a week	20	10.1
Daily	21	11.4

Note: Unweighted frequencies and weighted percentages.

CalYOUTH parents provided information on the overall health of their children ($n = 390$ children). As seen in Table 84, most children were reported to be in better than good health (“excellent” or “very good”). Additionally, few children were reported to have physical, emotional, or mental disabilities that would impair their ability to learn or hinder them in performing age-related activities.

Table 84. Child Health and Problems ($n = 390$ children)

	#	%
Youth’s description of their child’s health		
Excellent	268	70.9
Very good	72	20.6
Good	30	6.8
Fair	7	1.6
Poor	1	0.2
Child has physical, emotional, or mental disabilities that limit or interfere with the child’s ability to learn	16	3.4
Child has physical, emotional, or mental disabilities that keep the child from doing activities most children their age normally do	16	3.5

Note: Unweighted frequencies and weighted percentages.

Table 85 displays information on CalYOUTH parents’ involvement with their children. Among all children, 5.1% ($n = 31$) did not have contact with their CalYOUTH parent in the past 4 weeks, and six additional CalYOUTH parents refused to answer the question about contact with children in the past 4 weeks. These 37 participants were not asked questions about parental involvement. Of the youth who had

been in contact with their child in the past 4 weeks, most children were shown physical affection by their CalYOUTH parent, were praised for doing something worthwhile by their CalYOUTH parent, and ate evening meals with their CalYOUTH parent on a daily basis (“every day”) during the previous four weeks. In terms of parental involvement with children under 5 years old, during the previous 4 weeks CalYOUTH parents were actively involved (“every day”) with feeding the child, putting the child to bed, changing diapers or helping with toilet training, playing with the child, and bathing the child. For parental involvement with children 5 years old or older, half of children were helped with their homework or had their homework checked by a CalYOUTH parent daily (“every day”) in the previous four weeks, while a quarter of children had never (“not at all”) been helped with their homework or had it checked by their CalYOUTH parent during that period. Additionally, a little more than four-fifths of children 5 years old or older had CalYOUTH parents who knew at least some things (“knows some things,” “knows most things,” “knows everything”) about the children’s close friends.

For parents who had contact with their children in the past 4 weeks, some parental involvement differences were found by gender. Among resident parents who had contact with their child(ren) who were under the age of 5 years old, females were more likely than males to report that they fed their child(ren) “every day” (92.3% vs. 72.0%, $F = 5.5, p < .001$) and more likely than males to report that they put their child(ren) to bed “every day” (83.4% vs. 61.7%, $F = 3.4, p < .05$).

Table 85. Parental Involvement ($n = 390$ children)^a

	Not at all		Less than once a week		About once a week		Several times a week		Every day	
	#	%	#	%	#	%	#	%	#	%
Spent time with child on an outing away from home to places such as museums, zoos, movies, sports, playgrounds, or parks	34	9.8	46	12.4	137	36.8	116	34.0	20	7.1
Ate evening meals together with child	30	7.8	16	4.1	17	4.0	49	13.3	241	70.8
Showed child physical affection, such as a kiss, hug, or stroking their hair	12	3.1	7	1.5	15	4.6	29	7.5	289	83.4
Praised child for doing something worthwhile	6	2.2	12	2.8	17	4.1	64	20.0	253	71.0

Among parents who had contact with their child(ren) in the past 4 weeks ($n = 353$ children)

	Not at all		Less than once a week		About once a week		Several times a week		Every day	
	#	%	#	%	#	%	#	%	#	%
Among parents who had contact with their child(ren) in the past 4 weeks and child(ren) is under 5 years old (<i>n</i> = 283 children)										
Played with or played games with child	6	2.2	5	1.5	20	6.8	49	20.6	202	68.9
Read to child	30	12.1	23	7.3	64	23.1	69	22.3	95	35.4
Fed child	8	2.4	2	0.3	13	3.8	15	5.3	243	88.2
Gave child a bath	25	7.4	7	2.6	11	2.8	80	30.5	158	56.6
Changed child's diaper or helped child use the toilet	21	7.1	5	1.5	17	5.9	25	9.1	213	76.5
Put child to bed	26	8.6	5	1.3	4	0.9	31	10.2	215	79.0
Among youth who had contact with their child(ren) in the past 4 weeks and child is 5 years old or older (<i>n</i> = 70 children)										
Helped child with their homework or checked that their child did homework	19	25.1	1	0.9	5	5.5	12	17.7	31	50.9
	Knows nothing		Knows a little		Knows some things		Knows most things		Knows everything	
	#	%	#	%	#	%	#	%	#	%
Knows about child's close friends	5	5.4	11	13.3	16	23.1	25	37.2	13	20.9

Note: Unweighted frequencies and weighted percentages.

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

Information on visitation and child support among children not residing with their CalYOUTH participant parents is presented in Table 86. Among nonresident parents who had been in contact with their child in the past 4 weeks, most children saw the nonresident CalYOUTH parent at least weekly (“about once a week,” “several times a week,” “every day”) during the previous 4 weeks. We asked these nonresident parents who had seen their kids in the past four weeks about their satisfaction with the frequency of visitation with their nonresident children. The response options for satisfaction with frequency of visitation were originally on a scale from 0, “very dissatisfied” to 10, “very satisfied,” but were recoded into five categories for this report³⁹: “very dissatisfied,” “dissatisfied,” “neither dissatisfied nor satisfied,” “satisfied,” and “very satisfied.” About 47% of CalYOUTH parents expressed dissatisfaction (“very dissatisfied” or “dissatisfied”), 16% were “neither dissatisfied nor satisfied,” and nearly 37% expressed

³⁹ We recoded the original 10-point scale into the following five satisfaction categories: a score of 0 was recoded as “Very dissatisfied,” scores of 1 to 4 as “dissatisfied,” a score of 5 as “neither dissatisfied nor satisfied,” scores of 5 to 9 as “satisfied,” and a score of 10 as “very satisfied.”

satisfaction (“satisfied” or “very satisfied”) with the frequency of visitation with their nonresident children. Among all nonresident parents, CalYOUTH parents had contributed money or child support for approximately 56% of their nonresident children’s upbringing in the past 12 months.

A few differences by gender were found for child visitation and child support contributions among nonresident parents. Gender differences emerged for youths’ frequency of visitation with their nonresident child ($F = 4.5, p < .01$).⁴⁰ When asked about their satisfaction with the frequency of visitation with their nonresident child, a greater percentage of females (54.7%) than males (8.9%) reported that they were “very dissatisfied” ($F = 3.3, p < .05$). Among nonresident parents, gender differences were found in terms of child support in the past 12 months. Males were more likely than females to contribute money or child support for their child (79.3% vs. 40.4%, $F = 9.3, p < .01$). When asked about the amount of money or child support contributed, females were more likely than males to report contributing zero dollars for their child in the past 12 months (59.6% vs. 20.7%, $F = 5.5, p < .01$).

Table 86. Visitation and Child Support among Nonresident Parents ($n = 86$ children)^a

	#	%
How often youth saw their child in the last four weeks ($n = 56$) ^b		
Not at all	8	11.3
Less than once a week	8	14.6
About once a week	14	26.5
Several times a week	16	25.9
Every day	9	21.7
Youth’s satisfaction with frequency of visitation with child ($n = 56$) ^b		
Very dissatisfied	17	35.2
Dissatisfied	10	11.8
Neither dissatisfied nor satisfied	8	16.3
Satisfied	13	23.3
Very satisfied	7	13.4
In last 12 months, youth contributed money or child support for child’s upbringing ($n = 86$)	45	56.1
In last 12 months, amount youth contributed for child’s upbringing ($n = 86$)		
\$0	40	43.9
\$1 to \$1,000	18	21.7

⁴⁰While the overall distribution of responses to the question about youths’ frequency of visitation with their nonresident children differs at a statistically significant level, none of the differences between genders for individual response categories (e.g., “not at all,” “less than once a week”) reached statistical significance. The differences that approached statistical significance were that a greater percentage of males (40.5%) than females (15.0%) reported that they saw their child “several times a week” during the past 4 weeks.

	#	%
\$1,001 to \$2,000	5	4.5
More than \$2,000	22	29.9
Among youth who contributed in past 12 months, were contributions paid as part of a child support order (<i>n</i> = 45)	10	19.7

Note: Unweighted frequencies and weighted percentages.

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

^b Includes children of youth who were not living with the youth and who had seen/visited their child in the past 30 days (*n* = 56). Of the 86 children who were not living with the youth, 30 children had not seen the youth in the past 30 days.

Table 87 presents responses to questions on parental stress among CalYOUTH parents. We asked all youth with children to report their feelings about being a parent of each of their children. CalYOUTH parents reported that for most children, each of the six statements regarding parenting stress was “not at all true.” In terms of general feelings about being a parent, most CalYOUTH parents said they did not feel like they were trapped by parental responsibilities or that they were giving up their life to meet their child’s needs. However, when presented with the statement that “Being a parent was harder than I thought it would be,” most CalYOUTH parents thought the statement was at least “a little true.”

Table 87. Parenting Stress

	Not at all true		A little true		Moderately true		Mostly true		Very true	
	#	%	#	%	#	%	#	%	#	%
Feelings about being a parent to each child (<i>n</i> = 390 children)										
Felt that taking care of their child was more work than pleasure	314	83.9	33	8.8	14	3.0	6	1.1	10	3.2
Their child seemed to be much harder to care for than most other children	325	85.7	32	8.1	11	3.6	6	1.6	4	1.1
Their child did things that really bothered youth a lot	303	82.6	64	14.9	7	1.6	3	0.7	1	0.2
Sometimes youth lost patience with child’s demands and questions and didn’t listen to the child anymore	307	82.9	63	15.1	8	1.8	0	0.0	1	0.2
Often felt angry with child	341	91.6	34	7.2	3	1.1	0	0.0	1	0.2
Child had been a lot of trouble to raise	355	94.2	18	4.4	2	1.1	1	0.2	1	0.2
General feelings about being a parent (<i>n</i> = 248 youth)										
Felt I was giving up my life to meet child’s needs	175	71.0	31	13.1	10	4.8	5	0.9	20	10.1
Felt trapped by my responsibilities as a parent	206	86.8	24	8.9	6	2.5	1	0.3	4	1.6

	Not at all true		A little true		Moderately true		Mostly true		Very true	
	#	%	#	%	#	%	#	%	#	%
Being a parent was harder than I thought it would be	82	35.4	70	27.7	26	13.4	17	7.4	45	16.2

Note: Unweighted frequencies and weighted percentages.

Table 88 reports childcare arrangements among CalYOUTH parents living with at least one of their children. Just over 70% of CalYOUTH parents had another person care for their child(ren) when they were working or going to school. Among CalYOUTH parents who had another person care for their child(ren) when they were at work or school, the most commonly reported people who were named as normally caring for the child(ren) were the child’s grandparents or relatives, the child’s other parent, and child care providers or preschool. For the CalYOUTH parents who had another person care for their child(ren) when they were at work or school, we asked respondents if it was difficult to find another person to care for their child(ren) and how much work or school respondents missed due to not having child care. Nearly 40% reported that finding another person to care for their child(ren) was difficult (“very difficult” or “somewhat difficult”), and close to 60% of parents had to miss work or school in the previous 6 months because they did not have child care. Among CalYOUTH parents who had someone care for their child(ren) when they worked or went to school, roughly 25% reported that they had to change childcare providers in the previous six months, and just over 40% of parents had to pay any out-of-pocket expenses for child care while they were at work or school.

Table 88. Child Care (*n* = 191 youth)^a

	#	%
Youth ever had someone else care for their child(ren) because they were working or going to school	134	70.6
Among youth who ever had someone else care for their child(ren) (<i>n</i> = 134)		
Person normally caring for youth’s child(ren) when they were working or going to school		
Child(ren)’s other parent	30	22.9
Child(ren)’s grandparent	41	30.9
Child(ren)’s other relative	16	10.7
Neighbor or babysitter	8	5.5
Day center, nursery school, or preschool	25	21.0
Other	13	9.0
Difficult for youth to find someone to care for their child(ren) while they were working or going to school		

	#	%
Very difficult	16	12.2
Somewhat difficult	34	27.5
Not at all difficult	84	60.3
Times youth had to miss work or school during the previous 6 months because they did not have child care		
Never	59	41.3
Once or twice	39	31.3
Three or four times	25	18.3
Five or more times	11	9.1
Times youth had to change childcare providers during the previous 6 months		
Never	99	75.0
Once or twice	31	21.7
Three or four times	2	1.9
Five or more times	2	1.4
Youth currently receiving any type of childcare assistance from a state or county agency to help pay for child care	26	20.7
Amount youth usually paid out-of-pocket for child care each week while working or going to school		
\$0	81	59.6
\$1 to \$100	14	8.9
\$101 to \$200	26	23.0
More than \$200	11	8.5

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who were living with at least one of their children ($n = 191$).

Marriage and Romantic Relationships

Dating and exploring romantic relationships are common features of early adulthood (Arnett, 2000; Montgomery, 2005). Courtney and colleagues (2010) found that among 23- and 24-year-olds in the Midwest Study, nearly one-half of participants reported being currently involved in a dating or romantic relationship, and the majority of those in a romantic relationship were exclusively dating one partner. While almost half of participants were in romantic relationships, more than one-third of youth were living with their partners or married to their partners. At age 23 and 24, over one in four young women and more than one in five young men reported currently cohabitating with a partner (i.e., living with a partner in a “marriage-like” relationship), and 13% of young women and 12% of young men reported being currently married (Courtney et al., 2010). Drawing on data from the Midwest Study, Zinn and colleagues (2017) found that during the transition to adulthood, romantic partners became an increasingly important source of social support for an increasingly large proportion of foster youth.

Youth were asked a number of questions about their current relationship and marital status. As displayed in Table 89, excluding participants who were married ($n = 45$), more than half of youth reported being currently involved in a dating or romantic relationship, and almost 90% of these respondents reported being involved with their partner on a steady basis. Among the young people in a dating or romantic relationship, roughly two-thirds were living with their partner, about nine-tenths were dating their partner exclusively, and nearly seven-tenths had been in a relationship with their partner for more than a year. Of the respondents who had a child and who were either in a romantic relationship or were married, over three-fifths reported that their current partner was the parent of their child. Among the parents who were not currently in a relationship with their child's other parent, over a half reported that they hardly or never interact with the child's other parent.

Some differences in romantic involvement were found by gender and race/ethnicity. Females were more likely than males to report being currently involved in a romantic relationship (62.2% vs. 43.7%, $F = 14.4, p < .001$). Among youth with child(ren) who are in a romantic relationship/married, males (81.0%) were more likely than females (59.1%) to report that their current spouse/romantic partner is the parent of at least one of their children ($F = 6.4, p < .05$). White youth (66.9%) and Hispanic youth (59.7%) were more likely than African American youth (39.2%) to report being currently involved in a romantic relationship ($F = 5.1, p < .001$). Additionally, among youth with a child who are currently in a romantic relationship/married, a greater percentage of multiracial youth than African American youth reported that their current spouse/romantic partner is the parent of their child/one of their children (91.0% vs. 39.6%, $F = 3.1, p < .05$)

Table 89. Relationship Status and Involvement ($n = 575$)^a

	#	%
Currently involved in a romantic relationship	325	55.1
Description of relationship with current partner ($n = 325$)		
Romantically involved on a steady basis	281	88.5
Romantically involved on-again/off-again	32	8.4
Just friends	8	2.4
Hardly ever see or talk to each other	2	0.3
Do not see or talk to each other	1	0.4
Among respondents currently involved in romantic relationship ($n = 313$) ^b		
Respondent lives with partner	206	64.6
Dating status		
Dating exclusively	274	89.3
Dating frequently, but not exclusively	28	7.9

	#	%
Dating once in a while	3	0.7
Only having sex	7	2.1
Total number of months romantically involved with partner (<i>n</i> = 307) ^c		
Less than 1 month	1	0.0
1 to 6 months	45	15.5
7 to 12 months	46	15.0
13 to 24 months	50	17.1
25 or more months	165	52.4
Among youth with child who are in romantic relationship/married, current spouse/romantic partner is the parent of your child/one of your children (<i>n</i> = 184)	113	63.8
Relationship status with child's other parent if youth is not currently in a romantic relationship with child's other parent (<i>n</i> = 134) ^d		
Romantically involved on-again/off-again	5	4.6
Just friends	39	32.8
Hardly ever see or talk to each other	33	22.3
Do not see or talk to each other	49	34.7
Other parent is deceased	6	5.7

Note: Unweighted frequencies and weighted percentages.

^a Excludes 45 youth who were married at the time of the interview. Two youth were not asked these questions during the interview.

^b Excludes 11 youth who reported “just friends,” “hardly ever see or talk to each other,” or “do not see or talk to each other” in the previous question.

^c Includes youth who are dating exclusively/frequently/once in a while.

^d One of the 135 youth who were asked this question volunteered that they are in a steady relationship with the child's other parent. This youth was excluded from the analysis of this question.

Table 90 displays youths' marital status and involvement in marriage-like relationships. About 8% of youth reported that they were currently married, and another 2.5% reported that they were divorced or separated from their spouse. Among youth in a romantic relationship, three-quarters reported ever living with someone in a “marriage-like” relationship for at least a month. Among these youth, just over three-quarters reported currently living with their partner.

Table 90. Marriage and Marriage-Like Relationships (*n* = 620)^a

	#	%
Current marital status		
Married	45	7.9
Widowed	0	0.0
Divorced	4	0.7

	#	%
Separated	11	1.8
Never married	560	89.5
Among youth in a romantic relationship, ever lived with someone in a marriage-like relationship for one month or more ($n = 313$) ^b	238	75.0
Number of people lived with in a marriage-like relationship ($n = 238$)		
1 person	149	64.7
2 people	66	27.6
3 or more people	18	7.7
Still living together ($n = 238$)	180	75.9

Note: Unweighted frequencies and weighted percentages.

^a Two youth were not asked these questions during the interview.

^b A total of 325 youth said they were in a romantic relationship. Excludes 11 youth who gave one of the following responses in the question about their current relationship status: “just friends,” “hardly ever see or talk to each other,” “do not see or talk to each other,” or “don’t know.”

Among young people who were married or involved in a romantic relationship, most youth reported loving their partner “a lot,” being “very happy” in general with their partner, and being “completely committed” to their partner (see Table 91).

Table 91. Love, Happiness, and Commitment in Romantic Relationships ($n = 359$)^a

	#	%
How much love partner		
A lot	330	92.9
Somewhat	20	5.7
A little	4	1.2
Not at all	2	0.2
How happy in the relationship with partner in general		
Very happy	266	77.1
Fairly happy	78	19.4
Not too happy	14	3.5
How committed to the relationship with partner		
Completely committed	235	65.5
Very committed	102	30.0
Somewhat committed	18	4.0
Not at all committed	2	0.6

Note: Unweighted frequencies and weighted percentages.

^a A total of 325 youth said they were in a romantic relationship. Excludes 11 youth who reported that they are “just friends” with their romantic partner, “hardly ever see or talk to each other,” or “do not see or talk to each other.” Includes 45 additional youth who were currently married.

Youth who were married or in a romantic relationship answered several questions about the quality of their relationship with their partner. Table 92 shows that, overall, respondents had positive views of their relationships in terms of communication, affection, encouragement, sex life, and willingness to compromise. However, nearly a quarter of respondents did not agree (“neither agree nor disagree,” “disagree,” or “strongly disagree”) with the description of their partner as “fair and willing to compromise.” Also, about one in ten youth were either on the fence or disagreed that their partner listens to them, they are satisfied with their sex life, or they trust their partner to be faithful.

Table 92. Relationship Quality (n = 359)^a

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	#	%	#	%	#	%	#	%	#	%
Among youth who are married or in a dating relationship										
My partner listens to me when I need someone to talk to	206	59.3	110	28.9	26	7.3	9	2.6	7	1.8
My partner expresses love and affection to me	225	63.8	115	30.9	8	2.2	6	2.2	4	1.0
My partner is fair and willing to compromise when we have a disagreement	129	37.1	149	39.1	41	12.2	30	9.4	9	2.2
My partner encourages or helps me to do things that are important to me	210	60.9	125	32.5	14	3.4	7	2.7	2	0.6
I am satisfied with our sex life	194	56.8	131	33.2	17	5.2	10	3.3	5	1.5
I trust my partner to be faithful to me	208	58.5	117	32.0	15	3.9	12	3.5	6	2.2

Note: Unweighted frequencies and weighted percentages.

^a A total of 325 youth said they were in a romantic relationship. Excludes 11 youth who reported that they are “just friends” with their romantic partner, “hardly ever see or talk to each other,” or “do not see or talk to each other.” Includes 45 additional youth who were married.

Table 93 displays youths’ levels of agreement with statements related to criticism and manipulation from their partner. Most youth who were married or in romantic relationships at the time of their interview did not report feeling that their partner was critical or nor manipulative toward them. However, about 12% agreed (“strongly agree” or “agree”) that their partner insults or criticizes them, and 7% agreed that their partner tries to keep them from spending time with their friends or family.

One gender difference was found in terms of the respondent feeling insulted or criticized by their partner. Males were more likely than females to “neither agree nor disagree” that their partner insults or criticizes

them or their ideas (15.7% vs. 4.6%), whereas females were more likely than males to strongly disagree on that statement (56.0% vs. 35.7%, $F = 4.4, p < .01$).

Table 93. Relationship Criticism and Manipulation ($n = 359$)^a

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	#	%	#	%	#	%	#	%	#	%
Among youth who are married or in a dating relationship										
My partner insults or criticizes me or my ideas	14	3.7	26	8.5	30	7.9	113	30.0	175	49.9
My partner tries to keep me from seeing or talking with friends or family	7	2.8	14	4.3	21	5.6	124	35.1	192	52.2
My partner tries to prevent me from going to work or school	3	1.2	5	0.9	8	2.5	107	29.6	235	65.8
My partner withholds money, makes me ask for money, or takes my money	3	1.2	12	2.7	17	5.8	100	26.4	226	63.9

Note: Unweighted frequencies and weighted percentages.

^a A total of 325 youth said they were in a romantic relationship. Excludes 11 youth who reported that they are “just friends” with their romantic partner, “hardly ever see or talk to each other”, or “do not see or talk to each other”. Includes 45 additional youth who were married.

Intimate Partner Violence

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

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

were more likely than Add Health youth to report being threatened with violence, being pushed, or having something thrown at them (males only); to report being slapped, hit, or kicked (males and females); and to report being injured (males and females; Courtney et al., 2010).

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

Youth who reported being in a romantic relationship were asked to select the frequency of their experiences with various intimate partner violence behaviors in the past year. The original response options included seven categories: “never,” “once,” “twice,” “three to five times,” “six to 10 times,” “11 to 20 times,” and “more than 20 times.” Youth infrequently selected the four highest response options, so these were combined into a single category of “three or more times.” Overall, most respondents did not report experiencing intimate partner violence in their romantic relationships in the past year (see Table 94). The most common type of intimate partner violence experienced by the youth involved their partner threatening them with violence, pushing or shoving them, or throwing something at them that could hurt (12.6%). A slightly lower percentage of respondents (11.8%) reported that, within the past year, they had ever threatened their partner with violence, pushed or shoved them, or threw something at them that could hurt. In terms of gender differences, males were more likely than females to report that they have “never” threatened their partner with violence, pushed or shoved their partner, or threw something at them that could hurt in the past 12 months (95.3% vs. 85.1%, $F = 3.0, p < .05$).

Table 94. Intimate Partner Violence (*n* = 361)^a

	Never		Once		Twice		Three or more times	
	#	%	#	%	#	%	#	%
Among youth who are married or in a dating relationship. During the past year:								
Spouse or partner threatened respondent with violence, pushed or shoved respondent, or threw something at respondent that could hurt	300	87.4	19	5.6	7	2.2	19	4.8
Spouse or partner slapped, hit, or kicked respondent	311	90.9	13	3.8	8	1.7	14	3.5
Spouse or partner insisted on or made respondent have sexual relations with partner when respondent didn't want to	329	96.1	7	1.7	3	0.6	7	1.7
Respondent had an injury, such as a sprain, bruise, or cut, because of a fight with their spouse or partner	321	93.1	12	3.0	8	1.5	8	2.4
Respondent threatened partner with violence, pushed or shoved partner, or threw something at spouse or partner that could hurt them	299	88.2	22	6.1	9	1.6	16	4.0
Respondent slapped, hit, or kicked spouse or partner	309	91.0	17	4.5	11	2.4	9	2.0
Respondent insisted on or made spouse or partner have sexual relations with respondent when they didn't want to	337	97.2	8	1.8	2	0.5	2	0.6
Spouse or partner had an injury, such as a sprain, bruise, or cut, because of a fight with respondent	330	95.6	11	2.8	3	0.6	4	1.0

Note: Unweighted frequencies and weighted percentages.

^a Includes 45 youth who are currently married and 311 youth who are currently in a romantic relationship (“romantically involved on a steady basis” or “romantically involved on-again/off-again”). Five additional youth included in the table said they were not currently married or involved in a romantic relationship, but reported that they were involved with their child’s other parent “on a steady basis” or in an “on again/off again” relationship.

Crime, Criminal Justice System Involvement, and Victimization

Several studies have investigated engagement in criminal behaviors and involvement in the criminal justice system among former foster youth (Courtney & Heuring, 2005; Crawford, Pharris, & Dorsett-Burrell, 2018; Cusick, Havlicek, & Courtney, 2012; Lee, Courtney, & Hook, 2012). Courtney and colleagues (2010) asked Midwest Study participants at age 23 and 24 about their criminal justice involvement since they were last interviewed at age 21. The researchers found that 30% reported being arrested, 15% reported being convicted of a crime, and 30% reported spending a night in a correctional facility. Some differences were found between Midwest Study participants and Add Health participants in rates of engaging in criminal behavior in the past year. Midwest Study males were more likely than Add Health males to have stolen something worth more than \$50 (11% vs. 4%), to have entered a house or building to steal something (4% vs. 1%), to have used or threatened to use a weapon to get something from someone (5% vs. 2%), to have taken part in a fight involving one group against another (16% vs. 11%), and to have pulled a knife or gun on someone (3% vs. 1%; Courtney et al., 2010). Midwest Study females were also more likely than their Add Health counterparts to have deliberately damaged someone's property (8% vs. 3%), to have taken part in a fight involving one group against another (8% vs. 2%), to have hurt someone in a fight that required medical treatment (4% vs. 2%), to have used a weapon in a fight (3% vs. 0.4%), and to have used someone's credit card without their permission (2% vs. 0.5%; Courtney et al., 2010).

Research has also reported subgroup differences in crime outcomes based on certain demographic characteristics. At age 23, males in the Midwest Study were found to be more likely than females to have engaged in criminal behavior and to have had formal involvement in the criminal justice system (Courtney et al., 2010). Race also appears to be related to criminal justice involvement. In an analysis of Midwest Study participants' legal involvement through their early 20s, black men faced significantly higher odds of incarceration than white men (Lee, Courtney, & Hook, 2012). Crawford and colleagues (2018) found that prior history of juvenile delinquency and mental health and substance use problems were associated with higher odds of legal involvement for youth who aged out of foster care in a southwestern state. Other factors have been reported to decrease the likelihood of criminal justice involvement. Parental status was associated with lower odds of legal involvement for both men and women among Midwest Study participants (Lee et al., 2012). Education has been found to play a protective role in several studies. School enrollment and attainment of high school diploma were associated with lower odds of both legal system involvement and criminal behaviors for men in the Midwest Study (Lee et al., 2012). Another study found that foster youth with aspirations to enroll in college at age 17 had lower arrest rates as adults than those who did not aspire to go to college (Cusick et

al., 2012). In a third study, access to education training vouchers was associated with lower odds of criminal involvement for youth who left care (Crawford et al., 2018).

Foster youth also experience high rates of victimization. At age 23 and 24, both males and females in the Midwest Study reported higher rates than their Add Health counterparts of being victims of violent acts (Courtney et al., 2010). Midwest Study participants were more likely than their same-age peers to report having a gun pulled on them by someone, to report being beaten up with nothing stolen, and to report being beaten up with belongings stolen (Courtney et al., 2010). Furthermore, young women were more likely than young men in the Midwest Study to report having experienced sexual victimization (Courtney et al., 2010).

Criminal Behavior

Table 95 displays the frequency of respondents' self-reported criminal behavior compared to that of their peers in Add Health. The survey asked youth how often they engage in different criminal behaviors in the past 12 months. Most youths reported "never" engaging in the behaviors. The behaviors that participants most frequently reported engaging in (one time or more) involved deliberately damaging property that did not belong to them, stealing something worth more than \$50, stealing something worth less than \$50, selling marijuana or other drugs, and carrying a gun to school or work.

Significant differences between CalYOUTH participants and Add Health participants were present for most behaviors, with CalYOUTH participants reporting higher rates than Add Health participants. The exceptions to these trends, in which there were no statistically significant differences, included taking part in a physical fight involving one group against another, hurting someone badly enough in a fight that medical care was needed, becoming injured in a fight that required medical attention, and owning a handgun.

Table 95. Criminal Behavior during Past 12 Months^a

	CalYOUTH								Add Health								<i>p</i>
	Never		1 or 2 times		3 or 4 times		5 or more times		Never		1 or 2 times		3 or 4 times		5 or more times		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Deliberately damaged property that did not belong to respondent	492	82.1	81	13.6	20	3.2	6	1.1	1346	93.7	84	5.5	10	0.6	3	0.2	***
Stole something worth more than \$50	529	88.4	50	8.1	14	2.4	9	1.1	1403	97.6	29	1.7	11	0.7	3	0.1	***
Entered a house or building to steal something	552	91.1	40	7.2	8	1.6	2	0.2	1426	98.9	17	1.0	3	0.2	1	<0.1	***
Used or threatened to use a weapon to get something from someone	562	93.8	30	4.7	9	1.5	0	0.0	1419	98.8	22	1.0	3	0.1	1	<0.1	***
Sold marijuana or other drugs	516	89.1	34	5.0	16	2.3	28	3.6	1349	94.5	34	1.9	20	1.5	36	2.1	***
Stole something worth less than \$50	531	89.6	43	6.2	13	2.3	14	1.9	1362	94.5	61	4.1	11	0.8	9	0.5	**
Took part in a physical fight involving one group against another	534	90.5	51	7.7	7	1.4	5	0.4	1338	93.0	82	5.7	15	0.8	8	0.4	
Bought, sold, or held stolen property	554	93.2	30	4.4	9	1.7	7	0.8	1391	96.6	39	2.9	6	0.3	4	0.1	**
Used someone else's credit card, bank card, or automatic teller card without their permission	574	95.3	23	3.6	6	1.0	1	0.1	1426	98.7	9	0.6	5	0.4	5	0.3	***
Used a weapon in a fight	568	94.6	25	3.9	5	1.1	4	0.4	1422	98.9	18	0.9	3	0.2	2	<0.1	***
Became injured in a fight and needed medical treatment	565	94.6	32	5.0	2	0.2	1	0.1	1385	97.0	42	2.5	2	0.1	3	0.4	
Hurt someone badly enough in a physical fight that medical care was needed	561	94.6	30	4.8	3	0.4	3	0.2	1360	95.9	58	3.0	8	0.5	7	0.6	
Ever carried a gun to school or work	497	81.8	10	1.5	89	15.9	5	0.8	1421	98.8	6	0.4	2	0.1	16	0.8	***
			#			%					#			%			<i>p</i>
Own a handgun (not for work)			33			5.2					143			8.1			

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

^a Four CalYOUTH participants were not asked these questions during the interview (*n* = 618).

Table 96 presents the frequency of respondents' self-reported criminal behavior, broken down by gender. The letters in the far-right column note when significant differences were present between males and females in the CalYOUTH Study. Additionally, the letters also indicate when significant differences were present across studies (i.e., CalYOUTH females vs. Add Health females, CalYOUTH males vs. Add Health males). Among CalYOUTH participants, gender differences were present for two of the behaviors. First, although few youth stole something worth less than \$50, females reported stealing something more frequently than did males ($F = 3.9, p < 0.05$). Second, males tended to be more likely than females to report taking part in a physical fight involving one group against another ($F = 3.1, p < 0.05$). There was also a statistically significant gender difference in the frequencies with which youth carried a handgun at school or work ($F = 3.1, p < 0.05$).

When comparing gender differences across studies, CalYOUTH females were significantly more likely than Add Health females to report engaging in several behaviors: deliberately damaging property that did not belong to them ($F = 33.7, p < .001$); stealing something worth more than \$50 ($F = 16.7, p < .001$); entering a house or building to steal something ($F = 12.7, p < .001$); using or threatening to use a weapon to get something from someone ($F = 28.9, p < .001$); selling marijuana or other drugs ($F = 8.5, p < .001$); stealing something worth less than \$50 ($F = 18.7, p < .001$); taking part in a physical fight between groups ($F = 49.1, p < .001$); buying, selling, or holding stolen property ($F = 40.1, p < .001$); using someone else's credit card, bankcard, or automatic teller card without permission ($F = 7.9, p < .001$), using a weapon in a fight ($F = 34.2, p < .001$); and carrying a handgun to school or work ($F = 62.9, p < .001$). CalYOUTH males were more likely than their male counterparts in Add Health to report engaging in the following activities: deliberately damaging property that did not belong to them ($F = 3.6, p < .05$); stealing something worth more than \$50 ($F = 17.8, p < .001$); entering a house or building to steal something ($F = 4.5, p < .001$); using a weapon in a fight ($F = 3.1, p < .05$); and carrying a handgun to school or work ($F = 70.5, p < .001$). Conversely, Add Health males were more likely than CalYOUTH males to report and owning a handgun that was not for work ($F = 13.1, p < .001$).

Table 96. Criminal Behavior during Past 12 Months, By Gender (n = 618)^a

	CalYOUTH									Add Health								
	Never		1 or 2 times		3 or 4 times		5 or more times			Never		1 or 2 times		3 or 4 times		5 or more times		
	Male	Female	Male	Female	Male	Female	Male	Female	<i>p</i>	Male	Female	Male	Female	Male	Female	Male	Female	<i>p</i>
	%	%	%	%	%	%	%	%		%	%	%	%	%	%	%	%	
Deliberately damaged property that did not belong to respondent	80.2	83.2	16.6	11.8	2.3	3.7	0.9	1.3		89.1	96.6	9.5	2.9	0.8	0.5	0.6	0.0	b, g
Stole something worth more than \$50	90.7	87.1	7.8	8.2	0.6	3.4	0.9	1.2		95.8	98.7	2.7	1.0	1.5	0.2	<0.1	<0.1	d, g
Entered a house or building to steal something	92.1	90.5	6.9	7.4	1.0	1.9	0.0	0.3		98.7	98.9	1.1	0.9	0.2	0.2	0.0	<0.1	d, g
Used or threatened to use a weapon to get something from someone	93.8	93.8	4.6	4.8	1.6	1.4	0.0	0.0		97.5	99.6	2.2	0.3	0.2	0.1	0.1	0.0	g
Sold marijuana or other drugs	89.6	88.9	5.4	4.8	0.9	3.1	4.1	3.3		90.0	97.3	3.5	0.9	2.9	0.6	3.6	1.2	g
Stole something worth less than \$50	92.9	87.7	6.1	6.2	0.6	3.3	0.4	2.8	*	92.2	96.0	5.1	3.5	1.5	0.4	1.2	0.1	g
Took part in a physical fight involving one group against another	86.5	92.9	11.6	5.4	1.2	1.5	0.7	0.2	*	85.8	97.6	11.3	2.2	2.1	0.0	0.8	0.2	g
Bought, sold, or held stolen property	92.1	93.8	5.3	3.8	2.0	1.5	0.6	0.9		93.0	98.9	5.9	1.0	0.9	0.0	0.2	0.1	g
Used someone else's credit card, bank card, or automatic teller card without permission	95.9	94.9	4.0	3.4	0.1	1.6	0.0	0.2		97.6	99.4	1.2	0.3	0.7	0.2	0.5	0.1	g
Used a weapon in a fight	93.9	95.1	4.5	3.6	0.9	1.1	0.8	0.3		97.7	99.7	1.8	0.3	0.4	0.0	0.1	0.0	b, g
Became injured in a fight and needed medical treatment	94.7	94.6	4.7	5.2	0.3	0.2	0.3	0.0		95.4	98.0	3.4	1.8	0.3	0.0	0.8	0.2	
Hurt someone badly enough in a physical fight that medical care was needed	91.4	95.9	6.8	3.5	1.1	0.0	0.7	0.6		92.4	98.1	5.9	1.2	0.3	0.7	1.5	0.0	
Carried a hand gun at school or work	83.9	80.6	1.5	1.5	12.5	18.0	2.1	0.0	*	97.7	99.4	0.7	0.2	0.2	0.0	1.4	0.4	d, g
	Male (%)				Female (%)				<i>p</i>	Male (%)				Female (%)				<i>p</i>
Own a handgun (not for work)	5.9				4.8					13.8				4.5				c

**p* < .05; Note: Weighted percentages.

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

^b Significant difference in CalYOUTH males vs. Add Health males (*p* < .05)

^c Significant difference in CalYOUTH males vs. Add Health males (*p* < .01)

^d Significant difference in CalYOUTH males vs. Add Health males ($p < .001$)

^e Significant difference in CalYOUTH females vs. Add Health females ($p < .05$)

^f Significant difference in CalYOUTH females vs. Add Health females ($p < .01$)

^g Significant difference in CalYOUTH females vs. Add Health females ($p < .001$)

Criminal Justice System Involvement

Table 97 presents CalYOUTH participants' criminal justice system involvement since their last interview. About 14% of respondents had been arrested, 7% had been convicted, and 13% had spent a night in jail. Violent crime is the most common reason youth reported for being arrested or convicted. Among youth who said they were ever convicted since their last interview, about 42% reported that the crime they were convicted of was a felony.

A couple of differences in justice system involvement were found by gender and race/ethnicity. Males were more likely than females to have spent a night in jail since their last interview (17.2% vs. 10.3%, $F = 5.1, p < .05$). Among youth who had ever been arrested since last interview, there were differences by race/ethnicity in the percentages of youth who had been arrested for a property crime ($F = 2.7, p < .05$).⁴¹

Young people in the CalYOUTH Study were compared to their peers in the PSID study on whether they had ever been arrested (in their lifetime) and whether they had ever spent time in jail or prison (in their lifetime).⁴² CalYOUTH participants were more likely than PSID participants to have ever been arrested (50.7% vs. 14.3%, $F = 61.4, p < .001$), which was true for both males (52.8% vs. 19.5%, $F = 25.9, p < .001$) and females (49.5% vs. 11.4%, $F = 33.7, p < .001$). CalYOUTH participants were also more likely than PSID participants to have ever spent time in jail or prison (39.1% vs. 4.9%, $F = 65.5, p < .001$), which was also true for both males (44.9% vs. 7.7%, $F = 35.4, p < .001$) and females (35.7% vs. 3.3%, $F = 28.2, p < .001$).

Table 97. Criminal Justice System Involvement ($n = 618$)^{a,b}

Type of Involvement	#	%
Ever been arrested since last interview	95	14.4
Arrested for violent crime ($n = 95$)	26	27.0
Arrested for property crime ($n = 95$)	17	15.2
Arrested for drug-related crime ($n = 95$)	15	14.9
Ever been convicted of a crime since last interview	50	6.9
Convicted for violent crime ($n = 50$)	16	32.8
Convicted for property crime ($n = 50$)	11	20.4
Convicted for drug-related crime ($n = 50$)	8	15.7
Any convictions for a felony ($n = 50$)	20	42.1

⁴¹ While the overall distribution of responses to the question about property crime arrests differed among race/ethnicity groups at a statistically significant level, none of the differences among race/ethnicity groups for individual response categories reached statistical significance. The difference that approached statistical significance is that the rate for white youth (35.8%) is higher than the rates of youth in the other race/ethnicity groups [Hispanic (14.1%), African American (5.9%), multiracial (4.2%), and "other" race/ethnicity (0.0%)].

⁴² PSID asked respondents about "serving time in jail for an offense," whereas CalYOUTH participants were asked about "spending at least one night in in a jail, prison, juvenile hall, or another correctional facility." Information from all four CalYOUTH interview waves were used to create the measures of lifetime arrest and lifetime incarceration.

Type of Involvement	#	%
Spent at least one night in jail, prison, juvenile hall, or another correctional facility since last interview	88	12.9

Note: Unweighted frequencies and weighted percentages.

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

^b As noted in the Introduction, 22 incarcerated participants were not able to be interviewed at Wave 4. If these youth had been interviewed, some of the percentages in this table would be higher.

Victimization and Perpetration

CalYOUTH participants' experiences with exposure to and perpetration of violence are presented in the top part of Table 98. Most youth did not experience, witness, or perpetrate acts of violence during the past 12 months. The types of victimization most commonly reported by youth were having a gun pulled on them (6.3%) and being beat up without having something stolen from them (5.1%). Approximately 13% of youths experienced at least one of the seven types of victimization they were asked about. A very small percentage of youth reported perpetrating violence. Sexual victimization was also rare, and the most common forms of victimization involved unwanted touching or penetration. About 11% of youths experienced at least one of seven forms of sexual victimization since the last interview.

A few gender differences were found in youths' experience of victimization. Males were more likely than females to have someone pull a knife on them (6.9% vs. 2.9%, $F = 5.3, p < .05$) and to have been exposed, in the past 12 months, to at least one of the seven types of violence that were asked about (16.8% vs. 10.0%, $F = 5.0, p < .05$). Since their last interview, females were likely than males to experience unwanted penetration by a male's penis (9.2% vs. 1.2%, $F = 22.7, p < .001$) or by fingers or objects (6.9% vs. 2.2%, $F = 5.0, p < .05$).

Some differences were present between CalYOUTH participants and Add Health participants in rates of victimization and perpetration. CalYOUTH participants were more likely than Add Health participants to have someone pull a gun on them (6.3% vs. 2.3%, $F = 16.8, p < .001$), to have someone pull a knife on them (4.4% vs. 2.6%, $F = 4.2, p < .05$), to have someone shoot them (2.1% vs. 0.3%, $F = 12.3, p < .001$), to have someone beat them up without stealing anything (5.1% vs. 1.5%, $F = 16.5, p < .001$), and to have someone beat them up with stealing something (2.5% vs. 0.4%, $F = 16.9, p < .001$). There were statistically significant differences for each of these when analyzed separately by gender,⁴³ and rates of victimization tended to be higher for males than females. For example, 8.6% of CalYOUTH males had someone pull a gun on them (vs. 4.6% for Add Health males, $F = 4.6, p < .05$) while 5.0% of CalYOUTH females had someone pull a gun on them (vs. 0.9% for Add Health females, $F = 13.5, p < .001$). In terms

⁴³ The only exception was having someone pull a knife on them. CalYOUTH participants were significantly more likely than Add Health participants to have a knife pulled on them, but differences were not statistically significant ($p > .05$) when analyzed separately for males and females.

of perpetration, CalYOUTH participants were more likely than Add Health participants to report pulling a knife or gun on someone (3.2% vs. 0.8%, $F = 14.2, p < .001$), which significantly differed for both males (5.1% vs. 1.5%, $F = 7.9, p < .01$) and females (2.0% vs. 0.3%, $F = 6.6, p < .05$).

Table 98. Victimization and Perpetration ($n = 618$)^a

	#	%
During the past 12 months		
Saw someone being shot or stabbed	24	3.1
Someone pulled a gun on respondent	40	6.3
Someone pulled a knife on respondent	32	4.4
Someone shot respondent	10	2.1
Someone stabbed respondent	9	1.4
Someone beat up respondent, but did not steal anything from respondent	30	5.1
Someone beat up respondent and stole something from respondent	17	2.5
Experienced at least one of the above forms of victimization in the past 12 months	80	12.5
Respondent pulled a knife or gun on someone	19	3.2
Respondent shot or stabbed someone	3	0.5
Since the last interview		
A male put his penis inside of respondent's private sexual parts or rear end when respondent did not want them to	43	6.2
Someone put their fingers or objects inside of respondent's private sexual parts or rear end when respondent did not want them to	33	5.1
Someone put their mouth on respondent's private sexual parts when respondent did not want them to	22	3.5
Someone touched respondent's private sexual parts when respondent didn't want them to	39	5.9
Someone made respondent touch their private sexual parts when respondent didn't want to	26	4.4
Someone touched other parts of respondent's body in a sexual way when respondent didn't want them to	46	7.4
A female put respondent's body part inside her body when respondent didn't want her to	6	1.5
Experienced at least one of the above forms of sexual victimization since last interview	75	11.2

Note: Unweighted frequencies and weighted percentages.

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

Trends Over Time

The outcomes of CalYOUTH participants have been tracked since they were 17 years old. This section draws on data that were collected since the start of the CalYOUTH Study to report trends in several key outcomes over time. We use information collected from our four waves of surveys at ages 17, 19, 21, and 23. Trends in the outcomes are displayed separately for males and females. All of the youth who participated in each interview wave were used to calculate the percentages displayed in the figures (see Table 99).⁴⁴ For example, 727 youth are included in Wave 1 calculations, 611 youth are included in Wave 2 calculations, and so forth. In total, 506 youth participated in all four interview waves. The average age and age ranges of study participants are also displayed in Table 99.

Table 99. Number of Participants at Each Interview Wave

	<i>n</i>	% of Wave 1 Respondents (<i>n</i> = 727)	Average age	Range of ages
Completed Wave 1 interview	727	100.0	17.5	16.9 – 18.2
Completed Wave 2 interview	611	84.0	19.5	19.0 – 20.2
Completed Wave 3 interview	616	84.7	21.6	21.0 – 22.4
Completed Wave 4 interview	622	85.6	23.6	22.9 – 24.6

⁴⁴ The outcome trends in this section are modeled after the Midwest Study Wave 4 report (see Courtney et al., 2010, pp.84–94). We analyzed the same outcomes and created figures that resemble those in the Midwest Study report. However, there is a difference in the samples between the two sets of analyses. The Midwest Study analysis included just youth who had participated in all four interview waves (472 of the 732 Midwest Study participants). Thus, their estimates for each interview wave are based on the same group of 472 youth. In contrast, the CalYOUTH trends analysis used all of the youth who had participated in each interview wave. For example, our Wave 1 estimates are based on the 727 youth who participated in Wave 1 interview, our Wave 2 estimates are based on the 611 youth who participated in Wave 2 interviews, and so forth. We took this approach because (a) we wanted to use all available data at each wave, and (b) we wanted to avoid any bias in our outcome estimates that would result from excluding youth who missed a CalYOUTH interview. In addition to outcomes tracked over time in the Midwest Study reports, we also tracked youths' experience of homelessness over time.

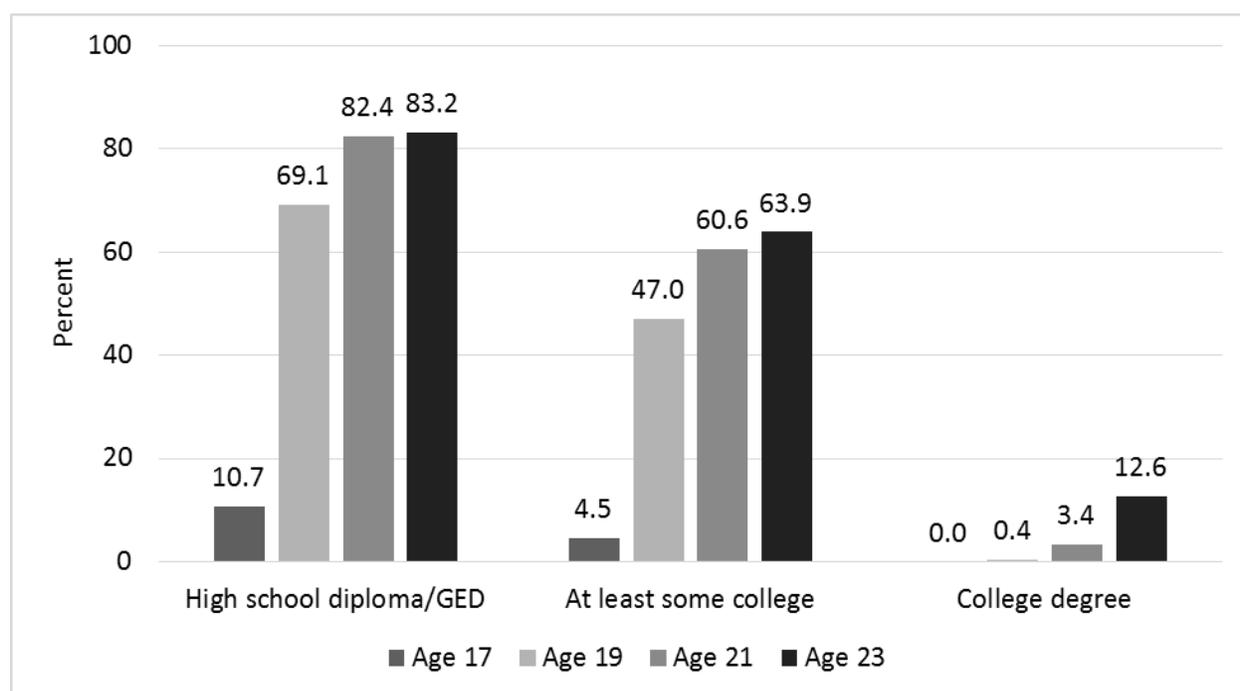
Trends in Educational Attainment and School Enrollment⁴⁵

The percentage of CalYOUTH participants who had earned a high school diploma, GED, or equivalency credential increased substantially from age 17 to age 19 (see Figures 1 and 2). Another jump is observed between age 19 and age 21. By age 23, about 83% of females and 88% of males had earned a secondary credential.

The percentage of youth who had completed at least some college follows a similar trend, with large increases occurring between ages 17 and 19, and ages 19 and 21. By age 23, about 64% of females and 64% of males had completed some college.

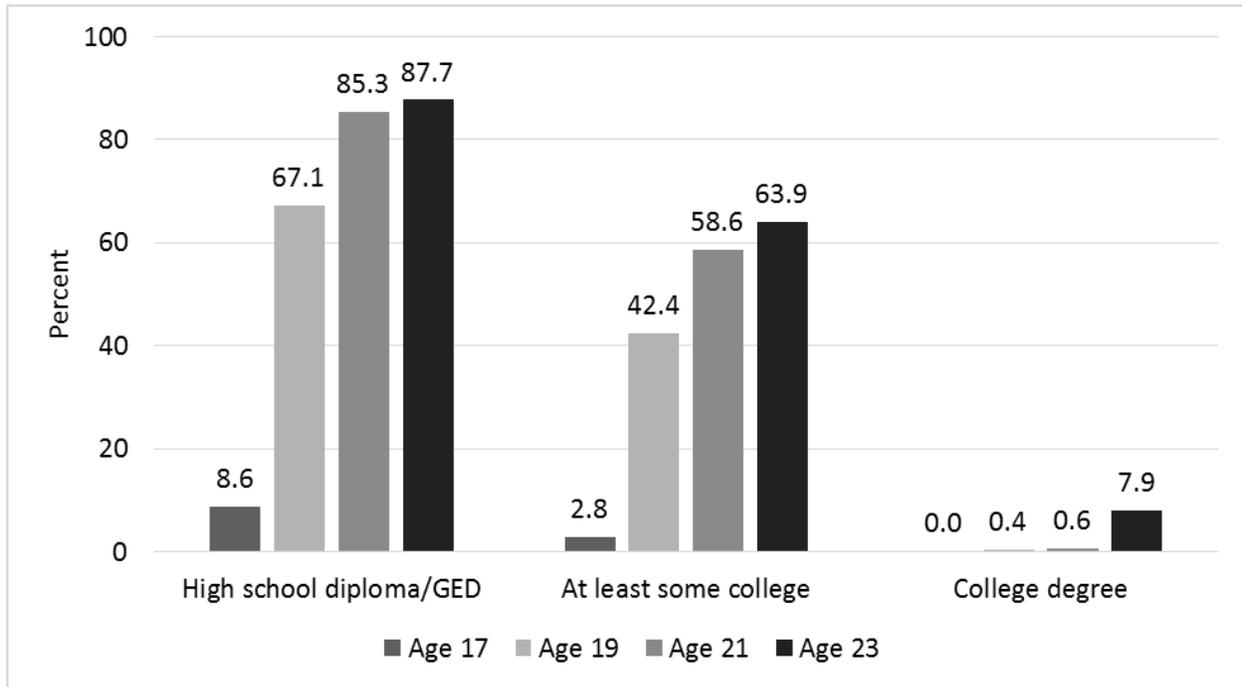
As expected, rates of college degree attainment were low prior to age 21. By age 23, nearly 13% of females and about 8% of males had earned a 2-year or 4-year college degree.

Figure 1. Trends in Young Women’s Educational Attainment



⁴⁵ At each interview wave, youth who reported that they enrolled in college but also reported that they had not yet earned a high school diploma, GED, or equivalency credential were coded as being not enrolled in college. These youth were likely enrolled in non-credit courses or adult basic education courses. Information from across interview waves was used to check the consistency of youths’ highest level of educational attainment. For example, 10 youth reported at Wave 3 that they had completed a 2-year or 4-year college degree, but later in, Wave 4, they reported that their highest level of education was below a college degree (i.e., completed 12th grade, completed 1 or 2 years of college but no degree, or completed 1 or 2 years of vocational training but no degree). For these cases, the 10 youth were coded as not completing a college degree.

Figure 2. Trends in Young Men’s Educational Attainment



Figures 3 and 4 display trends in school enrollment. Overall, we see a decreasing trend over the years in the percentage of youth who were currently enrolled in school at the time of the interview. About nine in ten youth were enrolled at age 17, less than one in three were enrolled at age 21, and just about one in five were enrolled at age 23.

The bars on the right side of each figure display percentages of youth who were enrolled in a 2-year or 4-year college at the time of the interview. College enrollment rates were highest at age 19, with about one-third of participants attending college. Rates of current enrollment decreased at age 21 and then again at age 23, when approximately one in six youth were enrolled.

Figure 3. Trends in Young Women’s School Enrollment

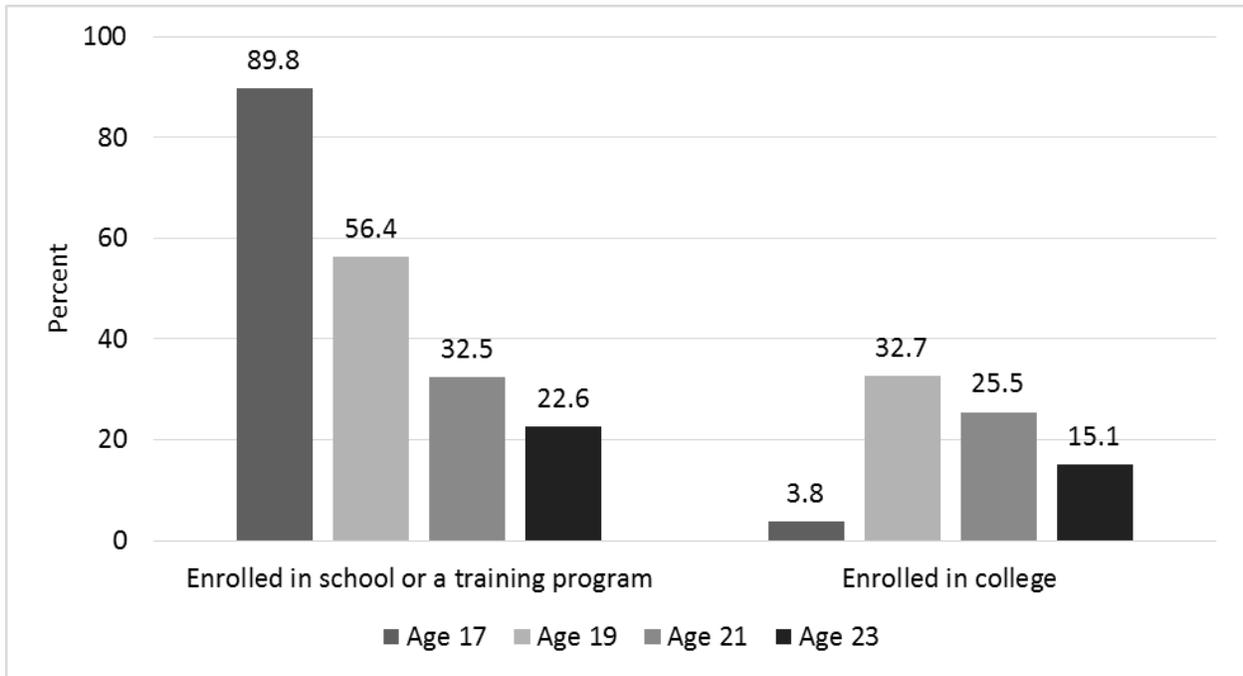
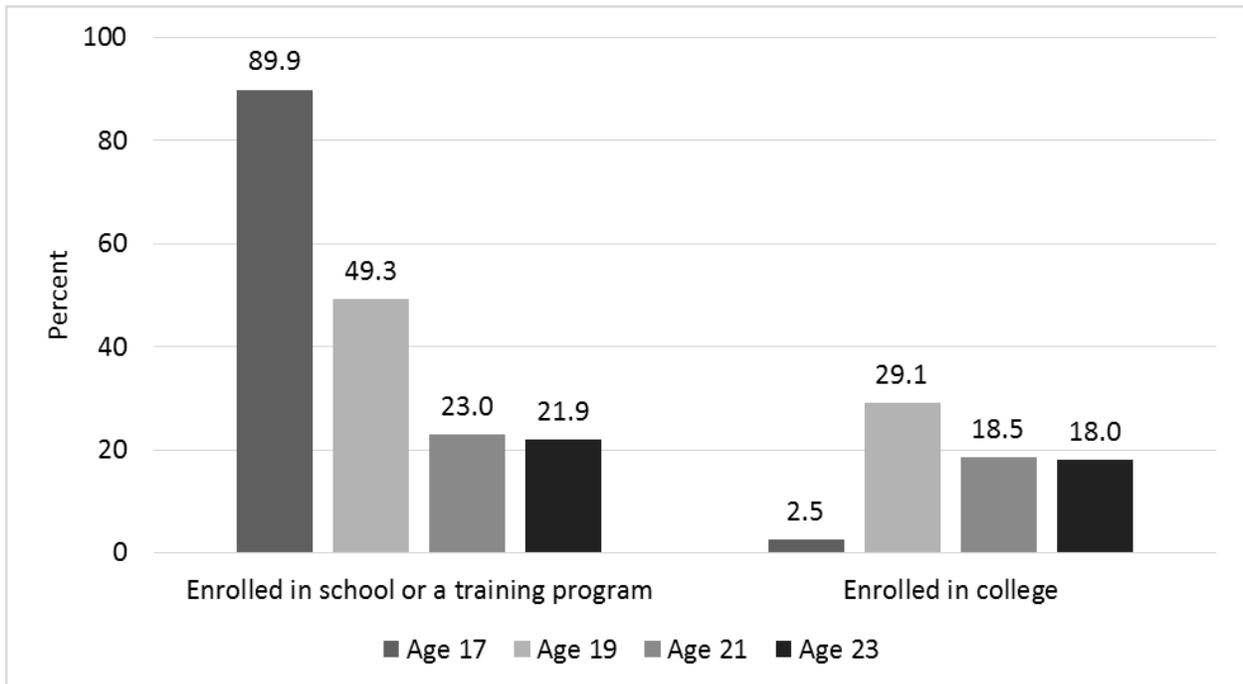


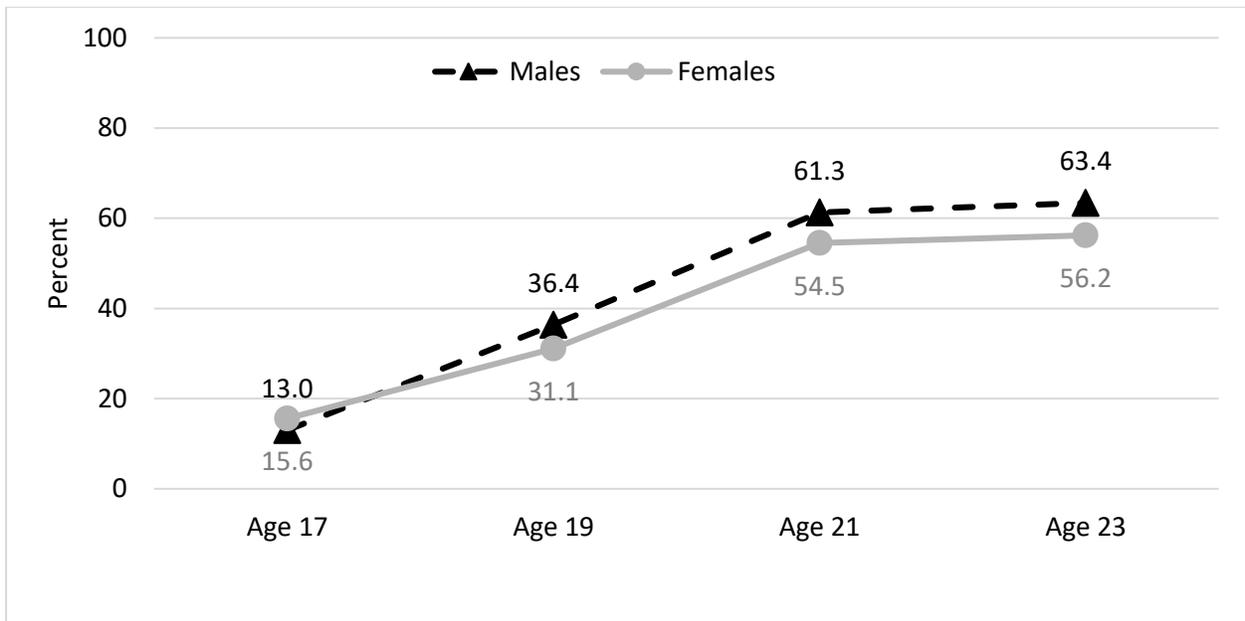
Figure 4. Trends in Young Men’s School Enrollment



Trends in Current Employment

Trends in current employment at the time of the CalYOUTH interview are tracked for both males and females in Figure 5. Trends followed a similar pattern for both genders, although the rates tended to be somewhat higher for males than females from ages 19 to 23. Most youth were not currently employed at ages 17 and 19, but by age 21 about 61% of males and 55% of females had a job. Rates of current employment increased slightly at age 23.

Figure 5. Trends in Current Employment by Gender



Trends in Family Formation

Trends in marriage and cohabitation are displayed in Figures 6 and 7. Very few females were married at age 19, although about one in ten females were married at age 23. Marriage rates were lower for males, and at age 23 about 5% reported that they were married.

As seen on the right side of the graph, cohabitation with a romantic partner jumped from age 19 to age 21 for both males and females. By age 23, about 46% of females and about 28% of males were living with a romantic partner.

Figure 6. Trends in Marriage and Cohabitation among Females

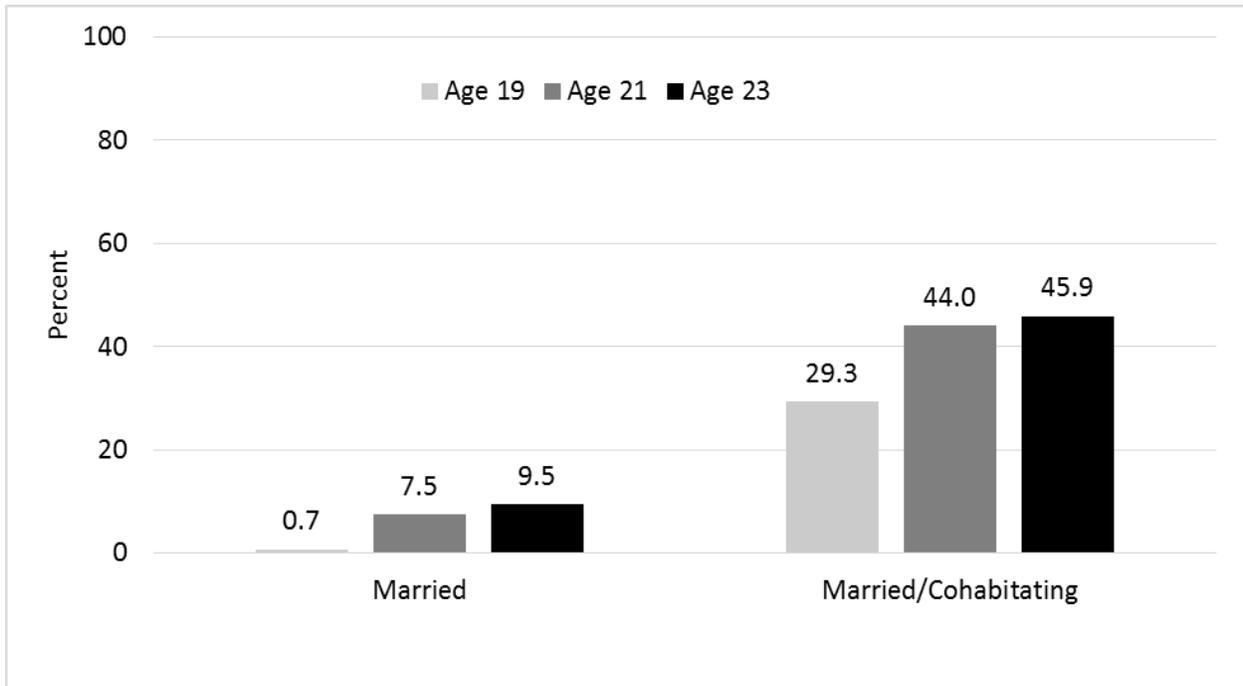
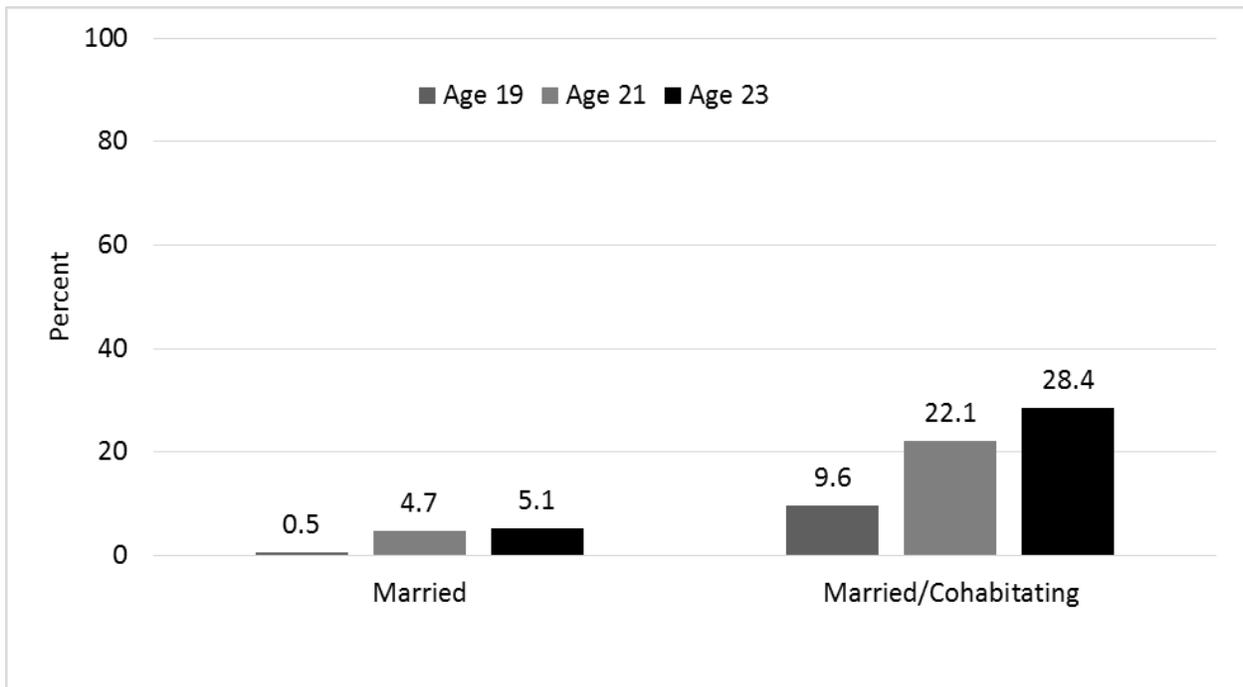


Figure 7. Trends in Marriage and Cohabitation among Males



Figures 8 and 9 display trends in parenthood. For females, at age 17 about one in ten had ever given birth to a child (see Figure 8). The rate steadily increased across ages, so that more than half (52%) had a living

child at age 23. The percentage of females who were living with at least one of their biological children is displayed on the right. By and large, most females resided with at least one of their children.

Trends in parenthood for males can be seen in Figure 9. Although there is a steady increase in males who had fathered a child, at each age, males were less than half as likely as females to report having a child.

For example, at age 23, about 24% of males reported having a child compared to 52% of females.

Another noticeable gender difference pertains to residing with one's children. Compared to females, males were less likely to be living with their child/one of their children. When considering just youth who were parents, at age 23, 86% of female parents were living with one of their children compared to 54% of male parents.

Figure 8. Trends in Parenthood among Females

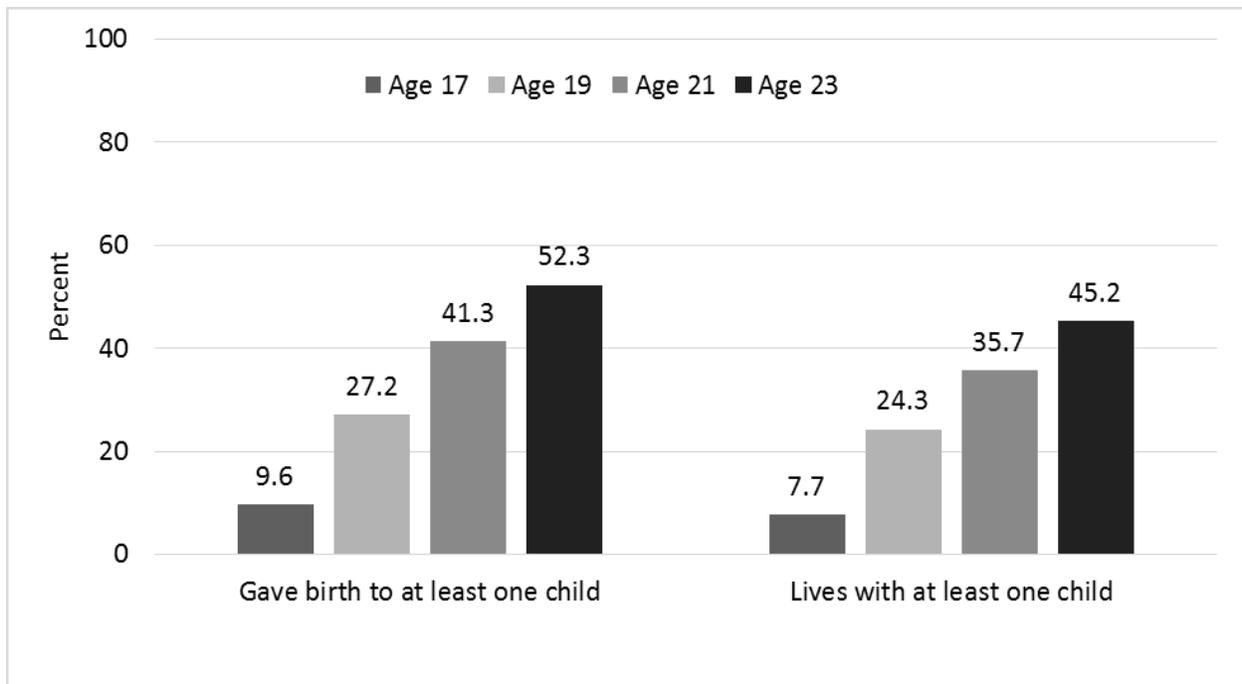
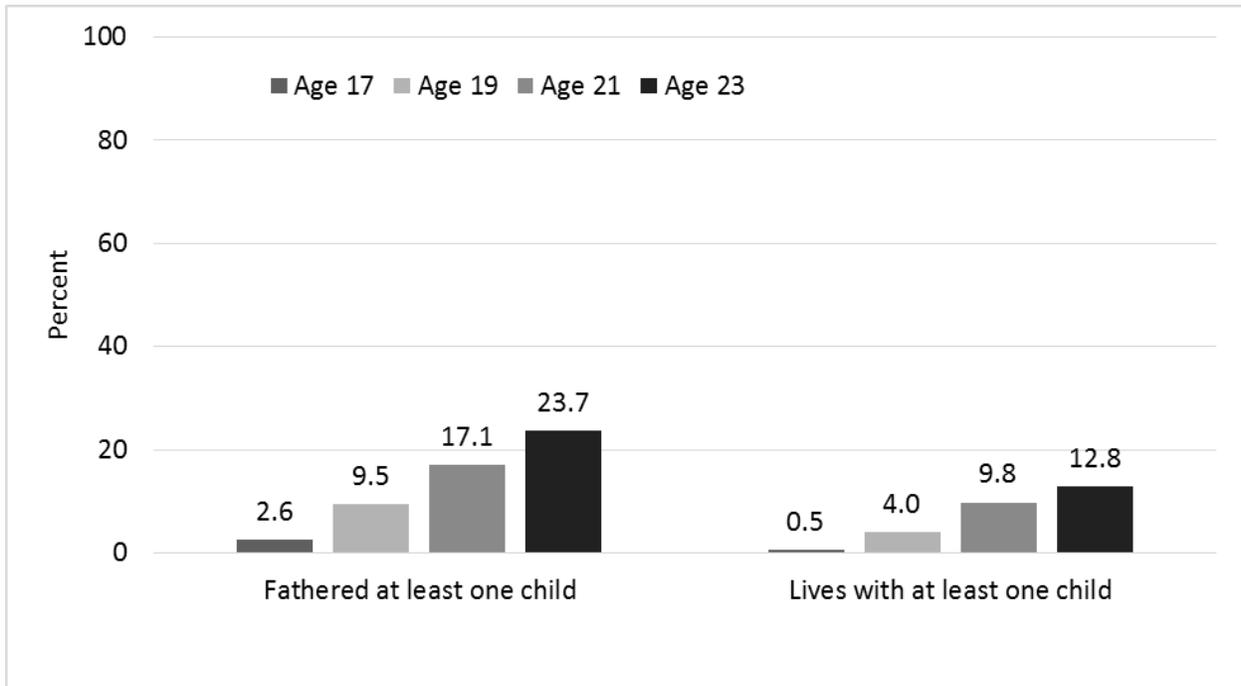


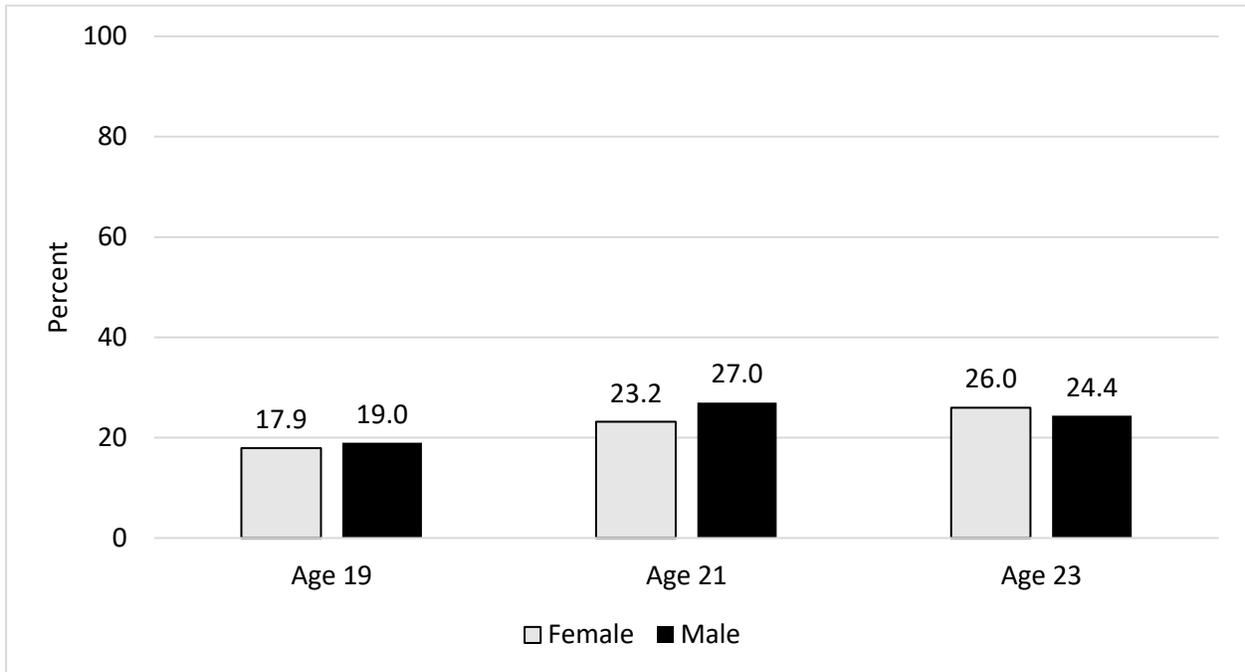
Figure 9. Trends in Parenthood among Males



Trends in Homelessness

Youths' experiences of homelessness over time are displayed in Figure 10. During the CalYOUTH interviews conducted when study participants were 19, 21, and 23 years old, participating youth were asked if they had ever been homeless (i.e., slept in a homeless shelter or in a place where people were not meant to sleep because they had no place to stay) for one night or longer since their last interview. The bars in Figure 10 display the percentage of youth who reported experiencing homelessness in the interim between the current interview and the previous CalYOUTH interview that they participated in. Just under one-fifth of study participants reported experiencing homelessness between ages 17 and 19, whereas about one-quarter reported experiencing homelessness at some point between 19 and 21, and between 21 and 23. There were no differences between males and females in the rates of self-reported homelessness.

Figure 10. Trends in Homelessness by Gender



Trends in Criminal Justice System Involvement

Involvement with the justice system is displayed in Figures 11 and 12. Note that the age-17 bars display the percentage of youth who had ever experienced that justice system outcome before the Wave 1 interview, while the other bars display the percentage of youth who had experienced the outcome in the interim between the previous CalYOUTH interview that they participated in and the current interview. For females, by their age-17 interview, about 39% had ever been arrested, 19% had ever been convicted of a crime, and 22% had ever spent a night in juvenile hall, jail, or prison (incarcerated). Rates were higher for males: 42% had been arrested, 27% convicted, and 31% incarcerated.

For females, about 10% reported being arrested since their last interview at age 19 and age 21, and the rate was slightly higher at age 23. In contrast, about 21 to 23% of males reported being arrested since their last interview at age 19 and age 21, and the rate dropped to 16% at age 23. For conviction, roughly 5 to 6% of females had been convicted of a crime since their last interview at the age-19, age-21, and age-23 interviews. Conviction rates were slightly higher for males at the age-19 and age-21 interviews (about 13%), but dropped at the age-23 interviews (9%). Rates of incarceration were between 7 and 10% at each follow-up interview wave for females, and ranged from 17 to 22% for males.

When interpreting the rates at age 23, it is important to remember the barriers the CalYOUTH Study experienced when attempting to interview participants who were incarcerated (see the Introduction). Of the 21 individuals known to be incarcerated during the Wave 4 field period and who were unable to be interviewed, 18 were males. Thus, the rates of criminal justice involvement displayed at age 23 would be higher (particularly for males) if it was possible to complete interviews with these individuals. The rates reported here for arrests and incarceration for both males and females are much lower at ages 19, 21, and 23 than those found in the Midwest Study a decade ago. While much of this difference is likely due to well-known declines in criminal justice system involvement nationally and in California, it is nevertheless encouraging.

Figure 11. Trends in Criminal Justice System Involvement among Females

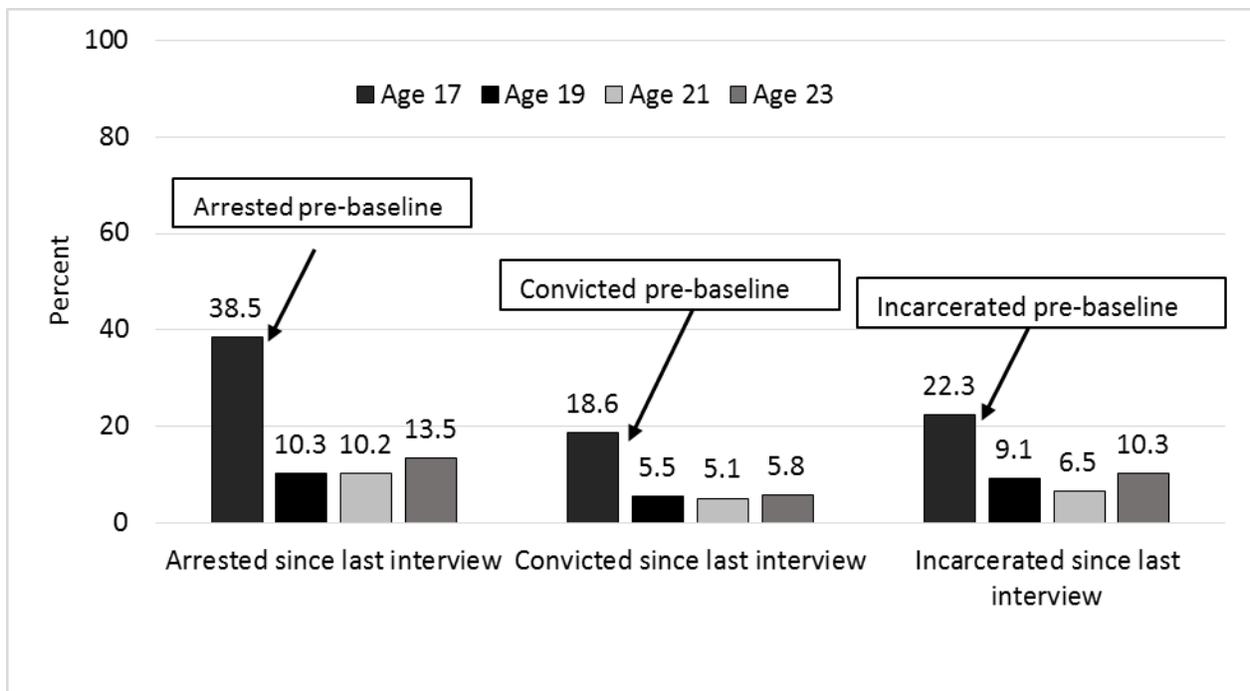
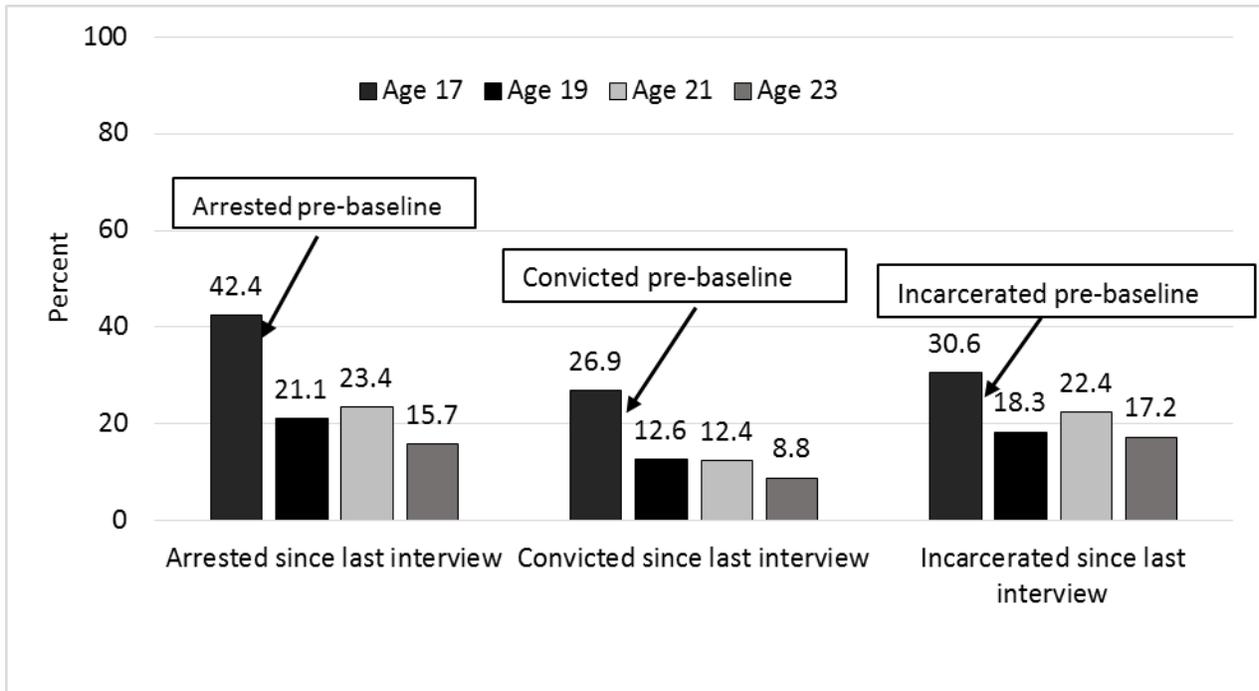


Figure 12. Trends in Criminal Justice System Involvement among Males

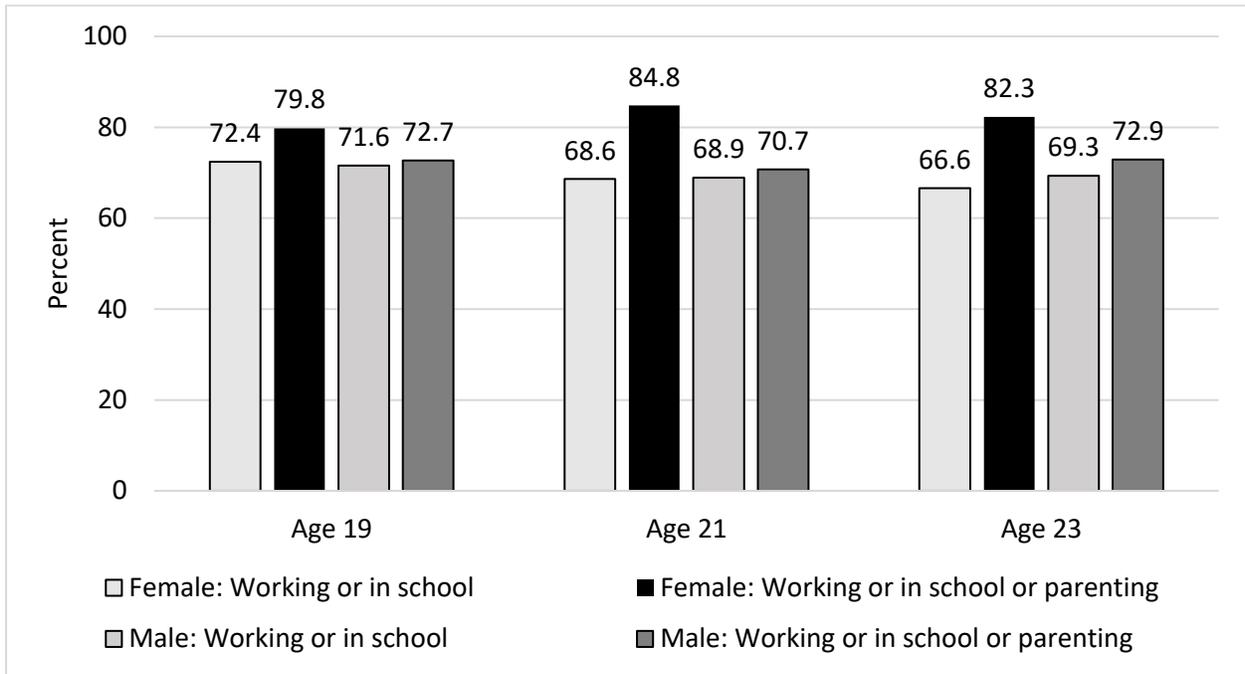


Trends in Connectedness

Finally, Figure 13 presents trends in connectedness to school and work across ages. At age 19, about 72% of females and 72% of males were connected to school or work. If we also include youth who were parenting, the rate increases to 80% for females and 73% for males.

Rates of connectedness were slightly lower at ages 21 and 23. At age 21, about 69% of females and males were employed or enrolled in school. Rates increase to 85% for females and 71% for males if we also count youth who were parenting. Rates of connectedness at age 23 are fairly comparable to rates at age 21.

Figure 13. Trends in Connectedness by Gender



Conclusion

The *CalYOUTH Wave 4 Youth Survey* provides the most comprehensive view to date of young adults making the transition to adulthood from foster care in California, the state with the largest foster care population in the nation, at a point in the transition when they have all been out of foster care for at least 2 years. The practical implications of findings from the *CalYOUTH Wave 4 Youth Survey* will become clearer as future analyses dig beneath the descriptive information provided here, but some broad initial takeaways from the findings are worthy of note.

First, years after leaving foster care, most of these young adults look back favorably on their experience of care. Over two-thirds report feeling lucky that they were placed in foster care. They were twice as likely as not to report being satisfied with their overall experience in care, and they were generally satisfied with the life skills training and services they received that were intended to support their transition to adulthood. These generally positive perceptions of foster care are remarkably consistent with the sentiments CalYOUTH participants expressed during all of the earlier rounds of interviews. The consistency with which these youth express their appreciation for the help they received during their time in foster care should provide encouragement for the investments that government, the philanthropic sector, and the caring individuals who work in and with the public child welfare system have made in supporting the transition to adulthood for youth in foster care.

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

In particular, our findings raise questions about the wisdom of abruptly curtailing services for these young people when they reach their 21st birthday. In the two years since we interviewed them when they were 21, nearly one-quarter of the CalYOUTH study participants reported having been homeless at some point

and nearly half had experienced economic hardship (e.g., not enough money for clothing, utilities, or rent). Over one-quarter had experienced food insecurity in the year before our interview with them. About one-third reported the symptoms of a current mental health or substance use disorder. While the vast majority had a high school diploma or GED, and many are still enrolled in school, too few have obtained the kinds of postsecondary credentials required for most well-paying jobs in today's economy. And one-quarter of the men and over one-half of the women are now young parents; their well-being is key to the healthy development of their children. During the ongoing COVID-19 crisis, federal and state governments (including California) have seen fit to allow youth in foster care to remain in care past their 21st birthday and have waived the education and employment participation criteria used to determine eligibility for extended foster care. Our findings suggest that when COVID-19 is behind us, it will still be the case that many young adults in care could potentially benefit from ongoing support past their 21st birthday. What form that support should ultimately take is beyond the scope of this report.

Third, our findings suggest that gender, race, and ethnicity condition these youths' experiences, as they do for all young people in America (IOM & NRC, 2015). Reflecting the rapidly changing U.S. population, CalYOUTH participants are primarily people of color. It is encouraging that some disparities by race and ethnicity in indicators of disadvantage seen in the general population were not seen in the CalYOUTH population. For example, we found no differences between African American, Hispanic, and white youth in the likelihood of having a high school diploma or GED. Nevertheless, other indicators of disadvantage were more common for youth of color, such as the relatively low levels of social support reported by African American youth. Outcomes also differed by gender, with males faring worse than females in educational attainment and involvement in the criminal justice system while earning more on average from their employment.

Finally, our findings also highlight the amazing resilience and enormous potential of young people transitioning to adulthood from foster care. Despite the histories of trauma that accompanied them into foster care and the challenges many of them faced since then, the CalYOUTH participants as a whole have much going for them. They remain overwhelmingly optimistic about their future, are generally satisfied with their life, and are confident in their ability to achieve their goals. Many are still in school or expect to return to school to obtain a postsecondary credential. Most report having enough people to rely on for support, with all but a few reporting that they have multiple members in their support network. And over half have romantic partners with whom they report close and healthy relationships.

This report provides a wealth of information about how young people transitioning to adulthood from foster care in California are faring as young adults. Policymakers, administrators, practitioners, and

advocates should find this information useful to their work. However, this report does not provide insight into key questions guiding the CalYOUTH project. Did the enactment of the California Fostering Connections Act, through extending foster care past age 18, improve outcomes for youth transitioning to adulthood from care? If so, how did extended care convey those benefits and what might that tell us about how to improve extended care? The CalYOUTH project will issue a summary report later this year on our findings regarding the impact of extended care on youths' outcomes through age 23. We will also continue to release brief reports on special topics of interest to the child welfare services community.

References

- Aarons, G. A., James, S., Monn, A. R., Raghavan, R., Wells, R. S., & Leslie, L. K. (2010). Behavior problems and placement change in a national child welfare sample: A prospective study. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(1), 70–80.
- Ahrens, K. R., Garrison, M. M., & Courtney, M. E. (2014). Health outcomes in young adults from foster care and economically diverse backgrounds. *Pediatrics, 134*(6), 1067–1074.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469–480.
- Ashwood, J. S., Stein, B. D., Briscoe, B., Sontag-Padilla, L. M., Woodbridge, M. W., May, E., & Burnam, M. A. (2015). *Payoffs for California college students and taxpayers from investing in student mental health*. Santa Monica, CA: RAND Corporation. Retrieved from https://www.rand.org/pubs/research_reports/RR1370.html
- Baams, L., Wilson, B. D., & Russell, S. T. (2019). LGBTQ youth in unstable housing and foster care. *Pediatrics, 143*(3), e20174211.
- Barnow, B. S., Buck, A., O'Brien, K., Pecora, P., Ellis, M. L., & Steiner, E. (2015). Effective services for improving education and employment outcomes for children and alumni of foster care service: Correlates and educational and employment outcomes. *Child and Family Social Work, 20*(2), 159–170.
- Beal, S. J., Greiner, M. V., Crosby, I., & Beck, A. F. (2019). Socioeconomic characteristics of neighborhoods where youth in out-of-home care reside. *Journal of Public Child Welfare, 14*(3), 1–16.

- Berzin, S. C., Rhodes, A. M., & Curtis, M. A. (2011). Housing experiences of former foster youth: How do they fare in comparison to other youth? *Children and Youth Services Review*, 33(11), 2119–2126.
- Berzin, S. C., Singer, E., & Hokanson, K. (2014). Emerging versus emancipating: The transition to adulthood for youth in foster care. *Journal of Adolescent Research*, 29(5), 616–638.
- Blakeslee, J. E. (2015). Measuring the support networks of transition-age foster youth: Preliminary validation of a social network assessment for research and practice. *Children and Youth Services Review*, 52, 123–134.
- Blakeslee, J. E., & Keller, T. E. (2018). Assessing support network stability with transition-age foster youth: Measuring change over time. *Research on Social Work Practice*, 28(7), 857–868.
- Breiding, M. J. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National intimate partner and sexual violence survey, United States, 2011. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 63(8), 1–18.
- Brown, A., Courtney, M. E., & McMillen, J. C. (2015). Behavioral health needs and service use among those who've aged-out of foster care. *Children and Youth Services Review*, 58, 163–169.
- Byrne, T., Stephen, M., Kim, M., Culhane, D. P., Moreno, M., Toros, H., & Stevens, M. (2014). Public assistance receipt among older youth exiting foster care. *Children and Youth Services Review*, 44, 307–316.
- California College Pathways. (2015). *Charting the course: Using data to support foster youth college success*. Retrieved from http://www.cacollegepathways.org/wp-content/uploads/2015/12/charting_the_course_final.pdf
- California Fostering Connections to Success. (2016). *The supervised independent living placement (SILP)*. Retrieved from <http://www.cafosteringconnections.org/wp2/more-info-on-silp/>
- Centers for Disease Control and Prevention. (2015). Current cigarette smoking among adults—United States, 2005–2014. *Morbidity and Mortality Weekly Report*, 64(44), 1233–40. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm?s_cid=mm6444a2_w
- Centers for Disease Control and Prevention. (2020). *About BMI for adults*. Retrieved from https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

- Chen, P., & Chantala, K. (2014). *Guidelines for analyzing Add Health data*. Chapel Hill, NC: Carolina Population Center, University of North Carolina at Chapel Hill. Retrieved from https://www.cpc.unc.edu/projects/addhealth/documentation/guides/wt_guidelines_20161213.pdf
- Collins, M. E. (2004). Enhancing services to youths leaving foster care: Analysis of recent legislation and its potential impact. *Children and Youth Services Review, 26*, 1051–1065.
- Collins, M. E., Spencer, R., & Ward, R. (2010). Supporting youth in the transition from foster care: Formal and informal connections. *Child Welfare, 89*(1), 125–143.
- Courtney, M. E. (2009). The difficult transition to adulthood for foster youth in the US: Implications for the State as corporate parent. *Society for Research in Child Development, 23*(1), 3–19.
- Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work, 11*(3), 209–219.
- Courtney, M. E., Dworsky, A. L., Lee, J. S. & Raap, M. (2010). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M. E., & Heuring, D. H. (2005). The transition to adulthood for youth “aging out” of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27–67). Chicago, IL: University of Chicago Press.
- Courtney, M. E., & Hook, J. L. (2017). The potential educational benefits of extending foster care to young adults: Findings from a natural experiment. *Children and Youth Services Review, 72*, 124–132.
- Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindle, B., Harty, J., & Feng, H. (2016). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 19*. Chicago, IL: Chapin Hall at the University of Chicago.
- Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. (2014). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17*. Chicago, IL: Chapin Hall at the University of Chicago.

- Courtney, M. E., Okpych, N. J., Park, K., Harty, J., Feng, H., Torres-Garcia, A., & Sayed, S. (2018). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 21*. Chicago, IL: Chapin Hall at the University of Chicago.
- Courtney, M. E., Pergamit, M., McDaniel, M., McDonald, E., Giesen, L., Okpych, N., & Zinn, A. (2017). *Planning a next-generation evaluation agenda for the John H. Chafee Foster Care Independence Program*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.urban.org/sites/default/files/publication/96101/planning_a_next_generation_evaluation_agenda_for_the_john_h_chafee_foster_care_independence_program.pdf
- Crawford, B., Pharris, A. B., & Dorsett-Burrell, R. (2018). Risk of serious criminal involvement among former foster youth aging out of care. *Children and Youth Services Review, 93*, 451–457.
- Cui, M., Ueno, K., Gordon, M., & Fincham, F. D. (2013). The continuation of intimate partner violence from adolescence to young adulthood. *Journal of Marriage and Family, 75*(2), 300–313.
- Cunningham, M. J., & Diversi, M. (2013). Aging out: Youths' perspectives on foster care and the transition to independence. *Qualitative Social Work, 12*(5), 587–602.
- Curry, S. R., & Abrams, L. S. (2015). Housing and social support for youth aging out of foster care: State of the research literature and directions for future inquiry. *Child and Adolescent Social Work Journal, 32*(2), 143–153.
- Cusick, G. R., Havlicek, J. R., & Courtney, M. E. (2012). Risk for arrest: The role of social bonds in protecting foster youth making the transition to adulthood. *American Journal of Orthopsychiatry, 82*(1), 19–31.
- Daining, C., & DePanfilis, D. (2007). Resilience of youth in transition from out-of-home care to adulthood. *Children and Youth Services Review, 29*(9), 1158–1178.
- Day, A., Dworsky, A., Fogarty, K., & Damashek, A. (2011). An examination of post-secondary retention and graduation among foster care youth enrolled in a four-year university. *Children and Youth Services Review, 33*(11), 2335–2341.
- Derogatis, L. R., & Unger, R. (2010). Symptom Checklist-90-Revised. *Corsini Encyclopedia of Psychology, 1–2*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/9780470479216.corpsy0970/full>

- Dworsky, A. (2005). The economic self-sufficiency of Wisconsin's former foster youth. *Children and Youth Services Review*, 27(10), 1085–1118.
- Dworsky, A., & Crayton, C. (2009). *National Youth in Transition Database: Instructional guidebook and architectural blueprint*. Washington, DC: American Public Human Service Association. Retrieved from <http://www.chapinhall.org/research/report/aphsa-chapin-hall-national-youth-transition-database-initiative>
- Dworsky, A., Napolitano, L., & Courtney, M. E. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*, 103(S2), S318–S323.
- Eastman, A. L., Palmer, L., & Ahn, E. (2019). Pregnant and parenting youth in care and their children: A literature review. *Child and Adolescent Social Work Journal*, 36(6), 571–581.
- Flanagan, C., & Levine, P. (2010). Civic engagement and the transition to adulthood. *The Future of Children*, 20(1), 159–179.
- Fowler, P. J., Marcal, K. E., Zhang, J., Day, O., & Landsverk, J. (2017). Homelessness and aging out of foster care: A national comparison of child welfare-involved adolescents. *Children and Youth Services Review*, 77, 27–33.
- Frerer, K., Sosenko, L. D., & Henke, R. R. (2013). *At greater risk: California foster youth and the path from high school to college*. San Francisco, CA: Stuart Foundation. Retrieved from <https://stuartfoundation.org/wp-content/uploads/2016/04/at-greater-risk-california-foster-youth-and-the-path-from-high-school-to-college.pdf>
- Friborg, O., Clausen, L., & Rosenvinge, J. H. (2013). A five-item screening version of the Eating Disorder Inventory (EDI-3). *Comprehensive Psychiatry*, 54(8), 1222–1228.
- Garner, D. M. (2004). *Eating Disorder Inventory-3 (EDI-3)*. Lutz, FL: Psychological Assessment Resources, Inc.
- Gee, C. B., & Rhodes, J. E. (2007). A social support and social strain measure for minority adolescent mothers: A confirmatory factor analytic study. *Child: Care, Health, and Development*, 34(1), 87–97.
- Goldrick-Rab, S., Baker-Smith, C., Coca, V., Looker, E., & Williams, T. (2019). *College and university basic needs insecurity: A national #RealCollege survey report*. Madison, WI: Wisconsin Hope Lab. Retrieved from https://hope4college.com/wp-content/uploads/2019/04/HOPE_realcollege_National_report_digital.pdf

- Government Accountability Office. (2019). *Food insecurity: Better information could help eligible college students access federal food assistance benefits*. Washington, DC: United States Government Accountability Office. Retrieved from <https://www.gao.gov/products/GAO-19-95>.
- Havlicek, J. R., Garcia, A. R., & Smith, D. C. (2013). Mental health and substance use disorders among foster youth transitioning to adulthood: Past research and future directions. *Children and Youth Services Review, 35*(1), 194–203.
- Havlicek, J., & Samuels, G. M. (2018). The Illinois state foster youth advisory board as a counterspace for well-being through identity work: Perspectives of current and former members. *Social Service Review, 92*(2), 241–289.
- Havlicek, J., Lin, C.-H., & Villalpando, F. (2016). Web survey of foster youth advisory boards in the United States. *Children and Youth Services Review, 60*, 109–118.
- Havlicek, J., Lin, C.-H., & Braun, M. T. (2016). Cultivating youth voice through participation in a foster youth advisory board: Perspectives of facilitators. *Children and Youth Services Review, 69*, 1–10.
- Havlicek, J., Curry, A., & Villalpando, F. (2018). Youth participation in foster youth advisory boards: Perspectives of facilitators. *Children and Youth Services Review, 84*, 255–270.
- Hook, J. L., & Courtney, M. E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review, 33*(10), 1855–1865.
- Hormuth, P. (2001). *All grown up, nowhere to go: Texas teens in foster care transition*. Austin, TX: Center for Public Policy Priorities. Retrieved from <http://library.cppp.org/files/4/all%20grown%20up.pdf>
- Iglehart, A. P., & Becerra, R. M. (2002). Hispanic and African American youth: Life after foster care emancipation. *Journal of Ethnic and Cultural Diversity in Social Work, 11*(1–2), 79–107.
- Insolera, N., McGonagle, K., Sastry, N., & Simmert, B. (2019). *Panel Study of Income Dynamics, Transition into Adulthood Supplement 2017: User guide*. Ann Arbor, MI: Institute for Social Research, University of Michigan. Retrieved from https://psidonline.isr.umich.edu/CDS/TAS17_UserGuide.pdf
- IOM (Institute of Medicine), & NRC (National Research Council). (2015). *Investing in the health and well-being of young adults*. Washington, DC: The National Academies Press.

- Jackson, Y., Cushing, C. C., Gabrielli, J., Fleming, K., O'Connor, B. M., & Huffhines, L. (2016). Child maltreatment, trauma, and physical health outcomes: The role of abuse type and placement moves on health conditions and service use for youth in foster care. *Journal of Pediatric Psychology, 41*(1), 28–36.
- Jones, L. P. (2014). The role of social support in the transition from foster care to emerging adulthood. *Journal of Family Social Work, 17*(1), 81–96.
- Jonson-Reid, M., Scott, L. D., McMillen, J. C., & Edmond, T. (2007). Dating violence among emancipating foster youth. *Children and Youth Services Review, 29*(5), 557–571.
- Kang-Yi, C. D., & Adams, D. R. (2017). Youth with behavioral health disorders aging out of foster care: A systematic review and implications for policy, research, and practice. *Journal of Behavioral Health Services & Research, 44*(1), 25–51.
- Katz, C. C., & Courtney, M. E. (2015). Evaluating the self-expressed unmet needs of emancipated foster youth over time. *Children and Youth Services Review, 57*, 9–18.
- Katz, C. C., Courtney, M. E., & Sapiro, B. (2017). Emancipated foster youth and intimate partner violence: An exploration of risk and protective factors. *Journal of Interpersonal Violence, 1*–31. Retrieved from <https://doi.org/10.1177/0886260517720735>.
- Lee, J. S., Courtney, M. E., & Hook, J. L. (2012). Formal bonds during the transition to adulthood: Extended foster care support and criminal/legal involvement. *Journal of Public Child Welfare, 6*(3), 255–279.
- Lemus, D., Farruggia, S. P., Germo, G., & Chang, E. S. (2017). The plans, goals, and concerns of pre-emancipated youth in foster care. *Children and Youth Services Review, 78*, 48–55.
- Longmore, M. A., Manning, W. D., Copp, J. E., & Giordano, P. C. (2016). A prospective study of adolescents' sexual partnerships on emerging adults' relationship satisfaction and intimate partner aggression. *Emerging Adulthood, 4*(6), 403–416.
- Lundgren, R., & Amin, A. (2015). Addressing intimate partner violence and sexual violence among adolescents: Emerging evidence of effectiveness. *Journal of Adolescent Health, 56*(1), 42–50.
- Maccio, E. M., & Ferguson, K. M. (2016). Services to LGBTQ runaway and homeless youth: Gaps and recommendations. *Children and Youth Services Review, 63*, 47–57.
- Macomber, J. E., Cuccaro-Alamin, S., Duncan, D., Kuehn, D., McDaniel, M., Vericker, T., . . . Barth, R. P. (2008). *Coming of age: Employment outcomes for youth who age out of foster care through*

- their middle twenties*. Washington, DC: U.S. Department of Health and Human Services.
Retrieved from <https://www.urban.org/research/publication/coming-age-employment-outcomes-youth-who-age-out-foster-care-through-their-middle-twenties>
- Makanui, K. P., Jackson, Y., & Gusler, S. (2019). Spirituality and its relation to mental health outcomes: An examination of youth in foster care. *Psychology of Religion and Spirituality, 11*(3), 203–213.
- Mccauley, H. L., Bogen, K., & Miller, E. (2017). Identifying support systems of young women in foster care to reduce risky behavior: A mixed methods social network study. *Journal of Adolescent Health, 60*(2), 1–2.
- McCormick, A., Schmidt, K., & Terrazas, S. (2017). LGBTQ youth in the child welfare system: An overview of research, practice, and policy. *Journal of Public Child Welfare, 11*(1), 27–39.
- McHugh, M. L. (2013). The chi-square test of independence. *Biochemia Medica, 23*(2), 143–149.
- McMillen, J. C., & Raghavan, R. (2009). Pediatric to adult mental health service use of youth in the foster care system. *Journal of Adolescent Health, 44*, 7–13.
- Miller, E. A., Paschall, K. W., & Azar, S. T. (2017). Latent classes of older foster youth: Prospective associations with outcomes and exits from the foster care system during the transition to adulthood. *Children and Youth Services Review, 79*, 495–505.
- Mitchell, R. C., Panzarello, A., Gryniewicz, A., & Galupo, M. P. (2015). Sexual minority and heterosexual former foster youth: A comparison of abuse experiences and trauma-related beliefs. *Journal of Gay & Lesbian Social Services, 27*(1), 1–16.
- Montgomery, M. J. (2005). Psychosocial intimacy and identity: From early adolescence to emerging adulthood. *Journal of Adolescent Research, 20*(3), 346–374.
- Munson, M. R., & McMillen, C. J. (2010). Trajectories of depression symptoms among older youths exiting foster care. *Social Work Research, 34*(4), 235–249.
- Munson, M. R., Smalling, S. E., Spencer, R., Scott, L. D., & Tracy, E. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. *Children and Youth Services Review, 32*(4), 527–535.
- Must, A., & McKeown, N. M. (1999). The disease burden associated with overweight and obesity. *Journal of the American Medical Association, 282*(16), 1523–1529.

- Naccarato, T., Brophy, M., & Courtney, M. E. (2010). Employment outcomes of foster youth: The results from the Midwest Evaluation of the Adult Functioning of Foster Youth. *Children and Youth Services Review, 32*(4), 551–559.
- Napolitano, L., & Courtney, M. E. (2014). *Residential settings of young adults in extended foster care: A preliminary investigation*. Chicago, IL: Chapin Hall at the University of Chicago.
- Needell, B., Cuccaro-Alamin, S., Brookhart, A., Jackman, W., & Shlonsky, A. (2002). *Youth emancipating from foster care in California: Findings using linked administrative data*. Berkeley, CA: Center for Social Services Research, University of California at Berkeley. Retrieved from http://cssr.berkeley.edu/childwelfare/pdfs/youth/ffyr_report.pdf
- Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011–2012. *Journal of the American Medical Association, 311*(8), 806–814.
- Okpych, N. J. (2015). Receipt of independent living services among older youth in foster care: An analysis of national data from the U.S. *Children and Youth Services Review, 51*, 74–86.
- Okpych, N. J., & Courtney, M. E. (2014). Does education pay for youth formerly in foster care? Comparison of employment outcomes with a national sample. *Children and Youth Services Review, 43*, 18–28.
- Okpych, N. J., & Courtney, M. E. (2018a). Barriers to degree completion for college students with foster care histories: Results from a 10-year longitudinal study. *Journal of College Student Retention*. Advance online release: Retrieved from <https://doi.org/10.1177/1521025118791776>
- Okpych, N. J., & Courtney, M. E. (2018b). The role of avoidant attachment on college persistence and completion among youth in foster care. *Children and Youth Services Review, 90*, 106–117.
- Okpych, N. J., & Courtney, M. E. (2019a). Longitudinal analyses of educational outcomes for youth transitioning out of care in the U.S.: Trends and influential factors. *Oxford Review of Education, 45*(1), 461–480.
- Okpych, N. J., & Courtney, M. E. (2019b). The relationship between extended foster care and college outcomes for foster care alumni. *Journal of Public Child Welfare, 14*(2), 254–276.
- Okpych, N. J., Park, S., & Courtney, M. E. (2019). *Memo from CalYOUTH: Early findings on the impact of extended foster care on foster youths' postsecondary education enrollment and persistence*. Chicago, IL: Chapin Hall at the University of Chicago.

- Okpych, N. J., Park, S., Sayed, S., & Courtney, M. E. (2020). The roles of campus-support programs (CSPs) and Education and Training Vouchers (ETVs) on college persistence for youth with foster care backgrounds. *Children and Youth Services Review, 111*. Retrieved from <https://doi.org/10.1016/j.chilyouth.2020.104891>
- Oshima, K. M. M., Narendorf, S. C., & McMillen, J. C. (2013). Pregnancy risk among older youth transitioning out of foster care. *Children and Youth Services Review, 35*(10), 1760–1765.
- Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of the literature. *Journal of Pediatric Psychology, 35*(5), 462–472.
- Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review, 34*(6), 1121–1129.
- Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, C., English, D., ... Holmes, K. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. Retrieved from https://caseyfamilypro-wpengine.netdna-ssl.com/media/AlumniStudies_NW_Report_FR.pdf
- Perez, B. F., & Romo, H. D. (2011). “Couch surfing” of Latino foster care alumni: Reliance on peers as social capital. *Journal of Adolescence, 34*(2), 239–248.
- Pew Research Center. (2015). *America's changing religious landscape*. Retrieved from: <http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/>
- Pryce, J., Napolitano, L., & Samuels, G. M. (2017). Transition to adulthood of former foster youth: Multilevel challenges to the help-seeking process. *Emerging Adulthood, 5*(5), 311–321.
- Radey, M., Schelbe, L., McWey, L. M., Holtrop, K., & Canto, A. I. (2016). “It’s really overwhelming”: Parent and service provider perspectives of parents aging out of foster care. *Children and Youth Services Review, 67*, 1–10.
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare, 82*(6), 727–746.
- Rhodes, J. E., Ebert, L., & Fischer, K. (1992). Natural mentors: An overlooked resource in the social networks of young, African American mothers. *American Journal of Community Psychology, 20*(4), 445–461.
- Rosenberg, R. (2019). Social networks of youth transitioning from foster care to adulthood. *Children and Youth Services Review, 107*. Retrieved from: <https://doi.org/10.1016/j.chilyouth.2019.104520>

- Ross, C. E., & Jang, S. J. (2000). Neighborhood disorder, fear, and mistrust: The buffering role of social ties with neighbors. *American Journal of Community Psychology, 28*(4), 401–420.
- Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336–344.
- Sakai, C., Mackie, T. I., Shetgiri, R., Franzen, S., Partap, A., Flores, G., & Leslie, L. K. (2014). Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. *Academic Pediatrics, 14*(6), 565–573.
- Salazar, A. M. (2013). The value of a college degree for foster care alumni: Comparisons with general population samples. *Social Work, 58*(2), 139–150.
- Salzer, M. S., Wick, L. C., & Rogers, J. A. (2008). Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. *Psychiatric Services, 59*, 370–375.
- Samuels, G. M., & Pryce, J. M. (2008). “What doesn’t kill you makes you stronger”: Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198–1210.
- Schelbe, L., & Geiger, J. M. (2017). Parenting under pressure: Experiences of parenting while aging out of foster care. *Child and Adolescent Social Work Journal, 34*(1), 51–64.
- Scott, L. D., Jr., Hodge, D. R., White, T., & Munson, M. R. (2018). Substance use among older youth transitioning from foster care: Examining the protective effects of religious and spiritual capital. *Child & Family Social Work, 23*(3), 399–407.
- Scott, L. D., Jr., Munson, M. R., McMillen, J. C., & Ollie, M. T. (2006). Religious involvement and its association to risk behaviors among older youth in foster care. *American Journal of Community Psychology, 38*(3-4), 223–236.
- Shpiegel, S. (2016). Resilience among older adolescents in foster care: The impact of risk and protective factors. *International Journal of Mental Health and Addiction, 14*(1), 6–22.
- Smith, C. A., Greenman, S. J., Thornberry, T. P., Henry, K. L., & Ireland, T. O. (2015). Adolescent risk for intimate partner violence perpetration. *Prevention Science, 16*(6), 862–872.
- Stewart, C. J., Kum, H.-C., Barth, R. P., & Duncan, D. F. (2014). Former foster youth: Employment outcomes up to age 30. *Children and Youth Services Review, 36*, 220–229.
- Svoboda, D. V., Shaw, T. V., Barth, R. P., & Bright, C. L. (2012). Pregnancy and parenting among youth in foster care: A review. *Children and Youth Services Review, 34*(5), 867–875.

- Tam, C. C., Freisthler, B., Curry, S. R., & Abrams, L. S. (2016). Where are the beds?: Housing locations for transition age youth exiting public systems. *Families in Society: The Journal of Contemporary Social Services*, *97*(2), 111–119.
- Thompson, A. E., Greeson, J. K., & Brunsink, A. M. (2016). Natural mentoring among older youth in and aging out of foster care: A systematic review. *Children and Youth Services Review*, *61*, 40–50.
- Unrau, Y. A., Font, S. A., & Rawls, G. (2012). Readiness for college engagement among students who have aged out of foster care. *Children and Youth Services Review*, *34*(1), 76–83.
- Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, *30*(11), 1256–1266
- U.S. Department of Health and Human Services. (2020). *Prior HHS poverty guidelines and federal register references*. Retrieved from <https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references>
- Villagrana, M., Guillen, C., Macedo, V., & Lee, S. Y. (2018). Perceived self-stigma in the utilization of mental health services in foster care and post foster care among foster care alumni. *Children and Youth Services Review*, *85*, 26–34.
- Zinn, A., & Courtney, M. (2017). Helping foster youth find a job: A random-assignment evaluation of an employment assistance programme for emancipating youth. *Child & Family Social Work*, *22*(1), 155–164.
- Zinn, A., Palmer, A. N., & Nam, E. (2017). The predictors of perceived social support among former foster youth. *Child Abuse & Neglect*, *72*, 172–183.

Appendix A. Summary of Scales and Items Used in the Wave 4 Youth Survey

Table A-1. Abbreviation Descriptions

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

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

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

REPORT SECTION AND TABLE NAME	SOURCE
<i>Assets and Debts</i>	
Checking accounts, savings accounts, and money market accounts	NLSY-97, MWS, CAL, PSID
Vehicle ownership	NLSY-97, MWS, CAL
Debts	NLSY-97, MWS, CAL
F. ECONOMIC HARDSHIP, FOOD INSECURITY, AND PUBLIC PROGRAM PARTICIPATION	
<i>Economic Hardship</i>	
Economic hardship in past 12 months	AH, MWS
<i>Food Insecurity</i>	
Food insecurity	USDA
<i>Unemployment Benefits</i>	
Unemployment compensation and workers' compensation	NLSY-97, MWS
<i>Public Program Participation</i>	
Public food assistance	NYTD, NLSY-97, MWS
Public housing and rental assistance	NLSY-97, MWS
TANF/CalWORKs and other public welfare assistance	NYTD, NLSY-97, PSID
G. PHYSICAL AND MENTAL HEALTH	
<i>Physical Health</i>	
Current health status	AH, MWS
Health insurance coverage and dental insurance coverage	AH, MWS
Medical care use and barriers to use	AH, MWS
Behavioral health counseling and psychotropic medication use	AH, MWS, PE
Health conditions, disabilities, and injuries	AH, MWS
Height and weight	AH
Body mass index (BMI) and obesity	AH, PSID
Smoking	AH, CY
Hospitalizations	AH, MWS
Other health services received by youth	AH
<i>Mental Health</i>	
Past suicidal ideation and suicide attempts	CIDI
Mental health diagnoses	MINI, SCL, EDI
Mental health diagnoses by gender	MINI, SCL, EDI
H. LIFE SKILLS AND SATISFACTION WITH SERVICES	
Satisfaction with life skills preparation, support services, or training	CAL
I. COMMUNITY CONNECTIONS AND SOCIAL SUPPORT	
<i>Civic Engagement</i>	
Civic engagement	AH, CHIS
<i>Perceptions of Neighborhoods</i>	
Neighborhood social cohesion	CHIS
Neighborhood social control	CHIS
Neighborhood safety and satisfaction	MWS
<i>Religiosity</i>	

REPORT SECTION AND TABLE NAME	SOURCE
Religiosity	AH
<i>Social Support</i>	
Estimated number of available supports, by type of support	SSNQ, CAL
Number of individuals nominated, by type of support	SSNQ
Total number of nominated individuals	SSNQ
Frequency of relationship strain	SSNQ
Average relationship strain	SSNQ
Relationship to nominated supports	SSNQ
Frequency of contact with nominated supports	SSNQ
Sufficiency of overall amount of support	SSNQ, CAL
Overall relationships with strain	SSNQ, CAL
J. SEXUAL ORIENTATION, SEXUALITY, STDs, AND PREGNANCY	
Sexual orientation	AH, MWS
Sexual activity	AH, MWS
Sexually transmitted infections	AH, MWS
Contraceptive use in past year	AH, MWS
Risky sexual activity	AH, MWS
<i>Pregnancy</i>	
Pregnancy history (females)	NYTD, AH
History of impregnating females (males)	NYTD, AH
K. CHILDREN AND PARENTING	
Number of children and dependency status	AH, MWS
Age and gender of youth's child	AH, MWS
<i>Parental Involvement</i>	
Living arrangements and parental contact	AH, MWS
Child health and problems	AH, MWS
Parental involvement	NSFG
Visitation and child support among nonresident parents	AH, MWS
Parenting stress	MWS
Child care	MWS
L. MARRIAGE AND ROMANTIC RELATIONSHIPS	
Relationship status and involvement	AH, MWS, FF
Marriage and marriage-like relationships	AH
Love, happiness, and commitment in romantic relationships	AH
Relationship quality	FF
Relationship criticism and manipulation	FF
<i>Intimate Partner Violence</i>	
Intimate partner violence	CTS
M. CRIME, CRIMINAL JUSTICE SYSTEM INVOLVEMENT, AND VICTIMIZATION	
<i>Criminal Behavior</i>	
Criminal behavior during past 12 months	AH
Criminal behavior during past 12 months, by gender	AH
<i>Criminal Justice System Involvement</i>	
Criminal justice system involvement	AH, NYTD, PSID

REPORT SECTION AND TABLE NAME	SOURCE
<i>Victimization and Perpetration</i> Victimization and perpetration	AH, LEQ

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

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

Questions from several domains in the CalYOUTH study were taken directly from the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a longitudinal study of a nationally representative sample of U.S. adolescents in 7th through 12th grade during the 1994–95 school years. Add Health examines how social contexts (families, friends, peers, schools, neighborhoods, and communities) and behaviors in adolescence influence health-related and achievement outcomes in young adulthood. Add Health study participants have been interviewed four times since the first survey, with the most recent interview taking place in 2008.

CalYOUTH: California Youth Transitions to Adulthood Study

Survey items denoted with CAL in Appendix A represent study domains with questions constructed by the CalYOUTH research team. All the questions were reviewed for appropriateness and acceptability by various stakeholders in California before being included in the study.

CIDI: Composite International Diagnostic Interview

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

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

CTS: Conflict Tactics Scales

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

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

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

EDI: Eating Disorder Inventory (EDI-3)

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

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

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

Festinger (author of scale from which items were adapted)

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

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

FF: Fragile Families and Child Wellbeing Study

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

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

LEQ: Lifetime Experiences Questionnaire

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

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

MINI: Mini-International Neuropsychiatric Interview

Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., & Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (M.I.N.I): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal of Clinical Psychiatry*, 59 (Suppl 20), 22–33. Retrieved from <https://medical-outcomes.com/index/mini>

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

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

Courtney, M. E., Dworsky, A., Hook, J., Brown, A., Cary, C., Love, K., . . . Bost, N. (2011). *Midwest evaluation of the adult functioning of former foster youth*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from <https://www.chapinhall.org/research/midwest-evaluation-of-the-adult-functioning-of-former-foster-youth/>

Many questions in the CalYOUTH study come from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a longitudinal study of youth aging out of care in Iowa, Illinois, and Wisconsin. The Midwest Study provides an assessment of how foster youth fared during the transition to adulthood after implementation of the Foster Care Independence Act of 1999 and interviewed the 732 study participants at five time points from 2002 to 2011.

NLSY: National Longitudinal Survey of Youth

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

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

NSFG: National Survey of Family Growth

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

Twelve questions pertaining to parental involvement were taken from the 2011–2013 National Survey of Family Growth (NSFG). The survey included a nationally representative sample of men and women aged 15 to 44. The NSFG collected information on family life, marriage, divorce, pregnancy, and infertility. Items in the NSFG male questionnaire were only asked to males; in CalYOUTH, questions were asked to both male and female participants.

NYTD: The Chafee National Youth in Transition Database

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

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

Pursuant to the Foster Care Independence Act of 1999, the Administration on Children and Families was required to develop a data collection system that gathered information on (1) independent living services funded under the Chafee law and received by older adolescents in foster care who are expected to remain in care until age 18, and (2) outcome measures on cohorts of youth in foster care at age 17, 19, and 21. At the time of this report, data from the NYTD outcomes survey had been collected from two cohorts (FY 2011 and FY 2014), and data collection from a third cohort is underway (FY 2017). The NYTD survey contains 22 required questions, but NYTD Plus versions were also developed, which include additional questions that states may elect to administer (Dworsky & Crayton, 2009). The CalYOUTH survey included 19 of the 22 required questions, omitting items concerning government-funded welfare assistance, housing assistance, and food assistance.

PMS: Pearlin Mastery Scale

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

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

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

PSID: Panel Study of Income Dynamics

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

Several questions in the Wave 4 report are compared to findings from the *Panel Study of Income Dynamics (PSID) Transition to Adulthood Supplement (TAS)*. The PSID is one of the longest running longitudinal cohort studies in the world. It collects information on a range of topics such as income, employment, poverty, health, education, and marriage. The PSID study included a nationally representative sample of about 18,000 individuals in 5,000 households. The original sample included up

to two children from each household who were between the ages of 0 and 12 in 1997. The TAS started in 2015 and collected data on a biennial basis as children in the study began making the transition to adulthood. Data analyzed in the current report were taken from the 2017 TAS interviews with participants who were 22, 23, or 24 years old at the time of the interview. In the current report, we compare CalYOUTH participants to PSID participants on a number of outcomes including income, assets, receipt of public benefits, and obesity.

RSES: Rosenberg’s Self Esteem Scale

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

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

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

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

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

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

SSNQ: Social Support Network Questionnaire

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

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

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

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

USDA: United States Department of Agriculture Food Security Survey

Carlson, S. J., Andrews, M. S., & Bickel, G. W. (1999). Measuring food insecurity and hunger in the United States: Development of a national benchmark measure and prevalence estimates. *The Journal of Nutrition*, 129(2), 510S-516S. Retrieved from http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/hh2012.pdf

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

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Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or [@Chapin_Hall](https://twitter.com/Chapin_Hall).