CHAPIN HALL
CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO

Midwest Evaluation of the Adult Functioning of Former Foster Youth from Iowa: *Outcomes at Age 19*

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TABLE OF CONTENTS

INTRODUCTION

The transition to young adulthood is never easy, and it is particularly difficult for the approximately 20,000 foster youth who "age out" of care each year (U.S. Department of Health and Human Services, 1999). Many of these young people are unable to turn to their parents or other family members for financial and/or emotional support. Nor can they count on the state for continuing support once they have been discharged from care. Consequently, the transition to young adulthood is a challenge that many of these youth face largely on their own.

For many years, the needs of these young people were for the most part ignored by federal child welfare policy. It was not until 1986, when Congress amended the Social Security Act to include the Title IV-E Independent Living Program, that federal funding to help states prepare young people in foster care for independent living became available.[1] Unfortunately, federal funding did not keep pace with the growing number of eligible foster youth, and only a fraction of those who were eligible for services actually received them (U.S. Department for Health and Human Services, 1999).[2]

More than a decade after the Title IV-E Independent Living Program was established, there was little evidence that the outcomes of former foster youth had significantly improved (U.S. Department for Health and Human Services, 1999). On the contrary, what little data there were

[1] States could use their independent living funds to provide educational services for youth working toward a high school diploma or GED, employment services for youth who needed vocational training or career planning, and housing services for youth who wanted help finding a place to live. However, a provision in the law prohibited states from using their Title IV-E funds for independent living subsidies or transitional housing (Allen, Bonner, & Greenan, 1988; Barth, 1990).

[2] Under the original legislation, federally funded independent living services could only be provided to Title IV-E eligible youth between 16 and 18 years old. The eligible population was expanded in 1988 to include all 16- to 18-year-old foster youth regardless of their Title IV-E eligibility status and former foster youth who had been discharged from care within the past 6 months. Starting in 1990, states had the option of providing independent living services to former foster youth until they reach age 21.

seemed to indicate that former foster youth were still not adequately prepared to live independently. Congress responded by passing the Foster Care Independence Act of 1999. Title I of this legislation replaced the Title IV-E Independent Living Program with the John H. Chafee Foster Care Independence Program, which doubled the maximum amount of money that states could draw down each year to $140 million.[3] The law was later amended to authorize Congress to appropriate up to $60 million for payments to states for post-secondary educational and training vouchers of up to $5,000 for youth likely to experience difficulty during the transition to adulthood after the age of 18.

In addition to giving states a fiscal incentive to enhance their independent living programs, the Foster Care Independence Act requires states to provide the U.S. Department of Health and Human Services with data on a variety of outcome measures (e.g., educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors) and requires the U.S. Department of Health and Human Services to conduct evaluations of innovative or potentially significant state efforts to prepare foster youth for independent living.[4]

To better understand how foster youth are experiencing the transition to adulthood in the context of the Foster Care Independence Act, the Midwest Evaluation of the Adult Functioning

[3] States are now required to use at least some portion of their funds to provide follow-up services to former foster youth who already aged out, and are allowed to use up to 30 percent of their funds to pay for the room and board of 18- to 20-year-old former foster youth. The Foster Care Independence Act also increased the amount of assets that foster youth can accumulate and still be Title IV-E eligible from $1,000 to $10,000, gave states the option of extending Medicaid coverage to 18- to 20-year-old former foster youth, and eliminated the prohibition against contracting with private, for-profit independent living services providers using federal funds.

[4] Because there have been so few methodologically sound evaluations of independent living programs (U.S. Department of Health and Human Services, 1999; U.S. General Accounting Office, 1999), relatively little is known about their effects on the self-sufficiency of former foster youth. Several program evaluations, including prospective studies with random assignment, are currently in the field.

of Former Foster Youth is following foster youth as they "age out" of the child welfare system in Wisconsin, Iowa, and Illinois. This longitudinal study is a collaborative effort among the public child welfare agencies in those three states, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood.

BACKGROUND AND OVERVIEW OF STUDY

Planning for this project began in early 2001 when the public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to use some of their federal Chafee funds to study the outcomes of youth who age out of care. Chapin Hall Center for Children at the University of Chicago assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. Each state provided Chapin Hall with a list of all of the youth who met the study's eligibility criteria (see below) from which a sample could be selected, and the University of Wisconsin Survey Center was contracted to conduct in-person interviews with the selected youth.

Youth were eligible to participate in the study if they were in the care of the public child welfare agency at age 17 and had entered care prior to their sixteenth birthday. They were ineligible to participate (1) if they had a developmental disability or severe mental illness, (2) if they were incarcerated or in a psychiatric hospital, (3) if they had run away or were otherwise missing from their placement over the data collection period, or (4) if they were in an out-of-state placement. Whereas Illinois and Wisconsin further limited participation to youth whose

primary reason for placement was abuse and/or neglect, Iowa included adjudicated delinquents in its pool of eligible participants.[5]

All of the eligible youth in Iowa and Wisconsin who fit the study criteria were included in the sample. In Illinois, which has a larger out-of-home care population, a sample of approximately 67 percent of the youth who met the criteria was selected randomly. Altogether, the three-state sample included 767 non-delinquent youth and 24 delinquent youth.

Base-line interviews were completed with a total of 732 non-delinquent youth (63 from Iowa, 477 from Illinois, and 196 from Wisconsin) and 17 delinquent youth (from Iowa) between May 2002 and March 2003. The overall response rate was 95.8 percent for the non-delinquent youth and 94.7 percent if both the delinquent and non-delinquent youth are taken into account.[6]

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All of the youth were 17 or 18 years old the first time they were interviewed. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or inability to make contact with the youth. This first interview focused on the experiences of the youth while in care and covered such domains as education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, and receipt of independent living services. Those data were summarized in an earlier report

[5] However, these adjudicated delinquents were excluded from the analyses on which the full wave 2 report is based.

[6] Although the wave 1 report was also based on a sample of 732 youth, 4 of those youth were subsequently dropped from the sample because they failed to meet all of the eligibility criteria. This loss was offset by the recovery of wave 1 data for 4 additional cases. The existence of these 4 youth was revealed during preliminary analysis of the wave 2 data.

entitled *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave Care*.

Follow-up interviews were completed between March and December 2004. Altogether, 82 percent, or 603 of the 732 non-delinquent youth (386 young from Illinois, 54 from Iowa, and 163 from Wisconsin), as well as 82 percent, or 14, of the delinquent youth from whom base-line data were collected were re-interviewed. Forty-seven percent (N = 282) of the non-delinquent youth were still in care, whereas 53 percent (N = 321) of the non-delinquent youth and all of the delinquent youth were not. This second interview covered many of the same domains as the first but focused on the period since the base-line data were collected. Study participants will be interviewed a third time between their twenty-first and twenty-second birthdays, by which time all of them will have been discharged.

This report focuses on the sixty-eight Iowa youth (including the fourteen delinquents) who completed a second interview.[7] Their follow-up interviews were conducted a mean of 673 days and a median of 672 days, or about 22 months, after the first. Unlike Illinois courts, which allow foster youth to remain wards of the state until their twenty-first birthday, courts in Iowa (and Wisconsin) generally discharge youth from care on their eighteenth and almost never later than their nineteenth birthday. Of the sixty-eight Iowa youth from whom follow-up data were collected, only two were still in care when they were re-interviewed.

The next section of this report presents results pertaining to the following domains:

[7] The full wave 2 report, which includes data from all three states, can be found at www.chapinhall.org/ article_abstract.aspx?ar=1355&L2=61&L3=130.

- Demographic characteristics
- Most recent out-of-home care placement
- Current living arrangements
- Relationships with family of origin
- Social support
- Receipt of independent living services
- Education
- Employment
- Economic hardships
- Receipt of government benefits
- Health and mental health status and service utilization
- Sexual behaviors
- Pregnancy
- Marriage and cohabitation
- Children and parenting
- Delinquency and criminal justice system involvement

Throughout the report, we compare the young adults in our Iowa sample with a nationally representative sample of 19-year-olds from the National Longitudinal Study of Adolescent Health (henceforth referred to as "Add Health"). Add Health is a federally funded study that was intended to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents. In-home interviews were completed with a nationally representative sample of students in grades 7 through 12 in

1994 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time, when they were 18 to 26 years old, in order to explore the relationship between adolescent health behaviors and young adult outcomes. The data cited in this report are based on the sample of 19-year-olds who participated in that third wave of data collection.[8]

DEMOGRAPHIC CHARACTERISTICS

Of the sixty-eight young adults in our Iowa sample who completed wave 2 interviews, nearly all were 19 years old, and more than three-quarters identified themselves as White.[9]

Table 1. Demographic Characteristics of Iowa Sample at Wave 2

	N = 68	
	#	%
Age		
19	65	95.6
20	3	4.4
Gender		
Male	34	50.0
Female	34	50.0
Race		
White	53	77.9
African American	3	4.4
Multiracial	10	14.7
Other	2	2.9
Hispanic Identity		
Yes	8	11.8
No	60	88.2

These sixty-eight young adults represent 85 percent of the eighty study participants who comprised Iowa's base-line sample. They were less likely to be males than the twelve who were not re-interviewed. One possible explanation for this disproportionality is that males are more likely to become involved with the criminal justice system (see Table 39 as well as

[8] Several groups were over-sampled (e.g., African American youth from highly educated families or a parent with a college degree), but only youth in the core sample were included in our analyses.
[9] Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

Courtney, Piliavin, Grogan-Kaylor, and Nesmith, 2001). Although we were able to interview one Iowa male who was incarcerated, there may have been others about whom we were not aware.

Table 2. Comparison of Wave 2 Study Participants and Non-Participants

	Total Wave 1 Sample (*N* = 80)		Interviewed at Wave 2 (*N* = 68)		Not Interviewed at Wave 2 (*N* = 12)	
	#	%	#	%	#	%
Gender						
Female	38	47.5	34	50.0	4	33.3
Male	42	52.5	34	50.0	12	66.7
Race						
African American	4	5.0	3	4.4	1	8.3
White	62	77.5	53	77.9	9	75.0
Multiracial	12	15.0	10	14.7	2	16.7
Other	2	2.6	2	2.9	0	0.0
Hispanic Origin						
Non-Hispanic	71	88.8	60	88.2	11	91.7
Hispanic	9	11.3	8	11.8	1	8.3
Age at Wave 1						
17	66	82.5	56	82.4	10	83.3
18	14	17.5	12	17.6	2	16.7
Wave 1 Living Situation						
Non-relative foster home	36	45.0	30	44.1	6	50.0
Relative foster home	8	10.0	7	10.3	1	8.3
Group home/residential treatment facility/child caring institution	22	27.5	20	29.4	2	16.7
Independent living	9	11.3	6	8.8	3	25.0
Other	5	6.3	5	7.4	0	0.0

PLACEMENT TYPE PRIOR TO DISCHARGE

Of the sixty-six young adults in our Iowa sample who were no longer in care, 45 percent identified their last placement prior to discharge as a foster home, 32 percent as a congregate care setting, and 15 percent as an independent living situation.

Table 3. Placement Prior to Discharge

	#	%
Non-relative foster home	27	40.9
Relative foster home	3	4.5
Group home/residential treatment facility/child caring institution	21	31.8
Adoptive home	1	1.5
Independent living situation	10	15.2
Other	4	6.1
Total	66	100
Missing	2	

CURRENT LIVING ARRANGEMENTS

The two young adults in our Iowa sample who were still in care when we interviewed them at wave 2 were currently placed in non-relative foster homes. More than one-third of the sixty-six young adults who were no longer in care were living in their "own place," whereas 30 percent were living with their parents or other relatives.

Table 4. Current Living Arrangements

	#	%
Own place	24	35.3
Home of biological parent(s)	11	16.8
Home of other relative	9	13.2
Home of non-relative foster parent(s)	4	5.9
Someone else's home	12	17.6
Group quarters (e.g., dormitories, barracks)	4	5.9
Homeless	1	1.5
Other	3	4.4
Total	68	

RELATIONSHIPS WITH FAMILY OF ORIGIN

That many of these young adults were living with their parents or other relatives is consistent with what many told us about how close they felt to members of their family. Despite the fact that the young adults in our study had been removed from home due to abuse and/or neglect, most reported feeling close to at least one family member, particularly siblings and

grandparents. They also tended to report feeling closer to their biological mother than to their biological fathers.

Table 5. Closeness to Family Members

	#	%
Biological mother (*N* = 60)		
Very close	19	31.7
Somewhat close	14	23.3
Not very close	12	20.0
Not at all close	15	25.0
Biological father (*N* = 61)		
Very close	9	14.8
Somewhat close	11	18.0
Not very close	10	16.4
Not at all close	31	50.8
Stepmother (*N* = 23)		
Very close	3	13.0
Somewhat close	1	4.3
Not very close	4	17.4
Not at all close	15	65.2
Stepfather (*N* = 27)		
Very close	6	22.2
Somewhat close	6	22.2
Not very close	6	22.2
Not at all close	9	33.3
Grandparents (*N* = 61)		
Very close	34	55.7
Somewhat close	11	18.0
Not very close	8	13.1
Not at all close	8	13.1
Siblings (*N* = 64)		
Very close	32	50.0
Somewhat close	16	25.0
Not very close	3	4.7
Not at all close	13	20.3

SOCIAL SUPPORT

Young adults can receive various kinds of social support. Support can be emotional, such as having someone to share feelings with, or informational, such as having someone to turn to for advice. It can be tangible, such as material aid or help with a daily task, or affectionate, such as

being shown love. It can also come in the form of positive social interaction, such as having other people to do things with.

These four types of social support-emotional/informational, tangible, positive social interaction, and affectionate-were measured using the MOS Social Support Survey (Sherbourne & Stewart, 1991). This is a brief, multidimensional, self-administered, social support survey that was developed for patients in the Medical Outcomes Study (MOS), a 2-year study of patients with chronic conditions. Respondents indicate the availability of different types of social support on a 5-point scale (i.e., 1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = most of the time, 5 = all of the time).

Overall, the mean score across all items for the young adults in our Iowa sample was 4.0. Table 6 shows the mean subscale scores for each of the four domains as well as mean scores on the individual items. The scores for affectionate support and positive social interaction support were higher than the scores for emotional/informational support or tangible support.

Table 6. Perceived Social Support of Study Participants

Items	Mean	SD
Emotional/Informational Support		
Someone to listen to you	4.04	1.06
Someone to confide in	4.00	1.09
Someone to share your worries with	3.82	1.20
Someone to understand your problems	3.94	1.12
Someone to give you good advice	3.62	1.17
Someone to give you information	3.92	1.07
Someone to give you advice you really want	3.94	1.05
Someone to turn to for suggestions	3.99	0.97
Emotional/Informational Scale Score	3.91	0.87

Tangible Support		
Someone to help you if you were confined to bed	3.84	1.22
Someone to take you to the doctor	4.19	1.00
Someone to prepare your meals if you were unable to do it yourself	3.87	1.26
Someone to help with daily chores if you were sick	3.96	1.11
Tangible Support Scale Score	3.96	0.95
Positive Social Interaction Support		
Someone to have a good time with	4.23	0.93
Someone to get together with for relaxation	3.90	1.29
Someone to do something enjoyable with	4.13	0.97
Positive Social Interaction Scale Score	4.09	0.93
Affectionate Support		
Someone who shows you love and affection	4.38	1.05
Someone to love you and make you feel wanted	4.24	1.02
Someone who hugs you	3.93	1.33
Affectionate Support Scale Score	4.18	1.03
Someone to help get your mind off things	4.04	0.94
Total MOS Score	4.00	0.80

INDEPENDENT LIVING SERVICES

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

Table 7 shows the percentage of the young adults in our Iowa sample who reported that they had received at least one service in a particular domain *since their first interview* as well as the percentage who reported that they had received or were receiving an independent living

subsidy. Education was the only domain in which at least one-half of the young adults received services.

Table 7. Receipt of Independent Living Services and Subsidies (*N* = 68)

	#	%
Educational support services	39	57.4
Employment/vocational services	29	42.6
Budget and financial management services	27	39.7
Housing services	23	33.8
Health education services	26	38.2
Youth development services	7	10.3
Independent living subsidy		
Ever received	16	23.5
Currently receiving	2	2.9

Although states can use some of their Chafee funds to provide independent living subsidies to current or former foster youth, fewer than 25 percent of the young adults in our Iowa sample reported that they had received an independent living subsidy, and only 3 percent reported that they were currently receiving one.[10]

Table 8 lists the specific independent living services the young adults in our Iowa sample were asked about as well as the percentage who reported receipt of each. Only eight of these services were received by at least one-quarter of these young adults.

Table 8. Receipt of Specific Independent Living Services

	#	%
Educational Services		
Career counseling	13	19.1
Study skills training	9	13.2
School-to-work support	11	16.2
GED preparation	6	8.8
SAT preparation	4	5.9
College application assistance	17	25.0
Financial aid/loan application assistance	11	16.2
Attend college fair	7	10.3

[10] States can now use up to 30 percent of their Chafee funds to pay for the room and board of 18- to 20-year-old former foster youth.

Employment/Vocational Services		
Vocational counseling	11	16.2
Resume writing workshop	8	11.8
Assistance identifying employers	11	16.2
Help completing job applications	19	27.8
Help developing interviewing skills	19	27.9
Help with job referral/placement	13	19.1
Help with use of career resources library	8	11.8
Explanation of benefits coverage	8	11.8
Help securing work permits/Social Security card	12	17.6
Given an explanation of workplace values	13	19.1
Received an internship	2	2.0
Summer employment programs	5	7.4
Budget/Financial Management Services		
Money management courses	10	14.7
Assistance with tax returns	13	19.1
Training on use of a budget	18	26.5
Training on opening a checking and savings account	17	25.0
Training on balancing a checkbook	17	25.0
Developing consumer awareness	8	11.8
Accessing information on credit	11	16.2
Housing Services		
Assistance with finding an apartment	13	19.1
Help with completing apartment application	8	11.8
Learning about security deposits and utilities	5	7.4
Handling landlord complaints	5	7.4
Training on health and safety standards	10	14.7
Tenants' rights and responsibilities training	5	7.4
Meal planning and preparation training	14	20.6
Cleaning classes	6	8.8
Courses on home maintenance and repairs	6	8.8
Health Education Services		
Training on personal care needs (basic hygiene)	13	19.1
Training on nutritional needs	15	22.1
Training on health/fitness	16	23.5
Training on preventive and routine health care	13	19.1
Accessing health/dental insurance information	8	11.8
Courses on first aid	15	22.1
Maintaining personal health records	7	10.3
Information on birth control and family planning	17	25.0
Education on substance abuse	18	26.5
Youth Development Services		
Youth conferences	4	5.9
Youth leadership activities	4	4.4
Mentoring services	3	1.5

EDUCATION

Many foster youth approach the transition to adulthood with significant educational deficits (Courtney, Terao, & Bost, 2004), and these deficits are evident in the educational attainment of our study participants at age 19. Although all of the young adults in our Iowa sample were at least 19 years old when the follow-up interviews were completed, more than 25 percent had neither a high school diploma nor a GED compared with just 9 percent of 19-year-olds in the Add Health sample.

Table 9. Educational Outcomes:
Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample		Add Health Sample	
	Frequency	Percentage	Frequency	Percentage
High school diploma	48	70.6	434	86.6
GED	2	2.9	20	4.0
Neither	18	26.5	47	9.4
Total	68	100.0	501	
Missing			1	

Less than 25 percent of the young adults in our Iowa sample were currently enrolled in a school or training program compared with 59 percent of their Add Health counterparts. Similarly, only 12 percent were enrolled in a 2- or 4-year college compared with 56 percent of 19-year-olds in the Add Health sample.

Table 10. Current School Enrollment:
Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample			Add Health Sample		
	#	% of Sample	% of Enrolled	#	% of Sample	% of Enrolled
Enrolled in educational program	15	22.1		295	59.0	
Type of Program						
High school or GED program*	5	7.4	33.3	6	1.2	2.0
2-year college	7	10.3	46.7	101	20.1	34.2
4-year college	1	1.5	6.7	182	36.3	61.7
Vocational training program	2	2.9	13.3	-		-
Other	0	0.0		5	1.0	1.7
Missing	0	0.0		1	0.2	0.3

*Add Health figures do not include enrollment in GED programs.
** Add Health data d0not distinguish between current and prior enrollment in vocational training programs.

EMPLOYMENT AND EARNINGS

Almost all of the young adults in our Iowa sample reported that they had ever held a job, and the vast majority reported that they had worked for pay during the past year. Nevertheless, only 54 percent were currently employed. Although this is not much lower than the 58 percent of Add Health 19-year-olds who were currently employed, a much higher percentage of the latter were enrolled in school. Moreover, the fact that 46 percent of the young adults in the Iowa sample were not working raises the question as to whether they needed to support themselves, and if so, how they were managing without income from employment.

Table 11. Employment: Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample		Add Health Sample	
	#	%	#	%
Ever held a job	66	97.1	482	96.0
Worked for pay during the past year	60	88.2	447	89.9
Currently employed	37	54.4	292	58.2

Table 12 shows the number of hours the young adults in our Iowa sample worked each week, the hourly wages they were paid, and the number of months they had been working at their job if they were currently employed. On average, these young adults tended to work more hours per week (mean = 35.9) than 19-year-olds in the Add Health sample (mean = 31.1), but they earned less for every hour that they worked (mean = $7.20) than their Add Health counterparts (mean = $7.64). More than half had held their current job for less than 3 months, and 90 percent had held that job for less than 1 year.

Table 12. Characteristics of Current Job

Hours Worked per Week	#	%	Hourly Wages	#	%	Months worked	#	%
< 20 hours	2	5.4	Less than $5.15	1	3.1	< 3 months	18	56.3
20 to 39 hours	21	56.8	$5.15 to $5.99	3	9.4	3 to 6 months	4	12.5
40 hours	6	16.2	$6.00 to $6.99	12	37.5	6 to 12 months	7	21.8
> 40 hours	8	21.6	$7.00 to $7.99	8	25.0	12 to 24 months	3	9.4
Total	37		$8.00 to $8.99	2	6.3	> 24 months	0	0.0
Missing	0		$9.00 to $9.99	2	6.3	Total	32	
			$10.00 to 10.99	3	9.4	Missing	5	
			$11.00 to 11.99	1	3.1			
			$12.00 or more	0	0.0			
			Total	32				
			Missing	5				
Mean	35.9		Mean	7.20		Mean	5.14	
Median	35.0		Median	6.75		Median	6.06	

Although nearly all reported some income from employment during the past year, their total earnings for the year were extremely low. Just over 75 percent reported earnings of less than $5,000, and close to 90 percent reported earnings of less than $10,000.[11] By comparison, 79 percent of the 19-year-olds in the Add Health sample who were employed during the calendar year prior to the year of their third interview, either 2000 or 2001, reported earnings of $10,000 or less.[12]

Table 13. Income from Employment During the Past Year

	#	%
Any income from employment during the past year	66	97.1
Amount of income from employment (among those employed)		
$5,000 or less	50	75.8
$5,001 to $10,000	9	13.6
$10,001 to $25,000	5	7.6
$25,001 to $50,000	2	3.0

[11] These figures do not agree with the data shown in Table 11. Specifically, sixty respondents indicated that they had worked during the past year, while sixty-six reported at least some income from employment.

[12] This comparison is somewhat crude because the two studies used different earnings categories. The Add Health study uses the following categories: less than $10,000; $10,000 to $14,999; $15,000 to $19,999; $20,000 to $29,999; $30,000 to $39,999; $40,000 to $49,999; $50,000 to $74,999; and $75,000 or more.

ECONOMIC HARDSHIPS

Given their limited employment and the low wages of those who were employed, it is not surprising that 59 percent of the young adults in our Iowa sample reported experiencing at least one of the first seven economic hardships listed in Table 14. In general, the young adults in our Iowa sample were more likely to experience economic hardships than 19-year-olds in the Add Health sample.[13]

Table 14. Economic Hardships:
Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample			Add Health Sample	
	N	#	%	#	%
(1) Not enough money to buy clothing	68	14	20.6	-	-
(2) Not enough money to pay rent/mortgage	68	14	20.6	28	5.6
(3) Not enough money to pay utility bill	68	8	11.8	33	6.6
(4) Gas or electricity shut off	68	16	23.5	16	3.2
(5) Phone service disconnected*	68	19	27.9	70	13.9
(6) Evicted	68	7	10.3	4	.8
(7) Sometimes or often not enough food to eat	68	4	5.9	-	-
Mean number of hardships (1) – (7)	68	1.21		-	-
(8) Ever homeless post-discharge**	64	9	18.8	-	-

*Add Health asked if without phone service for any reason.
**The two respondents who were in care were not asked about homelessness.

Two other important indicators of economic hardship are homelessness and housing instability. Although just one of the sixty-six young adults in our Iowa sample who were no longer in care reported that they were currently homeless, 21 percent reported that they had been homeless at least once since they were discharged.[14] In addition, 33 percent reported that their living arrangements had changed more than twice during that period of time.

[13] The Add Health question was more encompassing in that it asked whether the respondent had been without phone service for any reason.
[14] Those still in care were not asked about homelessness.

Indebtedness can also be a sign of economic hardship. As Table 15 shows, 18 percent of the young adults reported that they had borrowed at least $200 from family or friends since the first time they were interviewed, and just over half reported that they had some other form of debt, excluding student loans, auto loans, and mortgages.

Table 15. Indebtedness

	N	#	%
Borrowed at least $200 from family or friends since last interview	68	12	17.6
Any other debt (excluding student loans, auto loans and mortgage)	68	35	51.3
Total amount of debt from other sources		*N* = 34	
$1 - $1,000		20	58.8
$1,001 - $2,500		8	23.5
$2,501 - $5,000		3	8.8
More than $5,000		3	8.8
Any savings/checking account	68	37	54.4

Although money management is an important part of living independently, only 54 percent of the young adults in our Iowa sample reported having a savings or checking account. By comparison, nearly 82 percent of the 19-year-olds in the Add Health sample reported having an account.

Finally, our survey interview included a set of twelve items from the USDA's measure of food security (Bickel, Nord, Price, Hamilton and Cook, 2000). These items and the percentage of young adults in our Iowa sample who responded affirmatively to each are shown in Table 16. Five of the items were responded to affirmatively by more than 20 percent.

Table 16. Food Insecurity

	N	#	%
(1) Got food or borrowed money for food from friends or family	68	20	29.4
(2) Put off paying bill to buy food	68	7	10.3
(3) Received emergency food	68	15	22.1
(4) Received a meal from a soup kitchen	68	7	10.3
(5) Cut size of meals because you could not afford more	68	13	19.1
(6) Did not eat for a whole day because there was not enough money for food	68	9	13.2
(7) Did not eat as much as you thought you should because you did not have enough money for food	68	16	23.5
(8) Hungry but didn't eat because could not afford food	68	9	13.2
(9) Lost weight because didn't have enough food	67	7	10.4
(10) Sometimes or often worried about running out of food because you could not afford more	68	13	19.1
(11) Sometimes or often food didn't last and could not afford more	68	14	20.6
(12) Sometimes or often could not afford to eat balanced meals	68	14	20.6
Mean score on 5-item food security measure			0.97
Categorized as food insecure*	68	17	25.0

*Responded affirmatively to at least two of these five items from the short form of the USDA's food insecurity measure: (5), (6), (7), (11), and (12).

We used five of these items to construct a food security composite score similar to the short form of the USDA's food security measure, and study participants who responded affirmatively to at least two of these five items were categorized as *food insecure*. Overall, one-quarter of the young adults in our Iowa sample were categorized this way.

RECEIPT OF GOVERNMENT BENEFITS

That many of the young adults in our Iowa sample were unable to support themselves is apparent from the percentage who received the various government benefits listed in Table 17. More than half (n = 36) of these young adults had received one or more of the government benefits since their first interview, and one-third (n = 23) were currently receiving one or more.[15] When the two benefits for which there is a prior work requirement (i.e.,

[15] The question about "other welfare payments" was introduced in the following way: "Now I'd like to ask you about other welfare programs such as SSI, general assistance payments, emergency assistance payments, or Cuban/Haitian or Indian assistance payments."

unemployment insurance and workers' compensation) are excluded, nearly half of the young adults in our Iowa sample (*n* = 33) had received one or more need-based government benefits since their first interview and one-third (*n* = 23) were currently receiving one or more.

Table 17. Receipt of Government Benefits

	N	% Ever Received	% Currently Receiving	Add Health Sample % Currently Receiving
Unemployment insurance	68	2.9	0.0	
Workers' compensation	68	4.4	0.0	
Food stamps	68	35.3	26.5	2.8
Public housing/rental assistance	67	9.0	1.5	
Low-income family assistance (TANF)[a]	7	0.0	0.0	22.4
Other welfare payments	68	22.1	8.8	
WIC[b]	6	83.3	66.7	

[a]As a percentage of young adults living with at least one child.
[b]As a percentage of females living with at least one child.

To put some of these figures in perspective, the young adults in our Iowa sample were over nine times more likely to be receiving food stamps than 19-year-olds in the Add Health sample. In contrast, none of the young adults in our Iowa sample who were living with a child were currently receiving TANF compared with 22 percent of their Add Health counterparts.

There were some differences in benefit receipt between the males and females in our Iowa sample. Altogether, 61 percent of the females (*n* = 20) and 46 percent of the males (*n* = 16) had received one or more of the government benefits listed in Table 20 since their first interview, and 42 percent of the females (*n* = 14) and 26 percent of the males (*n* = 9) were currently receiving one or more. When unemployment insurance and workers' compensation are excluded, 54.4 percent of the females (*n* = 18) and 43 percent of the males (*n* = 15) had received one or more of the need-based government benefits since their first interview, and 42

percent of the females (n = 14) and 26 percent of the males (n = 9) were currently receiving one or more.

Table 18. Receipt of Government Benefits by Gender

		Females		Males	
	N	% Ever	% Current	% Ever	% Current
Unemployment insurance	68	2.9	0.0	2.9	0.0
Workers' compensation	68	2.9	0.0	5.9	0.0
Food stamps	68	38.2	26.5	32.4	26.5
Public housing/rental assistance	67	8.8	2.9	8.8	0.0
Low-income family assistance (TANF)[a]	7	0.0	0.0	0.0	0.0
Other welfare payments	68	29.4	11.8	14.7	5.9
WIC[b]	6	14.7	11.8	-	-

[a]As a percentage of young adults living with at least one child.
[b]As a percentage of females living with at least one child.

HEALTH AND MENTAL HEALTH STATUS AND SERVICE UTILIZATION

The young adults in our Iowa sample were asked a series of questions designed to assess their current physical well-being. Because many of these questions were drawn from the National Longitudinal Study of Adolescent Health, we are able to compare their health with the health of the 19-year-olds in the Add Health sample.

Although the vast majority of the young adults in our Iowa sample described their health as good to excellent, 21 percent indicated that health conditions limit their ability to engage in vigorous activity. In this respect, they did not differ much from their Add Health counterparts. Nineteen percent of the young adults in our Iowa sample reported going to the emergency room at least six times during the past 5 years, and 12 percent had experienced more than one hospitalization during that same period of time. Comparable figures for the Add Health sample were 5 percent and 6 percent, respectively.

Table 19. Health Status: Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample *N* = 68		Add Health Sample *N* = 502	
	#	%	#	%
Description of general health				
Excellent	23	33.8	170	33.9
Very good	13	19.1	207	41.2
Good	23	33.8	100	19.9
Fair	7	10.3	21	4.2
Poor	2	2.9	4	0.8
Health limits any vigorous activities				
Not at all limited	54	79.4	387	77.40
Limited a little	9	13.2	93	18.60
Limited a lot	5	7.4	20	4.00
Health limits any moderate activities				
Not at all limited	65	95.6	476	95.01
Limited a little	2	2.9	23	4.59
Limited a lot	1	1.5	2	0.40
Seriousness of worst injury during the past year				
Very minor	25	37.3	-	-
Minor	29	43.3	-	-
Serious	10	14.9	-	-
Very serious	2	3.0	-	-
Extremely serious	1	1.5	-	-
Number of emergency room visits during the past 5 years				
0	20	29.4	200	41.0
1-2	24	35.3	180	36.9
3-5	11	16.2	82	16.8
6-8	5	7.4	12	2.5
9+	8	11.8	14	2.9
Number of hospitalizations during the past 5 years				
0	40	59.7	396	81.5
1	19	28.4	71	14.6
2-3	3	4.5	24	4.9
4-5	0	0.0	4	0.8
6+	5	7.5	1	0.2
Length of time since most recent hospitalization				
Within the past 3 months	8	28.6	11	11.0
4-6 months ago	4	14.3	15	15.0
7-9 months ago	3	10.7	11	11.0
10-12 months ago	3	10.7	9	9.0
More than 1 but less than 2 years ago	1	3.6	22	22.0
At least 2 years ago	9	32.1	32	32.0
Reason for most recent hospitalization				
Illness	4	14.3	27	27.0
Injury or accident	2	7.1	23	23.0
Drug use or emotional problem	7	25.0	4	4.0
Pregnancy-related	6	21.4	40	40.0
Elective surgery	3	10.7	5	5.0
Other	20	29.4	1	1.0

Of the young adults in our Iowa sample who had been hospitalized, almost two-thirds reported that their most recent hospitalization occurred within the past 12 months. Among the Iowa males, 45 percent attributed their most recent hospitalization to drug or emotional problems. By comparison, only 7 percent of 19-year-old males in the Add Health sample attributed their most recent hospitalization to drug or emotional problems. Among Iowa females, 35 percent described their most recent hospitalization as pregnancy-related, whereas drug or emotional problems accounted for only 12 percent. The comparable figures for 19-year-old females in the Add Health sample were 56 percent and 3 percent, respectively.

We also asked these young adults about how frequently they had experienced a variety of health problems during the past year. That so many of these symptoms were experienced at least once a week by a significant minority of these young adults is concerning, and it may be a reflection of the stress associated with the transition to independent living, especially in the absence of sufficient social supports.

Table 20. Frequency of Health Problems During the Past Year

	#	%
Headache		
Never	2	2.9
Just a few times	41	60.3
About once per week	12	17.6
Almost every day	12	17.6
Every day	1	1.5
Stomachache		
Never	9	13.2
Just a few times	40	58.8
About once per week	12	17.6
Almost every day	5	7.4
Every day	2	2.9
Sore throat or cough		
Never	15	22.1
Just a few times	45	66.2
About once per week	3	4.4
Almost every day	3	4.4
Every day	2	2.9

Very tired		
Never	31	45.6
Just a few times	17	25.0
About once per week	9	13.2
Almost every day	8	11.8
Every day	3	4.4
Skin problems		
Never	25	36.8
Just a few times	24	35.3
About once per week	8	11.8
Almost every day	6	8.8
Every day	5	7.4
Muscle or joint aches		
Never	18	26.5
Just a few times	31	45.6
About once per week	7	10.3
Almost every day	6	8.8
Every day	6	8.8
Trouble sleeping		
Never	26	38.2
Just a few times	24	35.3
About once per week	8	11.8
Almost every day	5	7.4
Every day	5	7.4
Trouble relaxing		
Never	28	41.2
Just a few times	20	29.4
About once per week	9	13.2
Almost every day	4	5.9
Every day	7	10.3
Moodiness		
Never	13	19.1
Just a few times	18	26.5
About once per week	19	27.9
Almost every day	10	14.7
Every day	8	11.8
Menstrual cramps (females only)		
Never	13	39.4
Just a few times	11	33.3
About once per week	1	3.0
Almost every day	6	18.2
Every day	2	6.1

Data pertaining to the utilization of mental health services as well as clinical assessments suggest that mental health problems are more prevalent among youth in foster care than among their same-age peers in the general population (Leslie, Landsverk, Ezzet-Lofstrom, Tschann, Slymen, & Garland, 2000). The risk of developing mental health problems may be especially

high for those making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge.[16]

We assessed the mental health of the young adults in our sample using the Composite International Diagnostic Interview (CIDI, World Health Organization, 1998). The CIDI is a highly structured interview designed for use by non-clinicians that generates both lifetime and current (i.e., past 12 months) psychiatric diagnoses according to the criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). The items included in our second interview were taken from the lifetime version of the CIDI.

Thirty-eight percent of the young adults in our Iowa sample met the criteria for at least one of the mental or behavioral health disorders listed in Table 21. The most prevalent were alcohol abuse and substance abuse, post-traumatic stress disorder (PTSD), and substance abuse. However, substance abuse was nearly twice as prevalent among males, whereas PTSD was almost twice as prevalent among females.

Table 21. Lifetime CIDI Diagnoses by Gender

	Total		Male		Female	
	#	%	#	%	#	%
Alcohol dependence	8	11.8	2	5.9	6	17.6
Alcohol abuse	19	27.9	11	32.4	8	23.5
Substance dependence	8	11.8	3	8.8	5	14.7
Substance abuse	15	22.1	10	29.4	5	14.7
Post-traumatic stress disorder (PTSD)	17	25.0	6	17.6	11	32.4
Major depression	11	16.2	6	17.6	5	14.7
Dysthymia	2	2.9	0	0.0	2	5.9
Social phobia	2	2.9	1	2.9	1	2.9
Generalized anxiety disorder	0	0.0	0	0.0	0	0.0

[16] Consistent with this hypothesis, 6 percent of the young adults in our Iowa sample who were no longer in care indicated that they had experienced a psychiatric hospitalization since they were discharged. By comparison, only 3 percent of the 19-year-olds in the Add Health sample reported a psychiatric hospitalization during the past 5 years.

In addition to questions about their physical and mental health, we asked the young adults in our Iowa sample about their health and mental health care service utilization. The results are shown in Table 22. Thirty-eight percent reported that they did not have health insurance (compared with just 21 percent of their Add Health counterparts), and nearly 28 percent reported that they did not get medical care on at least one occasion when they needed it (compared with 17 percent of their Add Health counterparts). Not surprisingly, given their lack of health insurance, the two most commonly cited barriers to getting medical care were being uninsured (n = 9) and not being able to afford it (n = 8).

Table 22. Health and Mental Health Care Service Utilization

	N	#	%	% Add Health Sample
Has health insurance	67	35	62.2	79.2
Medical exam within the past year	68	36	52.9	66.9
Dental exam within the past year	68	41	60.3	65.3
Did not receive needed medical care	68	19	27.9	17.4
Did not receive needed dental care	68	13	19.1	-
Received psychological or emotional counseling	68	19	27.9	9.2
Received substance abuse treatment	68	5	7.4	3.0
Prescribed medication for emotional problems	68	18	26.5	-
Received family planning services[a]	68	9	13.2	
Female	34	6	17.6	
Male	34	3	8.8	

[a]Add Health study participants were asked about their use of birth control, and females were asked if their most recent gynecological exam had been for family planning purposes. However, there was no global question about the receipt of family planning services that was asked of everyone.

The young adults in our Iowa sample were three times more likely to have received counseling and more than twice as likely to have participated in substance abuse treatment in the past year as 19-year-olds in the Add Health sample.

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SEXUAL BEHAVIORS

The young adults in our Iowa sample were asked a series of questions about their sexual behaviors. Because these questions were drawn from the wave 3 Add Health survey

instrument, we can compare their self-reported behaviors with the behaviors reported by a nationally representative sample of 19-year-olds.

The vast majority of both the males and females in our Iowa sample identified themselves as exclusively heterosexual. In this respect, they were very similar to their 19-year-old Add Health counterparts.

Table 23. Sexual Orientation by Gender: Three-State Iowa Sample Compared with Add Health Sample

	Males				Females			
	Three-State Iowa Sample *N* = 34		Add Health Sample *N* = 214		Three-State Iowa Sample *N* = 34		Add Health Sample *N* = 288	
	#	%	#	%	#	%	#	%
100% heterosexual	29	93.5	197	92.1	21	72.4	252	87.5
Mostly heterosexual, but somewhat attracted to people of the same sex	1	3.2	5	2.3	5	17.2	21	7.3
Bisexual	1	3.2	2	0.9	2	6.9	7	2.4
Mostly homosexual, but somewhat attracted to people of the opposite sex	0	0	0	0.0	0	0	3	1.0
100% homosexual	0	0.0	4	1.9	1	3.4	1	0.3
Not sexually attracted to males or females	0	0.0	3	1.4	0	0	1	0.3
Missing	3		3		5		3	

A majority of both the males and females in our Iowa sample reported that they have had sexual intercourse. Although females were more likely to report that they had had sexual intercourse, males were more likely to report that they had used birth control or a condom the last time they had sex. The other notable difference between the males and females in our Iowa sample is that the latter reported having sexual intercourse less frequently during the past year. Importantly, despite the fact that a majority of the males and females who were sexually active reported practicing safe sex both during the past year and the most recent time they had sexual intercourse, a significant minority were engaging in unsafe sexual behaviors that put them at high risk of pregnancy, sexually transmitted diseases (STDs), and HIV/AIDS.

Table 24A. Sexual Behaviors by Gender

	Males			Females		
	N	#	%	*N*	#	%
Ever had sexual intercourse	31	26	83.9	32	30	93.8
Self or partner used birth control during most recent sexual intercourse	24	15	62.5	24	14	58.3
Frequency of birth control use during past year	24			24		
None of the time		4	16.7		7	29.3
Some of the time		2	8.3		4	16.7
Half of the time		3	12.5		1	4.2
Most of the time		6	25.0		4	16,7
All of the time		9	37.5		8	33.3
Self or partner used a condom during the most recent sexual intercourse	24	12	50.0	24	8	33.3
Frequency of condom use during past year	23			24		
None of the time		3	13.0		9	37.5
Some of the time		4	17.4		5	20.8
Half of the time		4	17.4		3	12.5
Most of the time		4	17.4		2	8.3
All of the time		8	34.8		5	20.8
Any sexual partner during the past year had had an STD	23	2	8.7	23	2	8.7
Ever paid by someone to have sex	32	0	0	32	1	3.1
Ever had sex with someone who uses street drugs with a needle	31	1	3.2	31	2	6.5

Table 24B. Sexual Behaviors by Gender

	Males		Females	
	N	Median	*N*	Median
Age at first intercourse	25	16	26	16
Number of lifetime sexual partners	25	3	26	4
Number of sexual partners past year	26	1	27	1
Frequency of intercourse past year	18	32.5	17	21

Table 25 compares the sexual behaviors reported by the young adults in our Iowa sample to those reported by the 19-year-olds in the Add Health sample. Males in our Iowa sample were less likely to report that they had used a condom the last time they had sexual intercourse than males in the Add Health sample, whereas females in the Iowa sample were more likely to

report that they had had sexual intercourse. However, both the males and females in our Iowa sample reported having sexual intercourse less frequently than their Add Health counterparts.

Table 25A. Sexual Behaviors by Gender:
Three State Iowa Sample Compared to Add Health Sample

	Males		Females	
	% Three-State Iowa Sample	% Add Health	% Three-State Iowa Sample	% Add Health
Ever had sexual intercourse	83.9	79.5	93.8	77.9
Self or partner used birth control during most recent sexual intercourse	62.5	66.2	58.3	65.0
Frequency of birth control use during past year				
None of the time	16.7	14.3	29.3	13.4
Some of the time	8.3	10.9	16.7	7.9
Half of the time	12.5	3.4	4.2	8.9
Most of the time	25.0	21.1	16,7	21.8
All of the time	37.5	50.3	33.3	48.0
Self or partner used a condom during the most recent sexual intercourse				
Frequency of condom use during past year	50.0	63.5	33.3	36.9
Frequency with which a condom was used				
None	13.0	14.8	37.5	28.6
Some	17.4	16.1	20.8	17.2
Half	17.4	7.4	12.5	9.4
Most	17.4	26.8	8.3	23.2
All	34.8	34.9	20.8	21.7
Any sexual partner had an STD during the past year	8.7	8.2	8.7	5.6
Ever paid by someone to have sex	0	2.3	3.1	1.7
Ever had sex with someone who uses street drugs with a needle	3.2	2.4	6.5	1.7

Table 25B. Sexual Behaviors by Gender:
Three State Iowa Sample Compared to Add Health Sample

	Males				Females			
	N	Median	*N*	Median	*N*	Median	*N*	Median
Age at first intercourse	25	16	164	16	26	16	221	16
Number of lifetime sexual partners	25	3	164	3	26	4	221	3
Number of sexual partners past year	26	1	166	1	27	1	220	1
Frequency of intercourse past year	18	32.5	141	20	17	21	172	30

PREGNANCY

Nearly one-third of the females in our Iowa sample reported becoming pregnant since their last interview, and close to one-third of those who became pregnant did so more than once. In fact, by the time of their second interview, or approximately 19 years of age, 38 percent of the females in our Iowa sample reported that they had been pregnant at least once. By comparison, 20 percent of 19-year-old females in the national Add Health sample reported that they had had at least one pregnancy.

Table 26. Pregnancy History

	N	#	%
Ever pregnant	34	13	38.2
Pregnant since last interview	29	9	31.0
Number of pregnancies since first interview	9		
One		8	88.9
Two or more		1	11.1
Received prenatal/postpartum care	9	7	77.8
Was using birth control at time of conception	9	2	22.2
Wanted to get pregnant by partner	9	3	33.3
Wanted to marry partner	8	5	62.5
Outcome of pregnancy	9		
Still pregnant		2	22.2
A live birth		5	55.6
Stillbirth or miscarriage		1	11.1
Abortion		1	11.1

MARRIAGE AND COHABITATION

Although very few of the young adults in our Iowa sample were married, nearly one in five was living with a partner in a marriage-like relationship. In fact, more than 25 percent of the females were married or cohabiting compared with 20.5 percent of their same age peers in the Add Health sample.

Table 27. Percentage Married or Cohabiting by Gender: Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample			Add Health Sample		
	All	Female	Male	All	Female	Male
Married	1.5	2.9	0	5.0	7.3	1.9
Cohabiting	19.1	23.5	14.7	10.6	13.2	7.0
Either married or cohabiting	20.6	26.5	14.7	15.6	20.5	8.9

PARENTHOOD

Eighteen percent of the young adults in our Iowa sample reported that they had at least one child compared with just 10 percent of the 19-year-olds in the Add Health sample. However, 19-year-olds in the Add Health sample were more likely to be living with their child if they were a parent. Although there was no gender difference in the likelihood that the young adults in our sample reported having children, females were more likely to report that one or more of their children were living with them.

Table 28. Parenthood by Gender: Three-State Sample Compared with Add Health Sample

	Percentage Who Have Children		Percentage Living with Their Children	
	Three-State Iowa Sample	Add Health Sample	Three-State Iowa Sample	Add Health Sample
All	17.6	9.8	58.3	77.6
Females	17.6	12.2	83.3	94.3
Males	17.6	6.5	33.3	35.7

Altogether, the twelve young adults in our Iowa sample who reported that they had at least one child were the parents of fourteen children. Fifty percent of these children were currently living with the young adults in our sample compared with 80 percent of children whose parents were in the Add Health sample of 19-year-olds.

Table 29. Living Arrangements of Children

Number of children	14	
	#	%
Children currently living with study participants	7	50.0
Children not living with study participants	7	50.0

DELINQUENCY AND VIOLENT BEHAVIOR

We incorporated a series of items from the wave 3 Add Health survey instrument to measure delinquent and violent behaviors among the young adults in our Iowa sample and to compare their behaviors with the behaviors reported by the nationally representative sample of 19-year-olds in the Add Health study. We also asked a number of questions dealing with arrest, conviction, and incarceration to assess criminal justice system involvement.

The two most commonly reported delinquent behaviors were selling marijuana or other drugs and deliberately damaging someone else's property. However, males in our Iowa sample were more likely to report engaging in these behaviors as well as the other delinquent behaviors about which they were asked as females.

Table 30. Delinquent Behaviors During the Past 12 Months by Gender

	Total		Male		Female	
	#	%	#	%	#	%
Deliberately damaged someone else's property	15	23.8	10	31.3	5	16.1
Stole something worth more than $50	4	6.3	2	6.3	2	6.5
Went into a house or building to steal something	1	1.6	1	3.1	0	0.0
Used or threatened to use a weapon to get something from someone	0	0.0	0	0.0	0	0.0
Sold marijuana or other drugs	16	25.4	10	31.3	6	19.4
Stole something worth less than $50	10	16.1	8	25.0	2	6.7
Took part in a gang fight	7	11.3	6	18.6	1	3.3
Bought, sold, or held stolen property	7	11.1	4	12.5	3	9.7
Used someone else's credit, bank or automated teller card without their permission or knowledge	2	3.2	2	6.3	0	0.0
Deliberately wrote a bad check	5	3.8	3	9.4	2	6.5
Used a weapon in a fight	2	3.2	2	6.3	0	0.0
Carried a handgun at school or work	1	1.6	1	3.1	0	0.0
Belonged to a named gang	11	17.5	7	21.9	4	12.9
Owned a handgun	2	3.2	1	3.1	1	3.2
Injured self so badly in a fight that medical treatment was required	5	7.9	4	12.5	1	3.2
Hurt someone so badly in a fight that medical treatment was required	6	9.7	6	18.8	0	0.0

Although there were differences between the delinquency rates reported by males and females in our Iowa sample and the delinquency rates reported by males and females in the Add Health sample, they were not consistently in one direction. However, regardless of gender, the largest difference was in the percentage who reported selling drugs. Both the males and females in our Iowa sample were more likely to report that they had sold drugs than their Add Health counterparts.

Table 31. Delinquent Behaviors by Gender:
Three-State Iowa Sample Compared with Add Health Sample

	Males				Females			
	Three-State Iowa Sample		Add Health Sample		Three-State Iowa Sample		Add Health Sample	
			N = 214				*N* = 288	
	#	%	#	%	#	%	#	%
Delinquent and Violent Behaviors								
Deliberately damaged someone else's property	10	31.3	45	21.0	5	16.1	16	5.6
Stole something worth more than $50	2	6.3	20	9.3	2	6.5	6	2.1
Went into a house or building to steal something	1	3.1	15	7.0	0	0.0	2	0.7
Used or threatened to use a weapon to get something from someone	0	0.0	9	4.2	0	0.0	3	1.0
Sold marijuana or other drugs	10	31.3	34	15.9	6	19.4	18	6.3
Stole something worth less than $50	8	25.0	35	16.4	2	6.7	18	6.3
Took part in a gang fight	6	18.6	43	20.1	1	3.3	16	3.2
Bought, sold, or held stolen property	4	12.5	28	13.1	3	9.7	5	1.7
Used someone else's credit, bank, or automated teller card without their permission or knowledge	2	6.3	4	1.9	0	0.0	3	1.0
Deliberately wrote a bad check	3	9.4	9	4.2	2	6.5	8	2.8
Used a weapon in a fight	2	6.3	17	7.9	0	0.0	3	4.0
Carried a handgun at school or work	1	3.1	5	2.3	0	0.0	0	0
Belonged to a named gang	7	21.9	37	17.3	4	12.9	44	15.3
Owned a handgun	1	3.1	27	12.6	1	3.2	16	5.6
Injured self so badly in a fight that medical treatment was required	4	12.5	21	9.8	1	3.2	7	2.4
Hurt someone so badly in a fight that medical treatment was required	6	18.8	38	17.8	0	0.0	6	2.1

The most common form of victimization reported by the young adults in our Iowa sample was having a gun pulled on them. Males reported higher rates of victimization than females and were also more likely to report that they had perpetrated a violent act against someone else.

Table 32. Victimization and Perpetration of Violent Acts During the Past 12 Months by Gender

	Total		Male		Female	
	#	%	#	%	#	%
Victimization						
(1) Saw someone being shot or stabbed	5	7.9	3	9.4	2	6.5
(2) Someone pulled a knife on the young adult	2	3.2	2	6.3	0	0.0
(3) Someone pulled a gun on the young adult	8	12.7	5	15.6	3	9.7
(4) Shot by someone	1	1.6	1	3.1	0	0.0
(5) Cut or stabbed by someone	2	3.2	1	3.1	1	3.2
(6) Beaten up with nothing stolen	4	6.3	3	9.4	1	3.2
(7) Beaten up and belongings stolen	2	3.2	2	6.3	0	0.0
Experienced any victimization (2) – (7)						
Perpetration						
Pulled a knife or gun on someone	3	4.8	3	9.4	0	0.0
Shot or stabbed someone	2	3.2	2	6.3	0	0.0

Like the rates of delinquent behaviors, some types of victimization were reported by a higher percentage of the males in our Iowa sample, whereas others were reported by a higher percentage of males in the Add Health sample. This was not the case among the females. Reported rates of victimization were consistently higher among the females in our Iowa sample. However, the males in our Iowa sample were more likely to report that they had perpetrated a violent act against someone else than were their Add Health counterparts.

Table 33. Victimization and Perpetration of Violent Acts by Gender: Three-State Iowa Sample Compared with Add Health Sample

	Males				Females			
	Three-State Iowa Sample *N* = 258		Add Health Sample *N* = 214		Three-State Iowa Sample *N* = 319		Add Health Sample *N* = 288	
	#	%	#	%	#	%	#	%
Victimization								
(1) Saw someone being shot or stabbed	3	9.4	22	10.3	2	6.5	9	3.1
(2) Someone pulled a knife on young adult	2	6.3	22	10.3	0	0	8	2.8
(3) Someone pulled a gun on young adult	5	15.6	25	11.7	3	9.7	5	1.7
(4) Shot by someone	1	3.1	3	1.4	0	0	0	0
(5) Cut or stabbed by someone	1	3.1	7	3.3	1	3.2	2	0.7
(6) Beaten up with nothing stolen	3	9.4	13	6.1	1	3.2	7	2.4
(7) Beaten up and belongings stolen	2	6.3	4	1.9	0	0.0	1	0.3
Experienced any victimization (2) – (7)			39	18.2			15	5.2
Perpetration								
Pulled a knife or gun on someone	3	9.4	7	3.3	0	0	1	0.3
Shot or stabbed someone	2	6.3	4	1.9	0	0	0	0

Overall, the young adults in our Iowa sample reported a high level of criminal justice system involvement, but males were more likely to report criminal justice system involvement than their female counterparts.

Table 34. Arrest, Conviction, and Incarceration by Gender

	Total		Males		Females	
	#	%	#	%	#	%
Arrested since last interview	16	23.5	11	32.4	5	14.7
Convicted of a crime since last interview	10	16.4	9	29.0	1	3.2
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility since last interview	9	14.8	9	30.0	0	0.0

Although the Add Health study used a different set of questions to measure criminal justice involvement, a crude comparison suggests that the males in our Iowa sample were involved with the criminal justice system at much higher rates than their Add Health counterparts.

Table 35. Percentage Arrested, Convicted, and Incarcerated: Three-State Iowa Sample Compared with Add Health Sample

Three-State Iowa Sample			Add Health Sample		
	Males	Females		Males	Females
Arrested since last interview	32.4	14.7	Ever arrested	14.5	3.1
			Arrested since age 18	1.9	1.0
Convicted of a crime since last interview	29.0	3.2	Convicted or pled guilty in juvenile court	7.5	0.3
			Convicted or pled guilty in adult court	6.1	1.0
Spent at least one night in a jail, prison, juvenile hall or other correctional facility since last interview	30.0	0.0	Sentenced to probation or juvenile detention by juvenile court	5.5	0.0
			Sentenced to probation, jail or prison by adult court	3.8	0.3

DISCONNECTED YOUTH

Increasing attention has been paid in recent years to so-called "disconnected" youth. Although terms and definitions vary, the term is generally used to refer to youth who are out of school and out of work (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy, Oldham, Zanghi, Ansell, Correia, & Copeland, 2001; Sum, Khatiwada, Pond, Trub'skyy, Fogg, & Palma, 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).[17] Some definitions have included youth who are homeless, incarcerated, or otherwise institutionalized (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003). One group that has been identified as being at particular risk of being disconnected is youth aging out of foster care (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).

We applied this concept of "disconnectedness" to the participants in our study and began with a very basic definition. Participants were categorized as disconnected if they were neither in

[17] For example, Haveman and Wolfe (1994) talk about "economically inactive" youth.

school nor employed at the time of their second interview. We then broadened our definition to include (1) those who were homeless, (2) those who were incarcerated, and (3) those who were homeless or incarcerated. One possible objection to these definitions is that young people could be out of school and out of work because they are the parent and primary caregiver of a young child. To address this possibility, we modified our definition of *disconnected* to exclude study participants who were parenting. Table 43 shows the percentage of young adults in our sample who would be categorized as disconnected according to each of these definitions.

Table 36. Disconnectedness at Age 19:
Three-State Iowa Sample Compared with Add Health Sample

	Three-State Iowa Sample		Add Health Sample*	
	#	%	#	%
Not in school and not employed	25	36.8	60	12.3
Not in school, not employed, and not parenting	21	30.9	49	10.0
Not in school and not employed *or* homeless *or* incarcerated	26	38.2		
Not in school, not employed, not parenting *or* homeless *or* incarcerated	22	32.4		

*Add Health figures do not exclude those currently enrolled in a vocational training program.

Using the basic definition (i.e., not employed and not in school), 37 percent of the young adults in our Iowa sample would be categorized as disconnected. When parents are not counted as disconnected, that figure falls to 31 percent. To put these figures in perspective, we applied two of our definitions to the 19-year-olds in the Add Health sample. The young adults in our Iowa sample were three times as likely to be categorized as "disconnected" regardless of which definition was used.

SUMMARY AND NEXT STEPS

In summary, Iowa youth making the transition to adulthood from foster care are faring worse than their same-age peers, in many cases much worse, across a number of domains of functioning. They approach the age of majority with significant educational deficits and

relatively few of them appear to be on a path that will provide them with the skills necessary to succeed in today's economy. They are less likely to be employed than their peers, and earnings from employment provide few of them with the means to make ends meet. This is reflected in the economic hardships many of them face and the need that many of them have for government assistance. A large number continue to struggle with health and mental health problems, and too many of them already have children of their own.

Despite these difficulties, the young adults in our Iowa sample also have notable strengths. Some are attending college and others have stable employment and living situations. Most have strong ties to family, as evidenced by the closeness they feel toward family members and the fact that many were living with members of their family after leaving care. Others continue to live with their former foster parents, one indication of the ongoing support many of them receive from adults they met through the child welfare system. They also perceive generally high levels of social support.

Nevertheless, in light of the many challenges these young adults face, one has to question the advisability of state policies that do not give youth the option of remaining under the care and supervision of the child welfare system past age 18. Allowing them to remain in care could increase their ability to benefit from independent living services, pursue post-secondary education, and maintain stable housing. It could provide access to health and mental health care services or to other supports that they need. It might also confer other advantages, such as lowering the risk of economic hardship and criminal justice system involvement.

It is still too early in our analyses to say much about how remaining in care might confer these advantages. In any case, our findings call into question the wisdom of federal and state policies that result in foster youth being discharged from care at or shortly after their eighteenth birthday.

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