Stopping the Cycle of Child Abuse and Neglect: A Call to Action to Focus on Pregnant and Parenting Youth in and Aging Out of the Foster Care System

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Abstract

Each year, a significant number of adolescents become pregnant in the United States, with more than half of these pregnancies resulting in live births. Adolescent parenting is associated with poor outcomes, including increased risk of child maltreatment. Youth “aging out” of the foster care system may be at greater risk of maltreating their children due to their experiences of child maltreatment, a lack of social support and little preparation for parenthood. This paper examines current programs and policies targeting pregnant and parenting youth “aging out” and presents a research and policy agenda that focuses on pregnancy prevention and positive parenting.

Key words: youth aging out, pregnancy and parenting, intergenerational transmission of child abuse
Stopping the Cycle of Child Abuse and Neglect: A Call to Action to Focus on Pregnant and Parenting Youth Aging Out of the Foster Care System

Each year, approximately 750,000 adolescents age 15-19 become pregnant in the United States, with more than half of those pregnancies resulting in live births (CDC, 2011; Guttmacher Institute, 2010). Adolescent and early pregnancy and parenting are associated with a variety of poor outcomes for adolescent parents and their children including low educational attainment, decreased financial stability in adulthood, and increased risk of child abuse and neglect (Barnet, Arroyo, Devoe, & Duggan, 2004; Coley & Chase-Landsdale, 1998; Corcoran, 1998). Over the past several decades, a great deal of research and attention has been placed on evaluating the risks related to and efforts to prevent teen pregnancy; however, very little is known about the prevalence of pregnancy and long-term parenting outcomes among youth in and from the foster care system. This is of great concern as studies have shown that parents with a history of child maltreatment may be more likely to abuse and/or neglect their own children (Belsky, 1993; Egeland, Jacobvitz, & Sroufe, 1988; Kim, 2009; Pears & Capaldi, 2001).

A third of the approximately 460,000 children in the foster care system are between the ages of 13 and 18, and an estimated 28,000-29,000 youth age out of the foster care system each year (U.S. DHHS, 2012). Recent estimates have placed adolescents in the foster care system at an elevated risk for pregnancy, with over 50% of youth in foster care having been pregnant at least once before the age of 19, compared with 27% of the general population (Courtney & Dworsky, 2006; Dworsky & Courtney, 2010). Becoming pregnant or a parent while in the foster care system can exacerbate the multiple existing challenges faced by youth in and aging out of the foster care system.
This paper looks at two related and often overlapping groups: youth in foster care and youth aging out of foster care. Youth in foster care are individuals at least age 13 who are in the child welfare system. As aging out is often conceptualized as a process and not a specific event, for the purpose of this paper, youth aging out is defined as youth in foster care with emancipation as their goal as well as those who are in the process of becoming independent after recently leaving care. The needs of youth in foster care and of those aging out are often very similar. As will be evident later, the distinction between the groups may not be incredibly relevant when discussing pregnancy and parenting in these groups as the issues are practically identical.

This paper has three overarching aims: (1) to present information about how a history of foster care and child maltreatment may impact the risk of intergenerational child abuse and neglect among youth aging out; (2) to describe existing programs and policies targeting youth aging out and youth aging out who may be pregnant and/or parenting; and (3) to propose a research and policy agenda that focuses on improved pregnancy prevention and parenting programs for youth in and aging out of the foster care system in an effort to prevent the intergenerational transmission of child abuse and neglect.

Risks Associated with Adolescent Pregnancy and Parenting

In order to have a better understanding of the challenges faced by youth in and aging out of the foster care system who may be pregnant or parenting, it is first important to examine the potential negative consequences associated with adolescent pregnancy and parenting. Adolescent pregnancy and parenting are associated with a number of potential challenges, such as truncated educational achievement, oftentimes leading to lower paying, lower skilled jobs, and higher rates of poverty and welfare dependency even into their 20s (Maynard, 2008). Additionally, adolescent parents are at heightened risk of single parenthood and larger families (Corcoran,
With regard to health outcomes, young mothers tend to give birth to babies who have low birth weight and who are premature and small for gestational age (Fraser, Brockert, Ward, 1995).

Adolescent pregnancy and parenting has been shown to be a significant risk for child maltreatment. Studies show that adolescent mothers are more likely to exhibit abusive or neglectful parenting behaviors (Stevens-Simon, Nelligan, & Kelly, 2001; Whitson, Martinez, Ayala, & Kaufman, 2011). Some estimates place children of adolescent mothers at twice as likely to be maltreated as children of older mothers (Stevens-Simon, et al, 2001). Although it may be difficult to identify the cause, several factors have been linked to the relationship between early parenting and child maltreatment. Young parents may lack the cognitive functioning that helps them to identify their child’s needs as well as the knowledge about child development resulting in inappropriate expectations of the child (Bavolek & Keene, 1999).

Young parents are more likely to be single parents and unmarried, exposed to poverty and have fewer supports (Lee & George, 1999). Teen parents are more likely to be unemployed, have lower incomes, and lower levels of education (Afifi, 2007). In a study comparing maltreating and non-maltreating adolescents, Zuravin and Diblasio (1996) found that maltreating mothers were more likely to experience emotional problems, have a preference of being alone during childhood, and live with a family who has received social assistance. They also found that the adolescents who maltreated their children were less likely to have had a positive attachment to a primary caregiver have been sexually abused, and resided with different caregivers (Zuravin & Diblasio, 1996). Teen childbearing results in over 2 billion dollars in additional child welfare costs each year when incidences of child maltreatment are investigated and children are placed in foster care (Bilchik & Wilson-Simmons, 2010). Unfortunately, little is known about the influence of the father on outcomes among pregnant and parenting adolescents because the
majority of the studies conducted among this group are with mothers and do not include fathers and do not have information regarding father involvement.

As adolescent pregnancy continues to be a high priority for practitioners and health officials nationwide, various prevention programs and strategies have been developed and evaluated among this population. For example, the CDC is partnering with federal officials to reduce teenage pregnancy and address disparities in teen pregnancy and birth rates (CDC, 2013). Between 2010 and 2015, The Office of Adolescent Health (OAH) is providing funding and support to various agencies across the country to develop and deliver evidence-based (EBP) and innovative programs to reduce adolescent pregnancy. In addition to reducing teen pregnancy rates and increasing access to EBPs, the CDC aims to increase linkages between such programs and community based services and agencies and educate stakeholders about effective programs and strategies.

Several hundred programs are being delivered in community agencies, churches, medical facilities, and schools across the country. Current programs can be categorized into three groups: (1) sex education, (2) youth development, and (3) service learning programs (Harris & Allgood, 2009; Manlove, Franzetta, McKinney, Papillo, & Terry-Humen, 2004). These programs include abstinence-only curriculums as well as programs whose goals are to reduce sexual behavior and build skills related to decision making. Sex education programs aim to reduce or delay sexual activity among adolescents and generally include information about pregnancy, contraception, and sexually transmitted infections (Harris & Allgood, 2009). Youth development programs promote life skill building and increasing life options for youth as a means of reducing pregnancies and changing youths’ attitudes toward sexual activity. For example, many of these types of programs highlight post-secondary education and job training. Service learning
programs are described as curriculum-based community service with classroom learning. Service learning pregnancy prevention programs focus on youths’ reflection, decision making and self-awareness (Harris & Allgood, 2009). Kirby (2001, 2002) has established a list of effective characteristics among curriculum-based programs designed to reduce adolescent pregnancy that have been evaluated and shown to improve the use of contraception, increase the age of first sexual encounter, and reduce teen pregnancy. For example, effective programs provide basic, not detailed information about contraception and unprotected sex and reflect the age and culture of the youth participating, and uses a specific focus on behavior related to sexual activity (Harris & Allgood, 2009). There is also a list of evidenced based programs available which include the Child Trends List (Manlove, et al., 2001, 2002), the PASHA List (Program Archive on Sexuality, Health, and Adolescence, 2013), and the Kirby List (Kirby, 2001, 2002).

**Cycle of Child Maltreatment**

Parental experience of child maltreatment is a major risk factor associated with child abuse and neglect (Belsky, 1993; Kim, 2009; Pears & Capaldi, 2001). Youth aging out of the foster care system who have experienced child abuse and neglect may be at greater risk of abusing or neglecting their own children. Research has found support for the hypothesis of intergenerational transmission of child abuse (ITCA) which postulates a cycle of child maltreatment among parents who were maltreated themselves (Berlin, Appleyard, & Dodge, 2011; Kim, 2009; Pears & Capaldi, 2001; Li, Godinet, & Arnsberger, 2011). Kim (2009) used nationally representative data from the National Longitudinal Study of Adolescent Health (ADD Health) to test the hypothesis of ITCA with specific types of abuse. Findings indicate support for the ITCA hypothesis in that parents (both mothers and/or fathers) who report being physically abused in their childhood were five times more likely to report physically abusing their own
children and 1.4 times more likely to report neglecting their children. Parents reporting being neglected as children were 2.6 times more likely to report neglectful parenting and were 2 times more likely to report being physically abusive as compared with those with no history of abuse.

Pears and Capaldi (2001) examined ITCA in a longitudinal study of 109 male participants from the Oregon Youth Study and found that parents (mothers and/or fathers) reporting experience of childhood abuse were significantly more likely to abuse their own children. Unfortunately, this study did not differentiate between mothers and fathers; it only indicated whether abuse was present at all with at least one parent. Li and colleagues (2011) found that mothers with a history of child maltreatment were 2.26 times more likely to be reported for maltreatment of their own children than those without a history of child maltreatment. This study also identified education, marriage, and high levels of social support as protective factors against child maltreatment. Bert, Guner, and Lanzi (2009) examined the influence of maternal history of abuse on parenting knowledge and behavior. In addition to supporting previous studies on ITCA, this study’s findings indicate that the type of childhood environment (low versus high resource) can also impact future parenting behavior.

Dixon, Browne, and Hamilton-Giachritsis (2009) conducted a study in England with 4351 families investigated for child maltreatment. One hundred and thirty five reported a history of physical or sexual abuse during their childhood. Of those 135, 6.7% went on to maltreat their own children during the first 13 months. Of those parents who did not report a history of child maltreatment during childhood, only 0.4% maltreated their children with the first 13 months. The authors did not differentiate between mothers and fathers reporting a history of abuse or as the perpetrator of abuse. In addition, those continuing the cycle of abuse reported much higher incidences of risk factors of financial problems, young maternal age, and single parenthood.
Egeland, Jacobvitz, and Sroufe (1988) examined the factors associated with mothers who broke the cycle of abuse and those who perpetuated the abuse. The mothers in the sample had an average age of 20; 86% indicated their current pregnancy was unplanned; 80% were White, and 40% had not finished high school. They found that those who broke the cycle tended to be significantly more likely to have emotional support, have been in therapy, and have a more “stable, emotionally supportive and satisfying relationship with a mate” (Egeland, et al, 1988, p. 1080). Women who abused their children reported significantly more stressful life events and were more anxious, dependent, immature and depressed.

In a large longitudinal study, Berlin, Appleyard, & Dodge (2011) found that mothers’ childhood experience of physical abuse, but not neglect predicted child maltreatment with their offspring. This relationship was mediated by the mothers’ social isolation and aggressive behavioral bias. Mothers’ aggressive behavioral response was measured by showing them “provocative scenarios with ambiguous social cues from another adult” (p.166), such as being cut off in traffic and asking how they might react. In another study with a group of mothers with a history of child abuse, the presence of community violence and lower authoritarian parenting attitudes were associated with the intergenerational continuity of child maltreatment (Valentino, Nuttall, Comas, Borkowski, & Akai, 2011).

Extensive research on the intergenerational transmission of child abuse with families and community samples has yielded varying conclusions related to the hypothesis that parents who report having been abused themselves are at a higher risk of abusing their own children; the lack of consistent findings can be explained by methodological flaws. Criticisms of these studies suggest that samples are too small, consist mostly of high-risk participants (such as families in poverty and those who are already involved with the child welfare system), typically focus
exclusively on mothers and do not adequately define child maltreatment outcomes (Kim, 2009). Despite the limitations of these studies, overall more recent, robust research has generally shown a strong relationship between parental history of child maltreatment and child abuse and neglect with their own children. Few, if any studies examining the intergenerational transmission of child maltreatment among children and youth who have been in foster care exist and there is a lack of documentation of child welfare system involvement among children of parents who were in foster care at some time.

**Youth in and Aging out of the Foster Care System**

There are an estimated 460,000 children in the foster care system as a result of child maltreatment and other instances such as a parent’s inability to effectively control their child’s behavior (U.S. DHHS, 2012). Thirty-three percent are between the ages of 13 and 18. Given what already is known about the risks associated with the experience of child maltreatment, individuals who have been in the foster care system may be at higher risk of maltreating their children as parents. In addition, this risk may be exacerbated by the instability, inconsistency, and isolation often experienced by youth in foster care.

Approximately 28,000 youth “age out” of the foster care system in the United States each year (U.S. DHHS, 2012). Once youth in foster care reach the age of majority, they are expected to live independently with little support from the state, family or community. Scholars have noted that transitioning to adulthood with little support is inconsistent with the current social norms for young adults who are increasingly relying on their parents for support and have argued for the state to continue the role of a good parent during the extended transition to adulthood (e.g. Courtney, 2010; Courtney & Heuring, 2005). Fortunately, state policy makers increasingly are recognizing the needs of this population and extending the option for care until the age of 21.
The transition to adulthood is a period in life of heightened stress and uncertainty that includes critical decision making related to relationships and career. This period is generally more difficult for youth in foster care than their peers who have not been in foster care because of their experiences involving traumatic events, emotional and social instability and the lack of preparation for the transition (Munson & McMillen, 2009; Packard, Delgado, Fellmeth, & McCready, 2008; Pecora, et al, 2006).

Studies have repeatedly shown that youth transitioning into adulthood from the foster care system experience significant difficulties in adjusting to living on their own. (For a review of previous research see Courtney & Hughes-Huering, 2005). They have overall poorer outcomes than those who have never been in foster care in the domains of employment, housing, education, justice system involvement, mental health, substances use, physical health, and early parenting (Courtney & Dworsky, 2006; Courtney, et al., 2011; Reilly, 2003). One of the few longitudinal studies conducted with youth in foster care aging out is the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), which is now in its fifth wave of data collection, involved 732 (at baseline) in-person interviews with youth age 17-18 (now age 26) to describe outcomes in areas such as social support, relationships, pregnancy, education, health and mental health, and receipt of government benefits.

Youth aging out are often ill-prepared to live on their own and financially support themselves (Courtney & Dworsky, 2006). Many youth aging out face challenges securing and maintaining employment (Courtney & Dworsky, 2006; Pecora et al, 2006), and those who find employment typically earn an income placing them well below the poverty line (Courtney, et al., 2001; Dworsky & Courtney, 2006; Goerge, et al., 2002). Within the first years of leaving care, studies have found that approximately one in five youth experience homelessness (Daining &
DePanfilis, 2007; Pecora, et al., 2006; Reilly, 2003). Youth in foster care graduate from high school at a lower rate, have higher rates of receiving GEDs, and lower college enrollment and graduation rates (Courtney et al, 2001; Pecora, et al., 2006; Dworsky & Perez, 2010). Youth aging out report their health less favorably than their peers and cite not receiving necessary medical care (Courtney & Dworsky, 2006; Reilly, 2003). The prevalence of mental health and substance use issues is significant among youth aging out, and like with medical care, after leaving the system, youth aging out may not have access to treatment for mental health and substance use problems (Kushel, Yen, Gee, & Courtney, 2007).

During the time of transition to adulthood, many youth aging out struggle with the responsibilities associated with newfound independence. The struggles are not only surrounding material hardships, but also with personal relationships and support. The self-reliance of youth aging out can be seen as part of their resilience; however it may be counterproductive to forming personal relationships that may be beneficial (Samuels & Pryce, 2008). In a qualitative study of youth aging out, youth—many of whom were unemployed, insecurely housed and had no secondary education—reported that their greatest challenge was relationships with their family, romantic partners, and parents of their children (Goodkind, et al., 2011).

**Sexual Behavior, Sex Education, and Reproductive Health among Youth in Foster Care**

Although, youth in foster care are similar to their peers with regard to median age at which they first had sexual intercourse and number of partners, youth in foster care have been shown to engage in risky sexual behavior such as unprotected sex and inconsistent contraceptive use more than youth who have not been in the foster care system (Courtney, Dworsky, Lee, & Raap, 2010; Love, McIntosh, Rosst, & Tertzakian, 2005; Child Trends, 2011; Stott, 2012). It has also been shown that half of females (49%) who were ever in the foster care system reported
experiencing forced sex (Child Trends, 2011) and former female foster youth were more likely than their peers in the ADD Health Study to have been paid by someone to have sex (Courtney, et al, 2010).

Many youth receive information about sex, contraception, and sexually transmitted diseases/infections at school in sex education classes and from parents or caregivers at home. Youth in foster care, however, may experience difficulties in accessing information about these topics due to placement instability and frequent changes in caregivers and schools (Constantine, Jerman, & Constantine, 2009). A study conducted by The Ulrich Children’s Advantage Network (UCAN) in collaboration with The National Campaign to Prevent Teen and Unplanned Pregnancy (National Campaign) with youth in foster care, foster parents, and service providers, found youth in foster care faced a lot of pressure to have sex, and that although many youth were able to get information about contraception, they reported that it was often too late or too little. Youth also stated wanting to talk to foster parents about sex, but for a variety of reasons - such as a fear of negative consequences for admitting to being sexually active, feeling embarrassed and feeling uncomfortable - were not able to (Love, et al, 2005). Constantine, et al (2009) explored the reasons youth in foster care may not discuss sexuality issues with foster parents and discovered that although youth wanted to talk about sex, they worried about negative consequences if they suggested they were sexually active and waited for the foster parent to bring it up. In the same study, only 23% of child welfare workers reported ‘often’ discussing preventing sexual transmitted diseases (STDs) and pregnancy with males (rather than sometimes, occasionally or never) and 34% reported discussing this with females. This suggests that the majority of youth in foster care do not have the opportunity to seek information and advice. It
may be even more difficult for youth to have conversations about sex if the professionals they are working with are of the opposite sex.

There is little known about youths’ access and utilization of preventive care as it relates to reproductive health (e.g. well woman exams, breast exams, and STI screenings). Although variation exists across states, youth in foster care are eligible to receive services from community family planning clinics and are covered by Medicaid for reproductive preventive health services and contraceptives. However, youth may not have access to these services due to issues related to transportation, lack of knowledge of location, availability, and support from child welfare workers or caregivers. A new study conducted by Dworsky, Aherns, and Courtney (2012) that examines the effect of the Affordable Care Act (ACA) on health insurance among young women who have aged out of foster care reveals that young women are more likely to have health insurance if they remain in foster care until they are 21 and that women who would most likely not carry insurance after they leave care are eligible for Medicaid coverage under the ACA (Dworsky et al, 2012).

**Pregnancy and Parenting Experiences among Youth in and Aging Out of Foster Care**

The precise number of pregnancies among youth in and aging out of the foster care system is largely unknown. Although the United States has the highest rate of adolescent pregnancy among developed countries (CDC, 2012), there are a number of studies reporting an even higher rate among youth in and aging out of foster care than their same age peers. For example, findings from The Casey National Alumni Study indicated double the rate of pregnancy among youth in foster care in their sample than in the general population (Pecora, et al., 2003). A study conducted with approximately half of New York City’s female youth in foster care revealed that 1 in 6 were mothers or were pregnant (Gotbaum, 2005). The Utah Department
of Health Services conducted a study over 5 years with youth age 18-24 who had left foster care. Their findings indicated that these young adults had three times the birth rate of young adults in this age group in Utah and that 32% had at least one child (Utah Department of Human Services, 2004). A recent study in Arizona with youth in foster care age 18-21 found that 31% of youth in the sample exhibited risky sexual behavior and 54% had been pregnant (Stott, 2012). The Midwest Study found youth aging out have higher rates of adolescent pregnancy (51%) before the age of 19 and repeat pregnancies (46%) of those who reported ever being pregnant when compared with youth in the general population (20%, 34%) (Dworsky & Courtney, 2010). By the time foster care alumni reach the age of 23/24, over 77% of females reported ever being pregnant. Forty-two percent reported being pregnant over 3 times (Courtney, et al., 2010). Approximately 60% of males reported getting someone pregnant by the age of 24. Two-thirds of women and about ½ of men had at least one child by this time (Courtney, et al., 2010). Although nearly all of the children of youth in the study were living with at least one of their parents (mostly mothers), 17% of the females reported having a child that was not living with them (Courtney et al., 2010). A survey of over 100 youth in Nevada who aged out in the prior 6 months found that 38% had children (Reilly, 2003). Another study found that 59% of foster care alumni (71% females and 59% males) had parented a child within the first year of leaving care (Daining & DePanfilis, 2007).

There is a lack of information about the experiences and outcomes of pregnant and parenting youth in and aging out of foster care. Budd, Holdsworth, and Hogan-Bruen (2006) examined variables associated with short-term outcomes with a small sample of adolescent mothers in the foster care system. Findings indicate that parenting variables such as childrearing beliefs, quality of parent-child interactions and child abuse risk predicted later parenting stress.
In addition, low educational status and low levels of social support predicted parenting stress, although the number of childbirths did not. The authors suggest that parenting stress may be related to unrealistic expectations of their children, which could lead to ITCA.

Dworsky and DeCoursey (2009) prepared a report of the needs and experiences of pregnant and parenting youth in foster care participating in a supportive program in Chicago, Illinois. Qualitative findings from interviews with child welfare professionals outlined the services the parents were receiving and lacking as well as other concerns related to placement, education and preparation for youth to live independently. Despite services and programs offered, service providers expressed difficulties such as challenges engaging pregnant youth in the program, preventing subsequent pregnancies, and finding a balance between supporting and enabling the youth. The authors emphasized the vulnerability youth in foster care present as parents, particularly those with mental health conditions. It was also noted that 22% of their sample was investigated for abuse or neglect of their child, suggesting the need for support and intervention post-partum (Dworsky & DeCoursey, 2009). This finding also reinforces the fact that youth aging out are at risk for perpetuating ITCA.

In an attempt to delineate some of the possible factors contributing to this disparity, researchers have recently explored the experiences of youth as parents as well as the motivations and circumstances that may be related to early pregnancy and parenting (Haight, Finet, Bamba, & Helton, 2009; Pryce & Samuels, 2010; Rolfe, 2008). Findings from Pryce and Samuels’ (2010) study suggest that the experience of motherhood may help youth in foster care in exploring their own identity and purpose while providing an opportunity to begin healing from their pasts. During interviews, participants also discussed the influence of their relationship with their mother on their parenting intentions as well as their determination to overcome the
obstacles associated with early motherhood and experiences of foster care. The authors suggest that youth in foster care who become parents early may in some way be trying to create the family they themselves did not have and perhaps attempt to be a very different parent than the one they had. Often the youth explicitly share how they do not want to perpetrate the abuse and neglect they experienced.

Studies have examined the role models and resources of parenting current youth in foster care and foster care alumni. Courtney and colleagues (2010) surveyed foster care alumni regarding their role models and asked youth to identify individuals who provided information about parenting and who taught them to be a “good parent”. Despite potentially fragmented relationships with their biological parents, 29% of youth credited their biological mother in teaching them to be a “good parent”, 13% their foster mother, 28% a grandparent or other relative, and 4% a friend. Haight and colleagues (2009) followed three African-American adolescent mothers in Illinois who were transitioning from foster care to explore their experiences and beliefs related to parenting. Their findings indicated that the youths’ experiences included several challenges related to finances, negativity of case workers, difficulty meeting multiple obligations, and stigma. Participants also discussed several sources of strength including other individuals and community supports and the positive experiences associated with motherhood and spirituality (Haight, et al, 2009).

**Overview of Policies and Programs Supporting Youth in and Aging Out of Foster Care**

An overview of policies and programs supporting youth in and aging out of foster care is presented here to provide a context for the potential challenges experienced by youth aging out as they strive to become independent and policy makers’ efforts to improve outcomes. The federal policies do not explicitly address provision of services to youth in and aging out of care
who are pregnant or parenting. In fact, as will be discussed, the policies described below fail to address specifically the inclusion of pregnant and parenting youth. This section will also provide a brief chronology of policies and programs developed for youth over the past several decades, which clearly indicates a lack of focus on youths’ needs as it relates to sex education, pregnancy prevention and support, and parenting education.

Programs targeting youth in foster care vary greatly by state and mainly are focused on developing skills to prepare youth to live independently once they reach 18 years of age and no longer are dependent on the state. Depending on youths’ individual needs, other programs or services may be available, such as counseling or mentoring; however, these services may not be available to all and vary greatly among states. Programs geared towards independent living preparation generally cease upon the age of majority. However, over half of all states allow youth in foster care the option to stay in the system on a voluntary basis until the age of 21 with varying rules and restrictions imposed. Very few states encourage youth to opt in and as a result, a small proportion of youth actually do (Fernandes, 2008). In a study exploring possible reasons for leaving care, youth reported leaving because of misinformation about how to stay in the system as well as a desire for autonomy and independence (Goodkind, et al., 2011). Although this varies greatly by state, when youth are emancipated, there are few formalized programs or services available to foster care alumni. Voluntary programs may provide maintenance or stipend payments to help pay for housing and household expenses, and require participants to work or be enrolled in school or in a training program. Based on what we know about the number of youth becoming pregnant and parenting children, these policies are extremely relevant when discussing how youth fare as pregnant youth and parents.

Title IV-E Independent Living Initiative
In 1985, the Federal Title IV-E Independent Living Initiative was passed, amending the Social Security Act to provide federal funds to states to establish independent living (IL) skills programs for youth in foster care (Collins, 2004; Collins & Clay, 2009). The goal of IL programs is to increase youths’ ability to live independently and achieve self-sufficiency by teaching life skills such as cooking, money management, shopping, educational/vocational training and maintaining housing. More than a decade after the Title IV-E program was established, there was little evidence to show that the outcomes of youth in foster care had improved significantly (Collins, 2004; Courtney & Dworsky, 2006). The funding was not adequate to make the program accessible to all youth in foster care, and the program failed to show that it prepared youth to live independently as young adults.

### Chafee Foster Care Independence Act

Congress responded to these concerns by passing the 1999 Chafee Foster Care Independence Act (FCIA), also known as the Chafee Act, which established funding for distinct programs and doubled the funding to support youth in foster care who are planning for and making the transition to adulthood. Legislation aimed to enhance youth development, and self-sufficiency among youth in foster care by creating IL programs that would be available to all youth in foster care and that included assistance with education, employment, financial management and housing (Collins, 2004; Collins & Clay, 2009). Funding could be used not only to assist youth in the process of aging out, but also to assist youth ages 18 to 21 who had left care and were living alone (Graf, 2002).

Additionally, there are evaluations of the Chaffee Act including a multi-site evaluation of four programs funded under the Chafee Act. This legislation seemed very promising and appeared to begin to address the needs of youth in foster care. However, there were concerns
about insufficient funding and the evaluation of the programs, especially since it took years after
the passing of the legislation for states to collect and report youth outcomes.

The Promoting Safe and Stable Families Amendment of 2001 added provisions to FCIA
to fund education and training vouchers (ETV) to be administered by the state worth up to
$5,000 per year per youth in foster care to pursue postsecondary education and vocational
training. The effectiveness of the ETV, however, is questionable. One study found that the
voucher alone is insufficient for youth to complete postsecondary educational programs and
youth have to rely on tuition waivers, scholarships, and student loans to offset costs associated
with pursuing higher education (Wells & Zunz, 2009). Furthermore, many youth in foster care
do not meet eligibility criteria required for postsecondary education enrollment due to inadequate
Youth in foster care generally are unprepared for higher education and require additional support
as they pursue postsecondary education; however, very few programs exist nationwide that
provide foster care alumni with comprehensive support during their educational careers,
although more programs are being developed (Hernandez & Naccarato, 2010). Therefore,
college continues to be inaccessible to most youth in foster care despite availability of funding
for tuition, especially for those who might be young parents.

**Fostering Connections to Success and Increasing Adoptions Act**

The Fostering Connections and Increasing Adoptions Act of 2008 (Fostering Connections
Act) was a fundamental shift to the state actively parenting youth in foster care into adulthood
rather than expecting them to be self-sufficient at age 18. The passage of The Fostering
Connections Act amended the Social Security Act Title IV-E, allowing states to extend services
and funding for youth until the age of 21 for IL programs, housing and education and received
federal reimbursement for Title IV-E eligible youth (including pregnant and parenting youth) who are engaged in one of the following: high school or an equivalency program, post-secondary or vocational school, employment preparation program, or employed 80 hours per month. (U.S. DHHS, 2012). The act requires child welfare agencies to develop a personal transition plan with all youth during the 90 days immediately preceding the youth’s discharge from care between ages 18 and 21. The law also extended adoption incentives through 2013 and created an option for states to provide kinship guardianship and adoption assistance payments for children until the age of 21 (U.S. DHHS, 2012). The act amended the FCIA to allow youth entering into guardianship or adoption after the age of 16 to have access to ETV.

This legislation is still in the early stages as all sections were not implemented until fiscal year 2011, and it is unknown how the improvements will influence the outcomes of foster care youth. Critics, however, suggest that the bill places too much of a financial burden on states’ already strained budgets and do not anticipate much change will occur. The success of legislation for youth aging out hinges on effective implementation by states (Benedetto, 2005). Vast differences within the child welfare systems are largely driven by state policy, and policies affecting youth in and aging out of foster care vary greatly by geography.

Benefits of Staying in Care until Age 21

Studies have found that youth who stay involved in the system until age 21 have more positive outcomes than those youth who leave care at the age of 18 in the areas of financial stability, education, and becoming pregnant (Dworsky & Courtney, 2010; Courtney et al., 2001). The Midwest Study has found many benefits to youth remaining in care after age 18 (Courtney & Dworsky, 2006). Among those youth who plan to stay in care, some ultimately leave abruptly in unplanned ways (McCoy, McMillen, & Spitnagel, 2008). With the social and financial
supports afforded to youth who elect to stay in care until 21, this option may also serve as a protective factor in preventing unintended pregnancies and providing the necessary supports for young parents. Youth who elect to stay in care until the age of 21 are more likely to have health insurance and therefore may be more likely to receive services related to family planning (Dworsky, et al., 2012), prenatal care as well as care for their young children.

**Independent Living Services**

Independent living (IL) programs comprise a wide array of services including but not limited to financial management, transitional housing, mentoring programs, life skills training, educational services, and employment services. Although many programs have common elements, states define IL services, allocate funding, and implement services differently.

IL skills are not only important to the youth aging out in order for them to care for themselves and be successful, but also for them to be successful parents and caregivers. Although, not all youth will go on to be young parents, statistics show a large proportion will, and the majority will become parents at some point in their lives. Additionally, if youth do not have their own biological children, they will be around other children - partners’ children, stepchildren, relatives’ children, friends’ children, or work in a setting with children. As youth aging out may experience unstable housing, there may be a chance of living temporarily with children even if they are not parents themselves. Understanding child development and acquiring parenting skills are important in effective parenting and interpersonal relationships. The basic life skills necessary to be an adult (i.e. budgeting, paying bills, obtaining a job, finding housing, and interpersonal communication) are also necessary to be a parent.

**Housing**
Having a safe and affordable living arrangement is the foundation to be able to achieve overall life success and satisfaction. While there is limited research on the topic, youth in foster care aging out who are pregnant and parenting need reliable, safe, and affordable housing for themselves and their children. Youth in foster care are at an elevated risk of homelessness and housing instability (Courtney, et al., 2011; Pecora, et al., 2006). As parents, they may qualify for additional financial and housing benefits; however, many youth continue to experience housing instability and rely on living with family, friends, and relatives to make ends meet. Not having stable housing can have negative consequences for the children. With the high cost of housing, youth may not be able to provide the necessary items for their child, and might not be able to keep their child’s items as they move from place to place. Because of the lack of affordable safe housing, youth aging out may only be able to afford housing in neighborhoods which are unsafe with limited community resources and employment opportunities. These may not be the best environment for children to be raised.

**Education and Employment**

Policy and practices recognize employment and education as central to success of youth aging out of foster care. Pregnant and parenting youth aging out of the foster care system may have to make sacrifices in their education and employment plans (Pryce & Samuels, 2010). Additionally, having a child and the exorbitant cost of childcare may create barriers for young parents wishing to enter the workforce and continue their education. A limited social support system and familial involvement can cause having regular and contingency plans for childcare to be more challenging. Without adequate backup childcare plans, a parent may have to miss work to care for their sick child, placing their employment in jeopardy or leave their child with an unfit caregiver as a last resort. It is important to recognize that it is not only young mothers who face
these challenges; the employment of young fathers is also impacted. Research has found that being a parent can also be an important motivator to young parents in and aging out of the foster system to continue in their education, secure better employment, and make positive life changes (Pryce & Samuels, 2010). Those offering services can take this into consideration when developing policies and practices and consider the motivation of youth who are parenting as a potential window of opportunity.

**Support and Relationships**

Social support and positive relationships are critical to new and seasoned parents of all ages, and particularly young parents. The fact that youth were in the child welfare system, influences their experience as parents. As youth aging out have reported challenges with interpersonal relationships (Goodkind et al, 2011), negotiating being new parents can be complicated by the relationships with the child’s other parent and other people in their lives. The relationship youth have with his/her child(ren)’s parent(s) can be complicated by multiple pregnancies with different partners and having a current partner who is not the parent of the child. Having a partner who is not the child’s parent in the home or caring for the child can also increase the risk of child maltreatment (Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001; Stiffman, Schnitzer, Adam, Kruse, & Ewigman, 2002). Having children may be a time when youth aging out revisit their experiences and relationships with their parents who were unable to care for them and form new identities for themselves and of family (Pryce & Samuels, 2010). Youth may also lack a positive parenting role model and may not have the resources generally afforded to others in areas of emergency care, respite, day care/babysitting, financial support, and social support (Egeland, et al., 1988).
Having support while leaving care is necessary for youths’ successful transition and providing social support to youth aging out can increase the likelihood of their future success (Collins, 2001). Oftentimes, youth aging out of foster care lack established supports with caring adults due to their history in the foster care system. Mentors are individuals youth can trust and who can teach them IL skills, act as a positive role model, motivate and help youth develop emotional and social stability (Munson & McMillen, 2009; Packard, et al, 2008), but mentors may not be directly addressing pregnancy and parenting with youth, which can be a major missed opportunity.

**Services for Pregnant and Parenting Youth in and Aging Out of Foster Care**

Under the Fostering Connections Act of 2008, there are specified criteria related to pregnancy prevention for youth in foster care. The act requires states to engage youth in their own treatment and transition planning. This planning includes health insurance, family planning and encourages case managers to “include information in the plan relating to sexual health, services and resources to ensure the youth is informed and prepared to make healthy decisions about their lives” (U.S. DHHS, 2012). The Fostering Connections Act also calls for expanding training for foster parents and child welfare workers on issues related to pregnancy prevention and sexual health in preparing youth for independent living.

Although some foster care agencies have programs addressing pregnancy prevention, it is believed that many workers do not address pregnancy prevention with youth in foster care (Love, et al., 2005). Youth in foster care also can be hard to reach due to high mobility and the lack of one individual assuming responsibility for the youth. State agencies are required to assess regularly and maintain the healthcare needs of youth in the foster care system. This care should include contraceptive services and sexual transmitted infections (STI) testing and treatment,
which is covered by Medicaid (Guttmacher Institute, 2011). With regard to teen pregnancy prevention, youth in and aging out of foster care may not have an adult that will talk with them about sex, contraceptives, and the risk of pregnancy. Based on where the youth in foster care lives, sex education and access to birth control may depend on the politics of that state or region and may allow few options for a youth living in a group home, foster home, or residential care setting. States are also permitted to extend Medicaid services to youth between the ages of 18 and 21; however, there is little information about the number of youth regularly accessing and receiving these services. It is imperative that youth know and understand their options regarding prenatal care, pregnancy termination, as well as living and custody options when the baby is born.

Historically, discussions about adolescent pregnancy involve teen mothers; however more research and interventions are beginning to focus on young fathers’ involvement, support, and circumstances as it relates to prenatal care and child and parental outcomes. Although little is known about young fathers aging out of foster care, the Midwest study indicates that young fathers aging out were more likely to have at least one child, were less likely to be living with their children, and their children were more likely to be living with someone else than their counterparts who have not been in foster care (Coutrney, et al., 2011). Intervention programs focused on pregnancy and STI prevention, parenting, and relationships need to include male youths and prospective fathers.

Recently, state-level legislation has focused on issues related to reproductive health and rights, with many states placing conditions on and restricting access to abortion services, insurance coverage and public funding, parental involvement, contraceptives, and family planning for all women, men, and youth (Guttmacher Institute, 2011). Many areas of this
legislation affect the reproductive and preventative health services available to youth in and aging out of foster care. For example, six states require parental involvement or make it more difficult for a minor to utilize the judicial bypass procedure to obtain an abortion. Additionally, family planning programs have suffered major cuts across states, limiting access and availability of contraceptives, family planning counseling, abortions, and health screenings.

Very few programs or services address issues faced by pregnant and parenting youth in foster care. Some IL programs are specifically designed for young mothers and fathers within the child welfare system raising their children who may or may not be within the child welfare system. While programs may serve this population, there are no studies about the models of the programs or the efficacy of such interventions.

**Summary and Recommendations**

The existing policies and programs addressing pregnancy prevention and the needs of pregnant and parenting youth in and aging out of foster care may be well intended, but are seriously underfunded, poorly monitored, and too heavily influenced by politics. Pregnant and parenting youth in and aging out of foster care can benefit from general services and policies directed to youth aging in and out of foster care as well as targeted interventions and policies that address their unique needs and circumstances. In order for youth aging out to succeed, programs and policies should focus on cultivating social supports, providing financial support, supporting comprehensive higher education programming and vocational training, and providing youth with skills necessary for self-sufficiency and successful parenting. Programs enacted in the past have partially fulfilled these components, but still seem to fall short in fully supporting and preparing youth—especially those who are pregnant and parenting—as they transition into adulthood.
Youth must be involved in decision making about their care and transition planning which should include information about sexual health, family planning, services and resources.

Evidenced-based programs for pregnancy prevention among adolescents should be used with youth who are aging out of foster care, however it is important to recognize the need to tailor services to better serve the needs of this population. Program characteristics identified for adolescent pregnancy prevention should also be adhered to with additional considerations made. For example, many teens may not benefit from a long-term program offered at school because youth aging out are more prone to frequent placement changes. Youth may benefit from programs that are shorter in length, offered in settings other than the school, and from those that provide tangible skills and knowledge. As Kirby (2001, 2002) recommends, programs should reflect the age, sexual experience and culture of the youth participating. This is especially important when working with youth who are aging out. Youth aging out may have experienced sexual abuse or may be developmentally or academically delayed and require modifications to existing curricula. Programs should also use language that is appropriate for youth who may not live with their biological or adopted parents and suggest various individuals whom youth can approach for information and support. Additionally, programs targeting adolescents for secondary pregnancy prevention should also be used with youth aging out to prevent subsequent pregnancies. Existing evidenced-based home visiting programs should also be tailored to serve young and new parents who have been involved in the foster care system. Many of these youth will benefit from the support, knowledge, and resources provided by these programs.

Independent living skills programs need to be better designed, organized and delivered to all youth in foster care based on their individual needs and circumstances. When youth in and aging out of foster care are pregnant and parenting, it is of utmost importance that their
circumstance be taken into consideration. IL programs should start earlier (in early adolescence) and be available until the youth reaches age 21 and beyond. As argued above, as youth most likely will interact with children, parenting issues including basic childcare skills, safety, and development should be incorporated into IL programs. The programs should be comprehensive and address mental health, housing, employment, transportation, education preparation as well as a personal development component (Packard et al, 2008). Skills such as budgeting, seeking employment, paying bills, securing and maintaining housing can help prepare youth for independent living and parenting. Formal and informal mentoring, social networking, and relationship skills should become key program components.

**Research Recommendations**

More research is needed to identify the prevalence of pregnancy and parenting among youth in foster care to examine the services available to youth in foster care to support healthy pregnancies and parenting, and to explore the outcomes of youth in foster care pregnancies. Outcomes for young parents, both mothers and fathers, need to be examined. There is also a need to increase our understanding of the factors that influence youth in foster cares’ parenting attitudes and child-rearing practices that may place their current and future children at risk of child maltreatment. It is important to understand factors such as support, education, employment, and housing that contribute to the well-being of children of youth in and aging out of foster care. Understanding parenting attitudes and beliefs among youth in and aging out of foster care will assist in determining risk and protective factors related to parenting as well as opportunities for intervention. It is important to explore how youth in and aging out of care are educated about reproductive health, pregnancy prevention, and parenting as well as their access and use of these...
services (Hudson, 2011). It is important to identify and evaluate interventions and curricula specifically addressing youth in and aging out of foster care.

Future research should incorporate perspectives of the youth in and aging out of the child welfare system as well as their caregivers and service providers. To better understand the needs and experiences of the youth qualitative and ethnographic methods should be used. More participatory action research studies incorporating youth in the process of data collection, analysis, and program development should be conducted to ensure relevance.

Child abuse and neglect prevention research should continue to examine the role of intergenerational transmission of child abuse. Interventions should take into consideration the parents’ histories of child abuse and neglect, experiences of trauma, unresolved issues, and relationship skills. In order to break the cycle of child maltreatment with this group, there must be more of an understanding of the experiences of youth in foster care during their time in foster care, their relationships, networks and supports and their transition from foster care.

Conclusion

The costs to society of teen pregnancy are great with estimates being upwards of 9 billion dollars a year for costs of foster care, health care, incarceration costs for children born to teen parents, lost tax revenue because of lower educational attainment among teen mothers (CDC, 2012). The costs—both financial and otherwise—to the individual pregnant and parenting adolescents are great. Youth in and aging out of foster care who are pregnant and parenting bear a significant burden having children. With what is known about ITCA, it is important that pregnancy prevention and parenting skills are taught to youth in and aging out of foster care.

Considering the costs associated with child abuse and neglect approach $80.3 billion dollars annually (Gelles & Perlman, 2012), the average cost of a non-fatal child maltreatment
case per victim over a lifetime is $210,012 (in 2010 dollars) (Fang, Brown, Florence & Mercy, 2012), and the social and financial losses related to negative outcomes for youth in foster care persist, there is an increased need to examine opportunities for intervention with youth in and aging out of foster care to delay pregnancy and/or provide additional information and services regarding positive parenting practices.

It is currently unclear how many programs serving youth in and aging out of foster care include pregnancy and parenting education. Such education should be a critical component in independent living skills programs for all youth because while not all youth may be pregnant and parenting while in and aging out of foster care, it is likely many will be involved with children in the future.

Independent living programs for youth in and aging out of foster care should specifically address sexual behavior, sexual education, reproductive health, and parenting. Information should be provided for both young women and young men. As there is not an established evidence based practice for serving pregnant and parenting youth in and aging out of foster care, research should be conducted to determine effective and efficient interventions.

Additional research is needed to examine the outcomes of pregnant and parenting youth in and aging out of foster care. Attention must be paid to both mothers and fathers experiences and needs. Critical to creating better policies and programs in understanding youths’ parenting attitudes and beliefs to determine associated risk and protective factors. This ultimately may assist in decreasing the intergenerational transmission of child maltreatment.
References


