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An exploration of the effects of stigma on the experiences of foster care alumni

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An Exploration of the Effects of
Stigma on the Experiences of Foster
Care Alumni

ABSTRACT

The purpose of this qualitative study was to explore the experiences of stigma on foster care alumni. Participants were asked about their experiences in foster care related to stigma and how this may have affected their relationships and personal development. They were also prompted to share any other information the researcher may have missed. Six men were interviewed for this study between the ages of 19 and 37.

The interviews provided rich information about how they interpreted the stigma and what short and long-term effects were results of this stigma. Additionally, the majority of participants who identified stigma described it having negative effects on their self-image. Although this was a difficult population to recruit, in the future, there should be more exploratory research done on the effects of stigma on such a vulnerable population.

AN EXPLORATION OF THE EFFECTS OF STIGMA ON THE EXPERIENCES OF

FOSTER CARE ALUMNI

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

Introduction

The purpose of this qualitative study is to understand if young adults who have lived in foster care for a minimum of five years, experience stigma during that time, and if so, how and in what ways? Also, it will look specifically at how this experience might have affected their interpersonal relationships now that they are no longer in the foster care system.

In the following paper the researcher will describe the steps she went through to gain an understanding of the research that has been done, recruit participants, develop interview questions, analyze data and finally draw conclusion and themes from data.

The researchers personal motivation for this study is rooted in the intimate relationships that she has built and held over the years in both professional and personal settings. Being left curious, frustrated and inspired by the experiences that have been shared with her, this researcher is hoping to gain a better understanding of the history of the child welfare system, what services are in place and mostly importantly what is still missing. The researcher hopes that by gaining this knowledge, the social work field that she is entering, will benefit and use this to better serve these children and young adults who deserve nothing less.

The provocation behind this study is based on the growing numbers of children in foster care and the debates on whether society believes these children are being served fairly. Children Uniting Nations is an organization in California that provides mentor programs and advocacy

services for this population. They quote The Adoption and Foster Care Analysis and Reporting

System (AFCARS) from 2009 and state that,

> Over 463,000 children live in foster care. In California, which has the largest foster care
>
> population than any other state, the number of foster youth has tripled in the last 20 years.
>
> (The Adoption and Foster Care Analysis and Reporting System, 2013)

In a more recent study cited on the Children's Right's Website, in 2011 there was around

650,000 children in out of home services and on average these children are in this care for about

two years. (Children's Rights, 2013) They also went on to list the following statistics regarding

this population of children:

- Nearly half of these children in foster care are diagnosed with a chronic health disorders

- 80 percent have serious emotional problems and are diagnosed mental health disorders

- About half of children under five are diagnosed with developmental delays (Children's

  Rights, 2013).

Lastly, this same website portrays below information that confirms the need for children to spend

as little time as possible in the system as it can lower the chances for them to lead more difficult

and challenging adult lives.

> More than 60,000 children living in foster care have had their biological parental rights
>
> permanently terminated. The assumption is that once parental rights have been terminated,
>
> the State should work as rapidly as possible to ensure that the child is safely in a new
>
> adoptive home and that the adoption is finalized. Yet of these children, the average time
>
> they've been waiting to be adopted is nearly two years (23.6 months). In 2011, 11
>
> percent of the children (over 26,000) exiting foster care aged out of the system. Research
>
> has shown that teens aging out of the system are highly likely as adults to experience

homelessness, poor health, unemployment, incarceration, and other poor outcomes.

Sixteen percent of children in foster care in 2011 were in foster care for three or more

years before they were emancipated. (Children's Rights, 2013)

These statistics, unfortunately, show that there continues to be a need for more support and involvement with these children and if they do not receive it, their chance of success as adults is at risk.

Not only are the number of children in foster care rising, but the emotional disturbances in these children are becoming more severe as well. Logan Nakyanzi, a journalist for ABC News, recently wrote an article depicting that,

Another problem is that today more and more children are going into care as victims of

violence or sexual abuse. Kids are much more disturbed than they ever were. Some

advocates also argue for greater efforts to strengthen the impoverished communities

where foster children often come from. When communities break down, foster rolls grow

and the cycle feeds itself, they say. Because of the connectedness between the health of

communities and the safety of kids, many experts recommend child welfare agencies

look to rebuild old-fashioned safety nets. (Nakyanzi, 2013)

It has become clear over time that communities and changes in society have a role in determining what services are available and how attainable they truly are to youth in need. It is important to be vigilant, not only with the immediate family but also to changes happening in communities. For example, Cleveland is a city still struggling to have sufficient services in place for individuals in needs and this is only made worse by the amount of drug use and unemployed individuals that reside there.

This is the setting in the 2002 movie, *Antwone Fisher*, which depicts the difficult life of a

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young man while he was in foster care. This movie made headlines as it shed light on what was lacking in terms of the child welfare system, which ultimately may have avoided his need to enter foster care. While the main character became a victim to unjustified abuse while in foster care, child welfare workers had missed that his paternal grandfather, an eligible caretaker, lived only blocks away from him. This story shed light on the extreme needs of these children as well as the need for a careful, methodical and extensive case analysis before adding yet another child into the foster care system.

Stigma, the main focus for this study, is being defined as "A mark of shame, disgrace, or disapproval that results in discrimination." (Michigan Recovery Center of Excellence, 2011). Stigma can be identified in areas such as mental health, mental or physical disabilities, social settings, race, and individuals who have criminal records. Most recently, stigma is being discussed in reference to mental health, foster care and HIV positive individuals. For the purpose of this paper, the research used reflects stigma specifically experienced by individuals with a history in the foster care system as well as suffering from mental health issues, as they are commonly seen together. Furthermore, "stigma can be obvious and direct, such as someone making a negative remark about your mental health condition or your treatment. Or it can be subtle, such as someone assuming you could be violent or dangerous because you have a mental health condition."(Michigan Recovery Center for Excellence, 2011). Due to this, stigma can be a difficult problem to address or even identify.

To delve further into the places stigma surfaces for children who have been in the foster care system, it is crucial to examine the language that is used to speak about them. Using the term "foster child" in itself is stigmatizing as it sets them apart from the general public. These children, in many situations, lack certain luxuries that others may take for granted. An example

of this may be pictures of their biological family, or pictures of them as a child in their foster home. Some of these children may not be able to receive new clothes every fall when school is about to start and live off of hand me down's and second hand school supplies. When looking at an internalized stigmatization, these children might feel different because they are not always considered to be a "real" family member. They may be treated differently than their own siblings at times, not only by their foster parents and foster siblings. This idea of stigma runs rampant throughout the lives of these children and it is not a fair assumption to believe they are safe from it in their placements.

The study conducted for this thesis examined the actual experiences of stigma of adults who had been in the foster care system as children. The findings of this study may make a contribution to the social work field because there is a growing number of children and youth that are entering foster care every year. As this population is served mainly by social workers, having more information regarding what foster children's experience is like may aid the field in serving them more effectively and efficiently. The National Association of Social Workers (NASW) is the largest membership organization of professional social workers. This organization defines child, family and school social workers as,

> Those that provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the well-being of families and the academic functioning of children. They may assist single parents, arrange adoptions, or help find foster homes for neglected, abandoned, or abused children. Child, family, and school social workers may also be known as child welfare social workers, family services social workers, child protective services social workers, occupational social workers, or gerontology social workers. They often work for individual and family services agencies,

schools, or State or local governments. (National Association of Social Workers, 2013)

This description offers insight regarding the population of professionals that serve children and their families that would be potentially be involved in the foster care system.

An article in Social Work Today depicts five major changes that the author, Nadine M. Hasenecz (2009) believes need to happen in foster care. The first change presented was the need for further efforts of strengthening families of origin. The role of social workers in this change is immense. The author shares,

> Strategy experts firmly believe and urge as the first step before proceeding to other
> options in foster care is the need to strengthen families of origin. I can't underscore
> enough the urgency of getting focused on family work. It's a mistake to separate the
> development of children from families. We must help to develop and sustain families
> who really want their children. (Social Work Today, 2009)

The author makes a strong argument here for the need of earlier intervention with families as to avoid the process of entering foster care and having families be separated. It's crucial for social workers and other caseworkers to have strong and ample training for these circumstances, offered personalized support in the field, and finally to have a greater understanding of resources that can be made available to these families. These strategies will allow social workers to more effectively identify areas that a family requires assistance in and ultimately offer support and a comprehensive plan to establish change. The hope is that this will allow more families to stay reunited and have supports and resources in place to strengthen them as a unit, rather then entering the child welfare system.

It is clear that social workers play an immense role in the lives of children who are experiencing difficulties in their lives, which encompasses the population studied in this paper.

As the number of children needing to be served increases yearly, it's key to have continued research so that the field is serving them as effectively as possible.

In the following chapter, the researcher will explore existing research that has been done to date regarding the foster care system, stigma and the experiences of individuals in these circumstances. Following this chapter will be the methodology, which includes a detailed description of what steps the researcher took to perform this study. Rich analysis and reflection will be used succeeding this to elaborate on themes, similarities and differences in the data to ultimately draw conclusions from. Pertinent information will be presented in the discussion with direct ties to the field of social work.

CHAPTER II

Literature Review

The following chapter provides an overview and analysis of literature related to stigma in the Foster Care system in three distinct sections. The first, conceptual section will provide a definition of stigma how it can be understood within the Foster Care System. This section will also offer some preliminary information regarding the Foster Care system and a child's journey throughout the system. The second, empirical section will offer a review of studies and their findings that have been done in the field of Social Work and related disciplines, that play a significant role in forming the study being presented in this paper. Theoretical implications and themes that are present in the research already done will be identified and explored in the final, theoretical section. This chapter will allow for a more clear understanding of the knowledge that exists, and where the gaps needing to be filled are.

Conceptualization of Stigma within Foster Care

Stigma, a term used in a wide variety of settings, can be simply defined as, "A mark of shame, disgrace, or disapproval that results in discrimination." (Michigan Recovery Center of Excellence, 2011). Illegitimacy, shame, disgrace, and dishonor are terms that share the same meaning as the word "stigma" according to the Oxford American Thesaurus of Current English (2011). The Oxford English Dictionary (2011) defines stigma as "a mark of disgrace or infamy". Stigma is a label of unwanted association. (2011)

Stigma dates back to as early as the 16th century where crimes within a community would be referenced as acts preceded by stigma. A non-profit organization called Breaking Stigma cites the novel, "The Scarlet Letter" as a countless representation of very blatant stigma taking place (Little, 2011). The main character, forced to carry the letter A stitched to her clothes, is socially branded and labeled by her act of adultery. Similar occurrences in history have led hundreds of individuals to be labeled due to the choices they have made or traits they bare. Examples of this are the yellow Star of David Jews were obligated to wear during the Nazi invasion, striped prison uniforms, dunce caps used in classrooms, and pink triangles to identify homosexual prisoners. Although in the 21st century these stigmatizing acts may not always be as blatant and obvious, stigma finds its way into our society.

Erving Goffman, a noted sociologist who spent much of his career teaching at the University of Pennsylvania, was a key player in developing the modern definition of stigma as we understand it today. It was his work that truly impacted today's use of the concept in the social sciences and its relationship to mental health. In his book, *Stigma: Notes on the Management of Spoiled Identity,* Goffman (1963) described those with stigmatized conditions as "deeply discredited in society". Goffman (1963) saw stigma as a personal characteristic that society viewed negatively and differentiated between three types: flawed individual character, physical deformity, and membership of an objectionable social group. He categorized mental illness as the first, stigma associated with "flawed individual character," and considered this type to be one of the most discrediting and socially damaging of all. This conclusion offers a strong argument to make the connection between stigma and its negative effect on children who have been in foster care.

Recent literature on stigma is closely related to previous works on labeling theory and is relevant to how stigma can manifest itself within a community and affect how labeled individuals are seen and treated. Watson, Corrigan, Larsen, and Sells (2007) note the differences between public stigma and self-stigma related to individuals with mental illness.   These researchers believe that the nature of society creates marked categories of persons, which are negative, erroneous, and devalued. Stigma is considered to be a prejudice or a negative stereotype. Public stigma is the reaction of the general public toward people with mental illness, whereas self-stigma is the internalization of how the general public portrays people with mental illness and the belief in that portrayal. While the definitions are different and pertain in this case to the mentally ill, similar groups who are stigmatized, such as those who have been in foster care, may perceive this same stigmatization.

Labeling Theory

One way of exploring the link between stigma and the personal and social development of individuals who have been in foster care is by applying labeling theory. Labeling theory focuses on the social and psychological impact of labels including perceived discrimination, negative self-concept, and poor quality of life. Labeling theory was developed in the 1950's with contributions from Erving Goffman (1963), Howard Becker (1963) and Edwin Lemert (1951), who looked at how negative labeling could affect individuals. Lemert (1951) made the following distinction,

> Primary deviance is rule-breaking behavior that is carried out by people who see themselves and are seen by others as basically conformist. People break rules in all kinds of circumstances and for all kinds of reasons, such that sociologists thought sociology cannot possibly develop any general theories about primary deviance. But when a

negative label gets applied so publicly and so powerfully that it becomes part of that individual's identity, i.e. secondary deviance. These dramatic negative labeling become turning points in that individual's identity. Henceforth the individual is apt to employ his or her deviant behavior or a role based upon it as a means of defense, attack, or adjustment to the problems created the subsequent societal reaction. (Lemert, 1951)

Erving Goffman's contributions to the labeling theory focused on stigma and social interactions and how this impacts labeling. This so called reaction to a label could be imagined or real but will still result in stigmatization (Goffman, 1963). This same premise is represented in Becker's work.

Becker (1963), an influential sociologist, was an additional key influence in the development of this theory and its rise in popularity in the writing of his book *Outsiders* (1963), which focuses on the belief that when a minority deviates from cultural norms, the majority often labels those in this subgroup as outsiders and in a negative light. In his work, Becker (1963) describes that the functioning and organization of any society or group depends on social roles, which are constructed sets of formal and informal agreed-upon expectations it has about behaviors. Becker explains that while an infraction among these agreed-upon rules is considered deviant behavior, this deviance is only the product of norms that are socially constructed. According to Becker, deviance is not directly related to pathology or associated with any specific type of carried out behavior. In other words, he felt as though the quality of a deviant act should never be assumed. Rather, *deviant* should be considered a defined label to describe a social behavior that is only the result of others applying societal rules.

When connecting labeling theory to an individual's self-concept, it is crucial to understand the steps of how a certain label is established and then how it is used against specific

individuals. A label is determined by society or communities to target individuals who are

different from the norm. This label is then internalized by the targeted individuals, which

ultimately will determine their own view of themselves and self-concept. This process of

internalization can lead to several different outcomes, including how they interact with the

world. Examples of this will be depicted in later sections of this chapter as well as in the

findings of this study.

In this study I am interested in looking to discover the role that stigma plays in the foster

care system, and ultimately how it affects an individual in the system. By using labeling theory

as the theoretical framework, the hope is that results will reflect the same ideas believed to be

true under this theory. This may manifest itself as stigma playing a role in encouraging

individuals' defenses, which impede their ability to relate and connect to others.

Conceptualizing stigma within foster care. Stigma can be identified in areas such as

mental health, mental or physical disabilities, social settings, race, and individuals who have

criminal records. Most recently, stigma is being discussed in reference to mental health, foster

care and HIV positive individuals. For the purpose of this paper, the research used reflects

stigma specifically experienced by individuals with a history in the Foster Care System as well

as suffering from mental health issues, as they are commonly seen together. Furthermore,

> Stigma can be obvious and direct, such as someone making a negative remark about your
>
> mental health condition or your treatment. Or it can be subtle, such as someone assuming
>
> you could be violent or dangerous because you have a mental health condition. (Michigan
>
> Recovery Center for Excellence, 2011).

Due to this, stigma can be a difficult problem to address or even identify.

Individuals that have been a part of the Foster Care System can identify stigma in a

variety of ways. In an article written by Hank Mattimore, who is a surrogate grandfather for 24

abused or neglected children from the Children's Village in California, he explores different

types of stigma with one of his grandsons. Mattimore describes a situation where he was

watching TV and a commercial appears offering deals to support children who are in Foster Care

if consumers buy a mattress. When prompted by his grandfather to describe how watching the

commercial felt, he shares that "the company probably meant well but it sort of gives the

impression that we are all poor kids and need to be pitied" (Mattimore, 2011). As Mattimore

reflects on the stigma that these children have to bear on a daily basis, he is able to identify

several other circumstances that enable stigma to co exist in their lives. He shares that:

> Foster kids already know they are different from their classmates. They are aware that
>
> their school trip permission slips and Medicaid authorization slips are signed by
>
> "guardian" not a parent. They are conscious that their teachers and school administrators
>
> know they are foster kids and that in some cases they are watched more closely than other
>
> students. Wanting more than anything to merge in seamlessly as just another normal kid,
>
> their legal status makes them stand out in a crowd. I am proud to be a foster parent but I
>
> find myself sort of dancing around the word when I refer to Tony as my foster kid. He
>
> much prefers that I simply call him my grandson rather than his foster grandson.
>
> (Mattimore, 2011)

Once these children reach their teens, and they are faced with difficult identity struggles, having

an extra label adds another obstacle for these children to contend with. Mattimore describes how

the media is playing a larger role then in the past by postings headlines that read, "70% of

incarcerated adults spent at least some time in the foster care system" (Mattimore, 2011). These

statistics only confirm previously made judgments in communities, which then offers an excuse

to reject these children and brand them with the term foster child and its implications for their future lives. The need for these children to feel that they need to discard the title of being a foster kid means that they are already buying into the expectations that they will fail. Mattimore's suggestions for fellow foster parents are to surround themselves with adequate resources, begin having conversations about these stigmatizations that exists every day for these children and acknowledge how difficult it can be to be labeled a foster child.

To delve further into the places stigma surfaces for children who have been in the Foster Care System, it is crucial to examine the language that is used to speak about them. Using the term "foster child" in itself is stigmatizing as it sets them apart from the general public. These children, in many situations, lack certain luxuries that others may take for granted. An example of this may be pictures of their biological family, or pictures of them as a child in their foster home. Some of these children may not be able to receive new clothes every fall when school is about to start and live off of hand me down's and second hand school supplies. When looking at an internalized stigmatization, these children might feel different because they are not always considered to be a "real" family member. They may be treated differently then their other siblings at times, not only by their foster parents but also by their siblings. This idea of stigma runs rampant throughout the lives of these children and it is not a fair assumption to believe they are safe from it in their placements.

Multiple placements offers a new level of stigma and enforcement of the belief that the child is not wanted by the previous family because they are not lovable or something is wrong with them. This unfortunately is the reality for many of these children. They are passed from home to home, hoping that one will take the time to accept them as their own and offer them some love and stability. Every placement that turns them away is reinforcing the stigma that

these children feel on a daily basis and they subsequently loose hope for a family that is as close to the norm as possible.

Foster Care System

The history of child welfare system began in the mid 1930's when services to better serve children were authorized under Title V of the Social Security Act. Previous to this, Charles Loring Brace, social work pioneer, founded the Children's Aid Society in 1853, which is the first time fostering children, was introduced in the U.S. At that time, Brace established the Orphan Train Movement where children who were homeless, neglected or abused were shipped off to foster homes by railways. Between 1854 and 1930 over 200,000 children were placed in other homes. The increased amount of children every year forced there to be institutions built to accommodate them all. Consequently, orphanages and children asylums were being built at an alarming rate. (Herman, 2012) Between 1930 and the early 1960's states all over the country to conducting studies around fostering and adoption to gain more insight regarding standards for permanent versus temporary placements, adoption agency practices, proper parent involvement and placements for African American children. (Herman, 2012)

This period of discovery led to policy changes on a governmental level. Services in place for children under the Title V Social Security Act continued to be amended up until the early 1960's, which included increased funds towards supplementing or substituting parental care. Following this, in 1970, the Title V became Title IV-B-Child Welfare Services of the Social Security Act. At the same time, Congress expanded the use of Title IV-A- Aid to Families with Dependent Children (AFDC) to include foster care funding. (Child Welfare League of America, 2013) The Child Welfare League of America website reports:

These children were eligible if a court determined that remaining in the home was

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contrary to the child's welfare. The 1961 action to expand AFDC in this way was

temporary at first, but in 1969, participation in the program was made mandatory for all

states. While reporting is incomplete, by 1969, 30 states did report that 16,800 children

were receiving benefits under the program. By the middle of the 1970's, more than

100,000 children were receiving benefits. (Child Welfare League of America, 2013)

This same source also reports that:

Title IV-A funds were provided as an entitlement to states for AFDC-eligible children

while funding for Title IV-B Child Welfare Services was capped, debate began about

whether the guaranteed federal funding for foster care encouraged states to place children

unnecessarily into foster care. (Child Welfare League of America, 2013)

In 1980, the Foster Care and Adoption Assistance Amendments were passed. This law created a

separate title, Title IV-E Foster Care and Adoption Assistance, in the Social Security Act to

specifically fund these two categories of child welfare services. Below are some of the main

concerns, on the state level, that Congress believed needed to be addressed in the new law.

- Placement in foster care without the provision of alternative services that might help the

  child remain at home

- Foster care placements that were too restrictive (institutional settings) and too far from

  home

- A lack of written case plans, periodic reviews of cases and information of children in the

  system

- Parents not being apprised of their child's situation

- A failure to provide reunification services

- The creation of unnecessary barriers to adoption for children who could not be reunited

with their families. (Child Welfare League of America, 2013)

Between the 1980's and 2000, Congress continued to make provisions to the existing laws as new evidence emerged. It was clear that there were increased numbers of children going into foster care so amendments to increase permanency as well as kinship placements were put into place to reduce the need for entrance into foster care as well as reduce the amount of time children spent in the system. Examples of these changes include:

- 2008 Fostering Connections to Success and Increasing Adoptions Act was enacted which connected and supported relative caregivers, improved outcomes for children and youth in foster care especially in health care and education, provide tribal foster care, improve incentives for adoption and finally enhance training access for child welfare workforce.

- 2010 Affordable Care Act was enacted which extended Medicaid coverage to all youth who exit out of care as young adults up to the age of 26. In addition the prohibition of pre-existing conditions, exclusions, and expansions of Medicaid and the child Health Insurance Program will benefit families, including those at risk of involvement. (Child Welfare League of America, 2013)

Another pivotal piece of foster care history is the disproportionate numbers of racial minorities represented in the system. In a study done by Fred Wulczyn & Bridgette Lerly (2007), *Racial Disparity in Foster Care Admission,* they state that, "According to national data, roughly 37 percent of the children in foster care are African American despite the fact that African American children make up only 15 percent of the children living in the United States." (Wulczyn and Lerly, 2007) This statistic is eye opening and appalling. Their study delved further into examining rates of entry into care for groups of children over time defined by their age, their race, and the characteristics of the population in their home county.   Their findings

showed that a careful look at the relationship between human capital, social capital, and placement is warranted. It was also noted that there is failure to seek kinship placements for children who are African American, which is represented in Antwone Fisher's story. Antwone spent years in abusive foster placements and came to find out years later that he had a viable kinship placement, only blocks away.

The child welfare system has evolved over the years to better serve families and their children in times of need. The federal government's role has been a key player in determining what funds are needed and how to disperse it equally so that families are receiving the necessary services without abusing the system. There is still progress to be made, specifically in developing strategies to work at lowering the racial disparity in foster care, but it is moving in the right direction.

On the state level there have been continuous changes as well including research to keep track of needs that are surfacing. The Adoption and Foster Care Analysis and Reporting System (AFCARS) defined foster care in this report based on the definition found in the Code of Federal Regulations, which is:

> 24- hour substitutes care for children outside their own homes. Foster care settings include, but are not limited to, nonrelative foster family homes, relative foster homes (whether payments are being made or not), group homes, emergency shelters, residential facilities, and pre-adoptive homes. (The Adoption and Foster Care Analysis and Reporting System, 2010).

The Children's Bureau formulated a report based on the numbers of children in foster care in 2010. The report was called the Child Welfare Information Gateway and it showed that a total of 408,425 children were in Foster Care in September 2010. (The Children's Bureau, 2010) There

were 254,375 entries into the foster care system in 2010 and 254,114 exits out. Twenty six percent of the total numbers of children in foster care were placed in relative homes. Forty eight percent were placed in non-relative homes, as there were no viable options. Fifty one percent of children from those forty eight percent had case goals for reunification with their family of origins. Nine percent were placed in institutions, five percent in trial home-visits, four percent in pre-adoptive placements, two percent were considered run away and finally one percent were under supervised independent living. By the end of that year, fifty one percent of the children left foster care and were reunified with their families. Forty six percent of these same children were only in foster care for a year. Based on these statistics, the system that is in place offers many children the possibility to rejoin their families of origin without spending significant time in foster care. (The Children's Bureau, 2010)

The following outcome findings were compared to foster care numbers studied in 2000 and no significant changes were found in the report done in 2010. Out of the 254,114 exits out of foster care in 2010, fifty one percent were reunited with their families. Twenty one percent were adopted and eleven percent became emancipated. Eight percent ultimately lived with another relative, six percent lived with a guardian and lastly, three percent had other outcomes. While examining this same number of exists out of foster care, the report also describes the time that these same children stayed in the foster care system. Thirteen percent were there for less then a month while thirty three percent were for the length of 1-11 months. Twenty four percent stayed between the time of a year and 23 months. Twelve percent of the children lasted between 24-35 months, ten percent between 3-4 years and lastly seven percent of the total exits for 5 or more years. The median time in the foster care system increased since the study done in 2000. (The Children's Bureau, 2010).

For the proposed study, these statistics show that a solid half of the children in foster care are being served for a year or less and ultimate goals of reunification are being met. Unfortunately, that leaves a substantial amount of children that are faced with massive transitions and are away from their family of origin for significant periods of time. For those that are placed directly into a pre-adoptive placement, they may have more promising outcomes and hopes for stable attachments. For those that are in the system for long periods of time and multiple placements, they may have a more difficult time forming relationships that are both stable and meet their needs. Angels Fostering Family Network offers information regarding how children's futures are impacted when they spend multiple years in the system and have multiple placements. The following statistics portray the difficulties that these children are at risk of:

- 54% earn a high school diploma

- 2% earn a Bachelor's degree or higher

- 84% become parents too soon, exposing their children to a repeated cycle of neglect and abuse

- 51% are unemployed

- 30% have no health insurance

- 25% experience homelessness

- 30% receive public assistance (Angels Fostering Family Network, 2011).

It is this population that the proposed study is attempting to gain an improved understanding of, which could ultimately provide a clearer idea of how to better serve these individuals to avoid a destined future of obstacles and limitations.

The Commonwealth of Massachusetts Department of Children and Families Website describes its Foster Care System:

The Department of Children and Families Foster Care Program provides safe homes and

compassionate foster parents for children who are removed from their homes due to

abuse or neglect, unsafe or dangerous conditions. Whenever the Department removes

children from their home, attempts to identify family or extended family members are

conducted for placement. If the Department is unsuccessful in its attempt to place a child

with extended family, foster care is the alternative that offers the child a caring and stable

home. The safety of a foster home can often be the place where children begin to heal

from the trauma they have experienced. Foster Parents provides a safe home for children

during a time of great stress and turmoil. (The Commonwealth of Massachusetts

Department of Children and Families, 2012).

It is emphasized that it is the main goal that children who have been removed from their homes

due to abuse of neglect be reunified with their families or origin. In the hopes of doing so, the

priority of the Department of Children and Family Services is to offer a safe environment for

these children with relatives in the meantime. There is a strong pull for siblings to stay together

in the same placement as well if possible.

Families whose children have been removed begin their journey within the foster care

system with either a Care and Protection petition or a Child in Need of Services petition that is

reviewed by the courts. This will determine whether the child can remain in the home with

additional services to help support the family, or whether the child needs to be removed and

placed into a foster home. If the child is placed with a foster family, the department and the

courts continue to provide support and services to both the child and their placement family, as

well as the family of origin to ensure that every side is being served as the ultimate goal is to

return the child to their family of origin. An example of these supportive services include

therapy for the child as well as families in hopes that issues can be worked through and support can be offered. (The Commonwealth of Massachusetts Department of Children and Families, 2012). Cases are consistently being reevaluated by the Department to ensure that the child's needs are being met. If for some reason the family of origin is not able to offer a stable and safe environment to their child, the court can suggest a Termination of Parental Rights, which makes the child eligible for a more permanent placement, or a pre-adoptive placement. It is at this point, where the Department works to ensure a stable relationship and attachment for the child to a new guardian. Each case at this level is dealt with individually by the Department and the court to determine visitation rights, open or closed adoptions, fostering placements, residential placements or recommendations for family to receive services to avoid separating a family.

In this proposed study, the hope is to provide the field of social work with critical information that will affect the work that they do with this population. Social workers may be involved with case management, therapeutic services, or as foster care caseworkers. The National Association of Social Workers (NASW) states that,

> More than 513,000 American children are in foster care because their own families are in crisis and are unable to provide for their essential well-being. Working closely with these children and their families are more than 168,000 social workers who have dedicated themselves to these vulnerable children. Many times, social workers are seen as a stable adult in the lives of children in foster care and have the right training and education to help children and families find the permanent connections they need. Social workers work with children, biological parents, foster parents; adoptive parents and kinship care to ensure the proper placement for all children in care. (National Association of Social Workers, 2007)

Due to this, the field of social work and those that have this title need to have solid understandings of the system as well as the individuals they are serving since those involved play such a pivotal role in their futures.

Research on Foster Care

There is a tremendous amount of research done related to foster care that looks at outcomes of individuals in foster care, treatment interventions while in foster care, and surveys the needs of foster children and foster families. The following literature review will focus on portraying several areas of foster care that are related to the topic of stigma in foster care and how it may relate to personal growth and forming interpersonal relationships. The first section will look at self-concept, relationships and foster care; the next section will look at what is missing from foster care, and the third will look at studies related to adults who have spent significant time in foster care. In this next section of the chapter, empirical studies will be described and their strengths and limitations will be discussed.

Self-concept, stigma and foster care. The current research that is available regarding foster care and stigma consists of predominantly qualitative studies as they offer descriptive anecdotes that larger studies, done in a quantitative format, might not offer. The proposed study will follow this same technique in the hopes of attaining case specific information that can be studied further and offer extended insight to the field of social work

A book written by Peter Carnochan (2006) describes the stories of four children who have been in foster care, have struggled throughout their entire lives, and have jeopardized futures because of this. He describes how their moves through the foster care system offered little support, which consequently meant they internalized so much of their troubles. This is highlighted in the following quote:

The child does not have ownership rights, cannot rely on the bonds of love and law to ensure the constancy of the attachment. At any moment, placement in the foster home can be suspended, and the child can find him- or herself bounced to a shelter or a new home. In trying to imagine the interior experience of being a foster child, we need to penetrate this stigma in a way that neither sentimentalizes nor demonizes. (Carnochan, 2006).

Carnochan (2006) uses psychoanalytic perspectives to gain a better understanding of how these children deal with the emotional experiences. Not only does he examine the difficulty that these children have when they remember their past, but also looks at how they handle the constant uncertainty and instability of their present. Carnochan (2006) does this while keeping in mind Klein's (Carnochan, 2006) works on Object Relations Theory as well as Bion's theory of thinking and containment (Carnochan, 2006). Carnochan (2006) concluded that stigma had the ability to negatively impact an individual sense of self, which consequently inhibited the ability of children who were in the foster care system to be motivated and take control of their futures. He also went on to conclude that the inability to find closure in the past effected their ability to form stable and healthy attachments with peers, significant others and even work relationships (Carnochan, 2006).

A study done by Ellen Rest and Keith Watson (1984) examined a total of 13, men and women, 19-31 years old that had previously been in the foster care system. Rest and Watson (1984) used snowball sampling to recruit these 13 individuals and performed interviews to gather in depth information regarding their experiences. The outcome of this study showed that although these individuals were completely able to lead independent lives, they reported that stigma played an immense role in their poor self-image, difficulty establishing emotional intimacy and they felt an unresolved sense of loss.

Julie Griffin (2005) conducted a similar study with individuals, both male and female, ranging from 18-25 years old with a total of 18 participants who had aged out of foster care. The study was qualitative and used grounded theory methodology. Griffin (2005) spent time interviewing the participants in a semi-structured format to identify their abilities to form relationships with caretakers, teachers and peers as adults. She also explored their development during childhood and their psychosocial functioning and experiences. In her interviewing, she focused specifically on the relational bonds these individuals made with caretakers. Her results showed that:

> In many foster placements, the participants' experiences inflicted new relational wounds or confirmed their existing relational beliefs. In some placements, however, participants experienced a sense of family. In these foster placements, participants received messages from the foster caretaker that had a therapeutic effect on their relational wounds. Foster caretaker messages were related to five themes: love, belonging, acceptance, importance, and support. Healing of relational wounds resulted in changes in emotions, beliefs, and behaviors. Other factors, such as exposure to therapeutic messages, foster caretaker characteristics, the unexpected termination of relationships, therapy, contact with biological family, additional stress and trauma, and participants' psychological defenses also affected the extent to which healing occurred within the therapeutic context of a sense of family. (Griffin, 2005).

These results support the need for family based therapy and the extra support for foster parents and appropriate training for them to be able to offer support to the needs of the individuals they take in. This study offers strong information that illustrates how the social work field is important to these families and can offer relief and assistance in times of hardship.

Ann Kaplan (1982) writes about a seven and a half year old client that she spent several years doing psychotherapy work with, and their exploration of how to balance both validating his feelings of loss of his natural parents while at the same time forming strong bonds with his foster family. She spends time describing his emotional development and how this was an immense struggle for him to support dual feelings of hatred and abandonment towards his natural mother as well as infantile countertransference towards his therapist. Themes of difficulty with allowing relationships to develop fully were consistent throughout her work with him, although their work together gave him the opportunity to learn more about his emotions and how to navigate them which offered a solid foundation for his future relationships.

Myrna Raeder (2012) looks at the idea of stigma and how it reinforces the unhealthy patterns that children learn and model from their parents. Her qualitative study specifically looked at children who were placed into foster care due to their parents being incarcerated. She interviewed a total of 16 children ranging from 12-19 that she recruited directly from the Department of Children and Families. Raeder (2012) reports that, "As these children face the inevitable stigma that comes with their newly given title of "foster child", the stigma shames them and directly affects their development." (Raeder, p. 43) This conclusion was made based on interviews where the participants shared their difficulty maintaining relationships with peers, family and within their community. "These children then become at risk and face entering the cycle of crime, school failure, homelessness, unemployment, poverty and institutionalization" (Raeder, 2012, p. 44). Raeder (2012) concludes by sharing that children in these specific situations require much more support from the system.

Another study titled *A National Study of the Impact of Outpatient Mental Health Services for Children in Long Term Foster Care* from the Clinical Child Psychology and Psychiatry

written by Jennifer L. Bellany, Geetha Gopalan and Dorian E. Traube (2010), looks at whether

mental health services made a difference in how children internalized and externalized their

experiences. The researchers utilized data from the first National Survey of Child and

Adolescent Well Being (NSCAW) and gathered a sub sample of 439 (female and male) children

who had experienced being in long-term foster care. Conclusions made based on this sample

proved that mental health services were not extremely effective on internalized and externalized

behaviors for these children. They state that around 80 percent of children who are considered to

be a part of the child welfare cases present with behavioral or emotional disorders or

developmental delays (Bellany et al., 2010). The authors also report that children who have been

in foster care manifest notably higher rates of behavior problems (Bellany et al., 2010). Based

on this information it is clear that a need for mental health services is significant, although those

who have received them do not fair much better then those who do not. A limitation that this

study highlights is that there is little information regarding the quality of mental health services

that are provided nationwide, which ultimately means that youth are receiving untested

treatments with questionable effectiveness (Bellany et al., 2010).

An article titled *Identity Development and Self Esteem of Young Adolescents in Foster

Care,* in the Child and Adolescent Social Work Journal, written by Sakinah N. Salahu-Din and

Stephen R. Bollman (1994) explores whether identification with one's birth family can positively

impact an adolescents ability to develop their own identity and self-esteem. Their study was a

quantitative one that examined 116 youth (male and female) who had previously been in foster

care. The data was used from a larger study previously done by Sakinah N. Salahu-Din in

(1991) where the same sample was studied based on development task achievement and its effect

on their self-esteem.

Salahu-Din & Bollman (1994) suggest that developmentally, children in foster care face the same challenges as children who are not, although their struggles for mastery are within the context of overwhelming emotional stress, such as separation from their families. During adolescence, youth must feel some sort of developmental task achievement to successfully transition into adulthood. Youth in foster care may not have the ability to reach achievement in those areas, which ultimately could mean failure in one's adult life (Salahu-Din & Bollman, 1994). For this study, the authors defined self-esteem as "negative or positive feelings that adolescents have about themselves" and they focused on adolescent phase of identity, which revolves around "the adolescents attempt to negotiate systems and determine how he/she fits into society" (Salahu-Din & Bollman, 1994, p. 36). The results from this study confirmed that youth who had contact with biological parents were able to succeed more then those who had none. A significant portion of the youth who had some contact with biological parents were in foster care for shorter periods of time as well as had fewer placements.

The literature supports that being in foster care has an impact on relationship issues and on a child's self-concept. Moreover, the research suggests that the internal lives of children in foster care are complex and cannot be bandaged temporarily. The limitations are there are limited studies directly related to stigma and those that exist are small in number.

What is Missing in Foster Care

A study highlighted in an article by Catherine Favor, Crawford and Combs-Orme (1999) describe how low funding for mental health treatments for this population of children directly affects how resilient they are. Favor et al., (1999) continue to explain that due to stigma, and their unfortunate circumstances these children have a lot on their plates and really need services to be in place. The significant issue at hand is that because of the stigma attached to child

maltreatment, families are usually reluctant to seek mental health services because they hope to not be associated with this stigma. She concludes that consequently, these children who are in need of these services, go untreated and lead more difficult lives with issues related to attachments, adjustments and resiliency. (Favor et al., 1999)

This same message is reflected in the following quote from the researchers at the Carsey Institute at the University of New Hampshire. They state that:

Children in long-term foster care suffer from behavior and emotional problems at alarming rates. Better identifying and assisting children with, or at risk of developing such problems upon entry to foster care and throughout their out-of-home placement, may alleviate their needs and troubles and provide mechanisms for supporting them as they get older. (Social Work Today, 2013)

The researchers in the institute also shared the following statistic:

Sizable shares of children in out-of-home care have emotional problems. Nearly three in ten (27%) children aged 11 to 18 had clinical levels of emotional problems while 41% had clinical levels of behavioral problems. Children with emotional or behavioral problems are more likely to be in foster care. Four years after removal, 32% of children with clinical levels of emotional problems and 35% of those with clinical levels of behavioral problems were in foster care placements. This compares with 19% of those without such problems. (Social Work Today, 2013)

As stigma is deeply rooted in foster care as well as in individuals with mental health issues, it can be assumed that it plays a significant role in the difficulty that individuals have relationally who have spent the majority of their youth in foster care. This study is hoping to capture some evidence of this through the researchers interviews.

As kinship placements become the preferred placement when children need to be removed and placed, there are studies being done to observe whether it makes a significant difference in the child's life to stay within family members. An example of a study is one done by Jill Messing (2006) where she performed a descriptive analysis with 23 children from birth to 17 years old and measured the value of kin placements in terms of the children's ability to keep strong familial bonds and maintain that support. Her study found that kinship placements were not only what the children preferred, but also allowed for children to be much more resilient (Messing, 2006). A possible weakness to this study may lay that Messing (2006) was not able to distinguish how kinship placements were specifically better for children in the foster care system. This distinction between staying in a foster family versus a relative may shed more light on how this experience is less stigmatizing and may effect the child's self concept and identity.

A study been done by Dorian Traube (2008) explores what is missing for children who are in foster care and residential placements to allow them to succeed in school. The study looked at 14 children from all ages up until 17, and found that the children seriously lacked resources and proper supports to thrive. These resources included mental health services, school support plans (i.e. 504 plans or IEP's), and peer support groups.

Wendy Smith (2011) wrote a book called *Youth Leaving Foster Care: A Developmental, Relationship Based Approach to Practice* where she writes:

> The challenges faced by youth who turn eighteen and "age out" of the foster care system began to receive greater public and research attention in the 1980s. Increased funding and services in the years since has not resulted in significant improvements in generally poor educational, employment, economic, and housing outcomes. (Smith, 2011, p. 76)

This statement portrays a timeline of around 30 years with little to no progress in terms of aiding

foster care alumni in being successful once they have aged out of the system. This statement

also expresses the need for change in policies and services that are made available to these youth

who require extra assistance and support. Stigma adds another layer that the youth are faced

with.

In an issue of Social Work Today, author Lindsey Getz (2012) states that "In

Pennsylvania alone, around 1,000 youths age out of the foster care system each year, according

to findings presented at a hearing. Nationally, that number jumps to approximately 20,000 to

25,000 per year" (Getz, 2012, p. 2). This number continues to grow each year which means

there are generations of foster care alumni that may have fallen through the cracks without

proper support in all areas of their lives: economic, educational, housing etc. Getz goes on to

interview Richard James Gelles, PhD, who shares:

> We need to reduce the amount of time children spend in foster care and reduce the
>
> number of placements they go through. We also need to come up with new ways that we
>
> can plan for these children to age out long before they reach that age. When I look
>
> through case files, I see a reluctance to engage with kids in their 13th and 14th years, but
>
> that's the time to be preparing them. Still, nothing in these old case files suggests to me
>
> that the child is at all ready to reach their 18th birthday and be on their own. That needs
>
> to change. (Getz, 2012, p. 243)

The author makes a clear point through this quote that the current foster care system may need

some alterations so that children's time in the system is reduced as it is much more difficult to

make changes in the lives of these children as the age through the system.

From the research presented in this chapter, it is clear that children who have entered the foster care system are missing supports in significant aspects in their life, which in turn affects their future. Length of stay and multiple placements have a significant impact on the personal development of these children and many do not receive appropriate mental health services to see them through the system. Much of the research done has great value in determining what ideal placements look like, how to reach outcomes of permanency, and how to support families who are at risk or already in the system. The hope of the proposed study will be to shed some light on the specific needs of individuals who experience stigma while they are still in the system, and how this has had an impact on their development.

Gaps in Knowledge

The research that has been done up to date offers minimal insight on stigma and what it looks like for a child who currently is, or has been in the Foster Care System. The studies reviewed above provide a spotlight on information from individuals that supports the idea that extra supports and services could be put in place to better serve these children and are clear that foster care impacts individual's mental health and future outcomes. Qualitative studies, although they cannot be generalized to a larger population, offer some information on how stigmatization can affect the every day lives of these individuals. What the research lacks is supplementary information specifically on the day to day experience of stigma by children in foster care and how interpersonal relationships with foster parents, peers and other meaningful relationships are affected by stigma.

Stigma has the ability to direct individuals to focus on the flaws and misconceptions of others that are labeled a certain way. Foster children in particular suffer from stigmatization on many levels such as how peers judge them based on what clothes they wear, their family

situation, and teachers or other adults in the community may judge their potential and worth. It is impossible for these children to not internalize this stigma that follows them for the rest of their life. Research is warranted because of a lack of studies that delve into how much of this label affects a child's ability to form strong and stable interpersonal relationships. Yet, we know from the literature that being in foster care impacts self-concept and relationships.

The proposed study will answer the question whether individuals who have spent a minimum of 5 years in foster care have experienced stigma, and how it manifests itself in their personal growth and interpersonal relationships. A qualitative approach was chosen to allow for a more in depth investigation of the experiences that individuals had who were in the foster care system for a more extended period of time. With this knowledge, the social work field will benefit by understanding these experiences and provide more substantial and effective services.

The next chapter is a description of how the proposed study was developed and carried out regarding methods and interview questions. The goal was to delve deep into the experiences of individuals who have been in the Foster Care System and explore how their interpersonal relationships were affected by stigma. By completing this study the hope was to answer some questions not answered by the literature review.

CHAPTER III

Methodology

The purpose of this qualitative, descriptive study was to answer the following question," Does stigma play a role in how well young adults, who have aged out of the foster care system, develop as individuals and are able to cultivate healthy, stable and supportive interpersonal relationships?" The use of flexible research methods, and interviewing, gave more information about the individual's experience, allowing for deeper emotions to be expressed. Qualitative studies generate deeper meanings for human experience (Rubbin & Babbie, 2010, p. 456). Since there is little information known at this point regarding the experiences of stigma of individuals who have spent time in the foster care system, rich detailed information was collected. Questions asked directly addressed the experience of stigma in the lives of the individuals that spent time in the foster care system. Snowball sampling was used to find participants. A self-developed interview guide was created using demographic questions as well as open-ended questions. All interviews were audio taped. Coding was used as a way to highlight themes in the interviews and synthesize results. The findings of this study may hopefully fill the gap of the effects of stigma in the development of individuals from their experience I the foster care system.

Recruitment

Snowball sampling was used in this study to contact an individual known to this researcher who is currently on the Department of Children Services Board in Westfield, MA.

This individual is also the director of the children's programs at the Carson Center in Westfield MA. With her help, the ability to recruit within these programs would allow for a wide range of potential participants. The researcher also contacted local Programs such as the Garden Project that is affiliated with the YMCA in Northampton MA, Berkshire Children and Families in Hadley, MA, and lastly Treehouse Foundation in Northampton, MA.

The recruitment process began directly after receiving the approval from the HSR board in early February. The researcher posted flyers (Appendix A) at The Carson Center in waiting rooms for every program, which included: crisis, in home, outpatient (both children's and adults) and mentoring programs. Flyers (Appendix B) were also provided to directors of those programs and their staff to allow for a wide range of potential recruits. These same flyers were posted in other agencies that served a population that would fit the criteria. 19 individuals contacted the researcher by email over the span of three and a half months. The majority of these individuals referenced either hearing about the study from the flyers posted or from the director of the children's programs. A few said they had heard about the study by word of mouth from others who had seen the flyers as well as from previous providers that were given the flyers.

This initial number was encouraging as the researchers was unsure of how difficult it would be to reach this specific population. When the researcher first communicated with these 19 individuals it became clear that many were unwilling to delve into their past experiences. Some dropped out completely at that milestone, some went further and read the informed consent, signed it and organized a time to do the interview, but ultimately opted to not engage in the interviews. By the beginning of May I had a total of 4 interviews done. The researcher was continually reaching out through social networks, re-presenting the proposal to the different

programs on a weekly basis to accomplish a minimum of 6 participants. By the end of May the researcher finalized 6 interviews and had to end recruitment.

Based on the research presented in earlier chapters, recruiting a population of individuals who had been in foster care for a minimum of five years was attempting to reach seven percent of the total exits." (Children's Bureau, 2010). This speaks to why it was so challenging for the researcher to recruit.

Another possible impasse in the recruitment process includes using only one state to sample from in the United States. If the researcher had opened the scope for recruitment to multiple states or nationwide, it might have allowed for more potential participants. Due to this, it is impossible to know how the experiences of these individuals differ from other parts of the country and what can and cannot be generalized.

Sample

This non-probability sample included 6 men who were previously in foster care for a minimum of five years. The sample age range was from 19 to 37. The decision to use non-probability methodology was based on the fact that, although the data cannot be generalizable to a larger population, it can offer specific implications that can be applied to practice and, in this case, the field of social work. This method allows for more in depth and substantial information that a probability sampling may not offer. Snowball sampling was chosen on the basis that the researcher had connections that were relevant to this study, and was hopeful that these connections would refer to others and make the recruitment scope larger and larger. The bias in this methodology is that it gives people with more social connections an unknown, but higher chance of selection.

Narrative data was gathered by interviewing these six individuals. By doing interviews it allowed the researcher to gather rich information and delve deeper than a quantitative study may offer. I used snowball sampling by contacting an individual known to the researcher who worked closely with the Department of Children and Families. I only used participants in Massachusetts. Individuals who participated needed to meet the following criteria: have spent a minimum of five years in the foster care system and be over the age of 18.

Ethics and Safeguards

Ethics

The importance of running an ethical study, specifically with this vulnerable population, is so the participants feel as though they are being heard and respected. It was explained both prior and during the interviews that participants had the choice to not answer certain questions or choose to withdraw post the interview. This process was entirely voluntary and out of the initial 19 individuals contacted, 13 decided to withdraw prior to the interviews. Both at the beginning and the end of the interviews, the researcher also asked whether the participants had any questions about the informed consent form, the study, interview process and any other concerns that they may have felt. It was extremely crucial that the participants felt comfortable with the process to allow them to disclose such intimate information.

Confidentiality

Confidentiality was of utmost importance. Numerical codes were used instead to ensure that participants could not be identified. Once a person agreed to be interviewed, signed the informed consent, and a time and date was organized, the individual was assigned a number. Any emails that were used to determine interview dates, that might have included phone numbers or other personal information, were deleted as soon as the interviews had been

completed. Confidentiality was protected during the interviews by removing identifying

information from tapes and notes. Documents such as the signed informed consent forms and

coding forms are stored in a locked filing cabinet in the researcher's office, to which only she has

access to. During the thesis process the forms will remain stored in this same location and for

three years after the completion of the study, stated by the federal guidelines. Documents, both

physical and electronic, will then be destroyed.

Risk and Benefits

The risk of participating in this study was the possibility that some of interview questions

may trigger negative or upsetting feelings for the participants regarding their past experiences.

The participants were given a list of resources of agencies and counselor's names, addresses, and

phone numbers for further support (Appendix E). There were also several times during the

interviews where the researcher checked in with the participants to gage how this experience was

affecting them.

Participants were given the option of not answering any of the questions. Participants'

confidentiality was protected by using numerical codes instead of names, and all will be in a

locked in the researchers secure location. Since there is not much information right now on the

effects of stigma on the development of children in the foster care system, the participant may

see the benefit for others in their position. The participant benefited by knowing that they are

contributing to an area of research that has been overlooked. Several participants also shared

with the researcher how taking a deeper look at this period of their lives was both triggering and

offered them relief. They appreciated having the space to explore this after some time had

passed.

Data Collection

Data was collected via in person interviews and telephone interviews and the data

collection process began after the receipt of an approval letter from Smith College School for

Social Work Human Subjects Review Committee (Appendix F). Individuals who met the study

criteria contacted me by email or phone. The first contact with a participant was in February

2013 and my last interview was done in May 2013. After agreeing to participate in the study, I

mailed or emailed two copies of the consent form (Appendix C) that described and explained the

purpose and intent of the study, the risks and benefits and the federal guidelines to protect

confidentiality. Once individuals had read and signed this form, I contacted the individual via

phone, email to set up a time and date to conduct the interview. I offered to meet them for an in

person meeting or to do it over the phone or Skype. Three participants chose to do the interviews

in person and three chose to do them over the phone. All contact with these participants was

initially done through email then over the phone. The length of the interview was approximately

45 minutes to 1 hour. The interviews were recorded, which the researcher notified each

participant prior to beginning.

The interview did not utilize any published or previously developed tools or instruments.

The questions in the interview guide (Appendix D) were self-developed based on the research

question and previous literature. The interview began with a series of close-ended demographic

questions, specifically: participant's age, gender, race, ethnicity, and how long they had spent in

the foster care system. This data was collected in order to see if there were any

similarities/differences depending on certain demographic variables. The second part of the

interview was composed of open-ended questions that were designed to elicit the participant's

experience of stigma in the foster care system. Examples of questions are:

* What is your understanding of stigma?

*Do you have memories of feeling different then other children?

*If yes, how was this displayed to you and who was expressing this to you?

*If yes, where was it that you experienced this? (Home, school, community)?

*Did you notice any differences between you and your peers that was difficult to cope with?

*What helped you cope with stigma?

*What might have offered support for you during this time in your life?

*As you reflect back on this part of your life, do you still feel that you carry stigma associated with having been in the foster care system?

*Is there anything that you would like to add?

Data Analysis

Data was recorded on a voice recorder during the interview. I then listened to the interviews and transcribed the conversation verbatim. This method of transcribing allowed the benefit of not missing any information during the interview, which would ultimately be used to find themes, similarities and difference between responses. The narrative responses were organized under each interview question in the format of a list beginning with participant one (PI). A file was created for each question. Then the questions were grouped into categories. Once the data was organized, each question was analyzed for similarities and differences. Themes were picked out from the transcription to identify how participants responded and whether themes were consistent with other responses. Re-reading and reflection led to coding the information by categories and themes. This data collection method, content/theme analysis, is described by Rubin and Babbie (2008) as, "It [content/theme analysis] consists of primarily coding and tabulating the occurrences of certain forms of content that are being communicated."

By utilizing a content/theme analysis, in depth narrative responses with an abundance of information was coded into categories and selected responses were added to illustrate similarities and differences.

Strengths and Limitations

A strength of the methodology was using qualitative data to obtain in depth information. Participants were able to voice all their opinions and not be silenced by close-ended questions, as this study utilized a majority of open-ended questions. This allowed for a more valuable description of specific experiences through their own perspective.

Limitations within methodology include the small sample size that was collected in order to get that in depth information. The study would have been more representative of the experiences of stigma within foster care if there was a larger sample that was more diverse. Another limitation is the specific criteria the participant had to meet in order to be included in the study. This was done purposefully to gain insight to a specific population, but this can also be a limitation. Lastly, another limitation was focusing on a population that is considered vulnerable which ultimately made finding participants willing to share their experiences more difficult.

CHAPTER IV

Findings

This chapter contains the findings from six interviews focusing on the experience of individuals who, as children, were in the foster care system. This exploratory study provided an opportunity for the participants to delve into their feelings of stigma in the foster care system and reflect on their personal experiences. Questions were structured to obtain information regarding feelings about the stigma they experienced, how it has affected them as individuals and in their interpersonal relationships and lastly thoughts they had regarding what they may have needed at the time to address issues that were arising.

The following sections are structured by themes that emerged in response to each question. First demographic information is presented that describes the sample characteristics. Following this demographic information there are sections organized by categories that include participants definition of stigma, experience in foster care, perpetrators and environment that stigma was experienced, supports offered during foster care, methods of coping, short and long term effects of stigma and lastly a section that was used for reflection, depicting what participants believed they needed to have experienced things differently.

Demographic Information

The study was comprised of 6 men who identified having been in the foster care system for a minimum of 5 years. Four of the interviews were conducted in person and the last two interviews were conducted over the phone. The interviews ranged from 20 minutes to 55

minutes. Participants were between the ages of 19 and 37 with the average age of participant being 28 years old. Two of the participants identified as biracial, African American and Caucasian, another identified as biracial, Caucasian and Puerto Rican. Another participant identified as Hispanic, another as African American and the last participant identified as Caucasian. With regard to location, all participants were located in Massachusetts at the time of interviews; although several shared they had moved a great deal while in foster care.

This sample size offered both strengths and weaknesses. Having six men meant that the researcher is not able to ensure their responses to the interview questions are representative of the population of women that fit the criteria for this study. The strength of this population, although small, was that it is quite diverse. This diversity allows the researcher to draw similarities and differences in the experiences across the board, not specific to one race.

The following sections of this chapter are comprised of themes that were present during the interviews with specific quotes from the participants to clearly and eloquently portray them.

Definition of Stigma

This section focuses on how participants individually defined stigma. To gain an accurate and individualized notion of the participant's experiences, the researcher believed it would allow for a more rich understanding if each participant described what they believed the word stigma meant.

The notable common thread in each participant's definition of stigma was that it was a negative phenomenon that impacted individuals. Half of the participants chose to define stigma in general terms. For instance, one participant stated:

I know that people who are stigmatized feel othered. Stigma can ruin someone's life whether it's because they have a criminal record or because they are mentally ill.

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While another stated that stigma,

>   Makes me think of the Nazi's imposing Jewish people to wear the Star of David on their
>   arm to identify them. It's not necessarily a bad quality in a person, but once it has become
>   stigmatized, whatever it may be, it's seen as negative or shameful.

Finally, one participant emphasized that stigma is created and is leads to misconceptions,

Stigma makes me think of ideas or thoughts that are not necessarily based on true facts. I think

that they are often incorrect.

All of these definitions point to a sophisticated understanding of the variety of experiences that

can lead to stigmatization and to the enaction of stigmatization.

>   On the other hand, half of the participants, when defining stigma, personalized the

definition. Indicating that their first hand experience of being stigmatized had informed their

definition.

>   I think that stigma is everywhere. As people evolve, new stigmas appear and people make
>   decisions on what is right and what is wrong. Whatever is seen as different can
>   automatically become "wrong" and lots of people suffer because of it. I know I have.

For two of the participants, stigma defined them and their lives:

>   Stigma is what has made me the person that I am today and it determined how I made out
>   in the world. All that I think about when I hear that word is negative, like bad, shameful,
>   different, other and pathetic.

>   Stigma is what defined my life as a child. Feeling different, being told that I was different,
>   and always fearing that I was being judged is what stigma means to me.

These individualized definitions support the idea that stigma is part of the lived experience of

children in the foster care system and that the experience of stigma has implications for how

participants feel about themselves and how they have developed as adults.

Experiences in Foster care

This next section of the chapter is focused on portraying the experiences that these participants shared about their time in foster care. These descriptions offer insight on how dysregulating it can be to transition from home to home without concrete stability and support.

Being different. The majority of the participants identified specific instances in their lives where it was extremely evident to them that they were different then others. One participant explains,

> Living on campus as a foster kid was really hard because it becomes immediately obvious that you are extremely different. I never went on spring breaks, I never had the same home to go back to during summers or breaks, maybe similar to foreign exchange students. It also became very clear quickly that I had almost no social skills, and the survival skills that I had developed over time were now completely useless.

Another participant expresses a similar experience,

> I never had a place to do my homework, support from parents to remind me why you have to do homework. School was a place to go and get through just like every other place I ever went. Having to do a family tree in class and not being able to easily explain it made me feel different. I would sometimes come up with quick stories so I wouldn't have to explain it over and over, which only solidified my feeling of not belonging. Just simply saying I'm a foster kid was never satisfying.

Unlike the previous two participants, one spoke more vaguely about their experience in foster care and how it was difficult relating to those around him.

Things that seemed normal to me never seemed normal to others. Wherever I would go, I brought an entire lack of family with me. The only time I felt like a part of a family was when I was with my real parents in one of the worst situations I have ever lived. It feels really pathetic.

Consistency. Within their experiences, a theme that arose within this section was consistency and how this varied and impacted each individual's foster care experience. One participant shared,

I have been in foster care since I was two and don't have any memories about the time I had with my biological mother although I was told that I was picked up on the side of the road with a sign wrapped around my neck that read "needs food and a home". I was picked up and my story was shown on the news, which thankfully my grandmother saw and I was able to go live with her. As I grew up I started having some anger problems but my grandmother brought me directly to programs in her community that offered some support to both her and myself. After awhile she had some severe health problems so I re entered foster care and was sent to a few different homes, one in California. Through those homes and even still now I have always kept in contact with her which has made such a huge difference

Similarly,

I consider myself lucky because I was only sent to one foster home and she ultimately adopted me. The most difficult part for me was the separation from my biological brothers and not much leniency in terms of being able to stay in touch. We had some visitations but they weren't organized or consistent so I never knew what to expect or

when the next one would be. I went years without seeing or speaking to them, which

gave me such anxiety because I was so worried about their well-being.

There was one participant that shared his experience, which compared to the others, was

extreme, and portrays the experience of a child left to their own defenses to combat a world with

little structure, support or direction. He reported,

I was in a total of about 35 different homes over the span of ten years and was constantly

getting kicked out for bad behavior. I also went to some residential programs and juvi

once for community disturbances. I was really impulsive and placed into some areas that

were not safe, without limits and structure, and left to my own defenses. I quickly

developed behaviors that were getting me into trouble and a bad reputation. This meant it

was hard for me to get into foster homes. The longest stay I had was a little under a year.

It's clear from these descriptions that inconsistency and disturbances in the growth and

development of this individual was immensely affected by his experiences in foster care.

Number of placements and quality of placements played a large role in determining the ability

for these participants to adapt and overall develop strong relationships and attachments.

Experiences of Stigma

This section of this chapter focuses on how these participants were able to identify stigma,

if they were, in their experiences while in the foster care system. Below was a striking quote that

had obvious and blatant stigma underlying in it and portrays who were some perpetrators of

stigma:

I was told by caseworkers and group home workers to not speak to others in the

community based solely on the fact that I was in foster care. We were not to interact as it

meant having to answer questions that would just raise more. It wasn't worth anyone's time we were told.

Public nature of transitions. Several participants had similar responses to the question regarding what environment they felt they had been stigmatized in. One participant noted,

I was constantly being picked up at school, homes or friends houses, having to throw all my things into garbage bags as quickly as possible and wait for hours at a time till my caseworker could find me a new home. I felt like just a case that they needed to fix. But I could never be fixed because I was never there long enough. I was the lost child who didn't even have a name, I was that kid in the room sitting around waiting. I would be told by my caseworker that people didn't want me and that she had to beg people because of my issues and situation to take me in.

Another shared,

I was constantly pulled out of classes so that my caseworker could notify me about a change, or have my body checked for bruises or scrapes.

Having time at school be affected due to their status, as a foster child appeared embarrassing. They shared feeling as though there was no place where this status was not present.

There was a participant that attributed stigma to when they were transitioning between foster homes and their original home. Displayed below are his words that speak to the difficulty of leaving a life behind and struggling with not having it be a private transition without judgment.

Moving out of my home the very first time is still so clear in my mind. I was given two clear plastic bags to fill with whatever belongings I could. I continued to move with

those same two plastic bags wherever I went. One of my bags was full of books and that

was so central to my identity because my mother's family all read. That kept me

connected to her. Constantly seeing your belonging in trash bags, clear trash bags which

meant everyone could see, made my moves that much more difficult. If I had mementos,

I held on to them as if they were my life. I still have the habit of keeping something

really special to me hidden away in a box shoved away so that I always know where it is.

Having it readily packed because I always needed to be. Whenever I would get a chance

to explore the house when no one was home, I was constantly looking through cupboards

and drawers because I needed to find out how I was different from them.

A subtheme of the nature of transitions is highlighted in quotes above and appeared to be quite

prominent in the interviews. The environment that their perceived stigma was experienced

ranged although many identified school as a place where their status of being a foster child was

extremely evident. Below depicts quotes from participants that identified not only environments

but also specific individuals that they felt stigmatized by. A subtheme that became clear in this

section was the effects of peers and siblings and their contribution to the stigma.

Perpetrators of stigma. Many participants spoke about the individuals in their lives

while in foster care that they felt most stigmatized by. While most of them had mentioned the

caseworkers and foster care parents who contributed to stigma they also noted that other children

in their lives were also a source of stigma. One participant noted,

I felt stigma most with the biological children of my foster parents. If I was lucky

enough to make some sort of connection with a foster parent, the more issues I would

have with their children. They always saw me as a charity case and I never knew how I

fit into the family. I felt it a lot when it came to them introducing me to their friends or

other family members. There was always a pause afterwards and that made me feel like such an outsider.

Another participant echoed similar feelings regarding his personal identity as a labeled status of "foster kid"

I felt the most different from my foster brother's who were my adoptive mother's biological sons. It seemed as though they had some resentment against me and felt like I was a disturbance in their original family. I am also biracial and my entire adoptive family is white so I automatically felt different for that reason as well.

Yet another participant shared,

I would avoid saying that I was a foster kid because I was worried about what reactions I would get from peers. When I was adopted it took me time to share this with people although it felt better to admit then saying I had been in foster care.

An additional participant shared that:

I always felt different as a kid compared to my peers because I wasn't athletic, didn't have new clothes every school year, never got picked up from school by my parents, didn't have sleepovers because I was embarrassed or wasn't allowed to, wasn't up to date with new cellphones or technology, didn't have pictures of me with my real family or a label on my door that said my name or "get out" like so many others.

Seemingly small details, such as sleepovers and framed pictures, may be meaningless to one, but appears to make an immense difference for those who had so little connection to what they knew.

Lastly, one participant alluded to the fact that his stigma meant that he was automatically perceived as negative. He attributed coping with this negativity to learning how to dissociate from others as a defense mechanism.

> I felt like people always assumed that I was coming from a bad situation because I was in foster care, which made them feel like somehow I was partly to blame for that bad situation. Being in foster care never brought good thoughts to peoples minds and I feel like I could sense that every time. Because of this I learned to not concern myself with how society looked at me and I lost track of my priorities.

Through these quotes, the participant's portrayed stigma in both micro and macro lenses, which eventually came to have a larger meaning to them. Participants shared that they experienced stigma from both adults like caseworkers and foster parents as well as from the other children in the family. This means that one implication is that both caseworkers, foster parents and siblings could benefit from training that helps them find ways to be less stigmatizing to children in foster care. This training could include simple things such as how do individuals introduce a child in foster care to peers and other family members. Or identifying the most private way to work with a foster care child without the stigmatization of showing up at school, but maybe waiting until after school or till the child comes home.

Supports During Foster Care

The participants that were interviewed spoke often about their lack of resources and supports while in foster care. This section looks at highlighting those that were able to identify some supports, which will portray how effective the current system is in aiding these individuals through difficult life transitions without their natural supports.

Therapy was the main support that those who could identify supports, discussed. One participant shared:

>My adoptive mother made sure I was in therapy at a very young age and it took me a long time to be invested in it. I had a lot of behavioral problems as a kid and my caseworker wanted concerns from my original home to be addressed. I think that having someone like her behind me knowing that it would help me in the long run was huge. I doubt that I would be in the place I am now and at peace with my life if I hadn't been engaged in therapy. I am currently still going and it's a lot of work but I have accepted that I need it.

Two participants expressed specific details in their experience that they believe led to their successes and ability to connect to others. One expressed,

>It was nice to have other foster kids in homes with me because it gave me a sense of comradery that I wasn't able to have with other kids my age. I felt more at ease with them just because I knew that they were living something similar to me.

Another participant shared,

>I think that I got lucky with having my family behind me because they knew what I needed and how to help me get it. My last home, the one I am still in now has been great. They treat me as though I am part of their family and they help me make difficult decisions. I want to be out on my own after I graduate high school but they know I'm not ready. My case worker has taken so much time to help me find programs that will help me find jobs and learn skills that I need in the real world. The hope is that I will transition out of my foster home and into my own apartment in the next few years and start at Greenfield Community College in a year.

These participants appeared to think that their situations were not the norm and that they were lucky to have had these supports because they witnessed so many others not have those same opportunities. The supports that were clearly identified by participants included having other foster kids in the home, supportive families, both foster and biological, supportive caseworkers and lastly having services provided to them. Based on the responses of the participants, it was clear that both formal outside supports as well as supportive informal supports such as community-based programs are needed and crucial in aiding these children to develop. It remained unclear to some participants, who did not identify having strong supports while in foster care, whether it would have made a difference in their experience.

Methods of Coping

Within this section of the chapter, the researcher will underline what methods of coping that the participants were able to identity that they used during their time in foster care. These methods varied immensely between the participants although various similar themes were woven within. As these participants shared their methods during the interviews, it became clear that there was some sort of personal willingness and strength that existed in them to find outlets that enabled them to cope.

Unique and individualized coping. Some participants who were able to identify that they had developed tools in their time in foster care, express below personalized and unique methods of coping. They found comfort, consistency and an ability to be themselves, while engaging in these activities.

One participant noted,

Fantasy and live action role-playing was my escape. I never had to explain myself and that was so comforting. My lack of social skills was not as evident in that part of my life.

I also believe that I was born with an innate thought that if someone else can do it, so can

I and I used that inner motivation to get me this far. I also had a rich imagination and

loved writing and reading, which allowed me to feel predictability and stability.

Similarly, another participant stated,

Music is what saved me from falling into my dark thoughts. I knew I loved to dance and

loved to rap. I never had to explain myself to anyone through my music because it was

only for me. I still continue this today and it's my plan to look for music production

programs in college to fulfill my dream as a music producer. There is so much I don't

know about myself or about my life but music, I know!

A third participant spoke to this same idea, on a more general scale,

I had to train myself to not allow each judgment to tear me down or change my view of

myself because I am also one to pass judgment just like everyone else. I needed to find a

way to be ok with who I was because at the end of the day, that's all I had.

Self-destructive coping. Unfortunately, some participants admitted to coping in ways

that they identified as being more self-destructive then anything. One participant shared,

I was constantly on the defensive. I couldn't accept help and I couldn't accept my

situation which led me to do things that only hurt myself and others. There wasn't a day

I didn't think about not wanting to be on this earth. I was offered help but wouldn't take

it. All I wanted was to be home, not just in any home, but my real home because that's

the only thing that felt right.

Another admitted,

I partied. I kept everything bottled up inside and wasn't able to handle how difficult my

life was. I felt hopeless and I felt like no one would miss me if I were gone. This led me

to run with the wrong crowds and do things that I regret still to this day. I experimented

with drugs and drank till I couldn't think straight for years. I wish I could have been

strong enough to have made better choices.

Lastly one participant shared,

I was going from relationship to relationship because I had grown up with such an intense

fear of being alone. I had always felt disconnected to people but I was constantly trying

to find someone who would love me for who I was. I dated a lot of people and never

gave myself time to be alone because that meant I would have to face my thoughts and

fears. I couldn't do that.

The responses from this section showed the most variation from the other sections. Participants

described multiple ways of coping. Some identified what appeared to be personal strengths that

they were able to manifest into positive coping mechanisms. The other extreme was individuals

responding to stress and loosing sight of healthy ways to manage it all. The individuals who

identified poor coping habits were those who experienced multiple placements over a significant

period of time in foster care. It seems fair to infer that these two components are related to one

other.

Short and Long Term Effects of Stigma

This section focuses on information that participants shared in the interviews regarding

their experiences of stigma and how this has gone on to affect their lives as adults. To some

degree, every participant shared that as they reflect back, they could recognize ways that stigma

has impacted their interpersonal relationships.

Connection. This following section is on closeness or connection in general and how the participants' experience of stigma plays out in their relationships with others throughout their lives.

One participant reflected a similar statement made by the previous participant, which encompassed his inability to form "normal" connections and attachments to others, both during childhood and his current adult life. He stated,

> Because I left my biological mom at age 2 I don't necessarily feel like I had made a
> strong connection to her. It took me a long time to connect to my adoptive mother and I
> think because of all the changes that occurred to me so young, it has changed how I
> connected to people. I can go for months without speaking to my adoptive mother and it
> doesn't phase me and I don't have many people in my life that could say the same.

This participant elaborated this thought and expressed a deep sadness that he is missing out because of this inability to form close and stable connections with others. This seems to be reinforcing the stigma he felt as a child. There was another participant that spoke to this same internal pain caused by compromising between using defenses to stay safe and yearning for personal connection. He shared,

> When you are in foster care you are always working on finding a way to make people
> keep you in their lives. You grow up constantly trying to make other people happy which
> consequently makes your needs less important. I was always the other consideration in a
> foster family unit or an outsider. My time in a foster home could be cut short for
> whatever reason, whether it be financial or emotional stress. That was never the case for
> any other children who lived with their biological parents, and that is what solidified in
> my mind that I would never feel that sense of comfort. No matter how inside I actually

was, I was always going to be an outsider. That feeling has never left me and so I leave

people before they have a chance to leave me.

Another participant shared a strong statement during the interview that encompassed his

overarching feelings of loss and hope. He reported,

I have always lived with an overriding hope that things would settle down and I could go

home or be with my brothers again, which never ever happened. I still have dreams

about reuniting with my family today, in my late twenties.

Romantic relationships. Three participants spoke more directly about romantic

relationships and how stigma has affected that portion of their life. One participant stated,

As I get older and think about getting engaged and passing major milestones like having

a family, it's then that I start thinking about what I'm missing in my life. It's hard not to

compare myself to others and I feel more different now than I did as a child.

Another noted,

Dating was impossible. I never had a model of a healthy relationship because I went

from my parents who were physically and emotionally abusive to group homes and foster

homes with only single parents. I had to learn so much while in a relationship about

relationships, which put such pressure on my significant others. Still to this day I don't

feel like I know what I'm doing and I have been married over ten years.

The third participant reported,

Even at my age I still live with stigma because when people want to know about my past

and me there is no easy story. Dating people gets very difficult because it's not as easy

as I want to introduce you to my parents. I wish I could have it easier because I want to

be married and have kids. I also really want to be a foster parent one day because I know

what is needed as a kid in that experience but I also know I need to get everything set in

my own life before I take that on.

The common thread noted in these responses was the shared feeling of being uncomfortable and

potentially embarrassed with their past. When the participants shared their difficulty developing

these romantic relationships, it was clear that their lack of proper role models as children was an

impeding factor that proved to be an enormous obstacle.

Parenting. One participant felt as though stigma resonated with him the most as he sees

his development as a father. He reported,

A way that stigma plays out in my adult life is when I need to be actively involved in my

kids schools. I never had that and if I did it was because I was acting out. As a parent

now, when I go to teacher meetings, I am on the offensive. Concerts and events were

never something for me to be involved in as a kid, and now I have to be extremely

conscious of my emotions as to not continue the pattern with my own children. I need to

be aware of how I engage and constantly remember that I want something different for

them. This sometimes means that I have to decline going because it's too difficult for

me. Another thing is that I'm used to not seeing my family. So the thought of not talking

to my kids for a day or two might happen if I'm not careful. That's not out of coldness

it's just out of normality in my life. Lastly trying to explain to my kids their heritage is

hard, especially without lying or covering up while at the same time preserving their

innocence. My duty is to instill a family identity that I didn't have.

This quote speaks directly to the importance of learning from example as a child and how much

more difficult it can be to learn these methods of parenting as an adult. It's clear that the system

needs to offer extra support for children who spend the majority of their lives in foster care so

that they are ready to become adults. This support not only will benefit the children directly affected by the child welfare system but also future generations.

Life choices. Some of the participants went on to share personalized experiences that occurred post foster care that they interpreted as being rooted in their experiences while in foster care. One participant expressed his rude awakening, as he got lost in a cycle of poor decisions.

> I ended up being in prison for awhile and I honestly think that I followed the typical foster kid life cycle and I think that if I had been stronger and had more supports in place I could have had a different outcome. It took me making really bad decisions and going to federal prison to have a reality check and not blame them on others but finally take responsibility and control over my own life.

Another shared,

> I graduated from high school and was never told the importance of college. I remember barely making it through high school because it was yet another place where I felt different. I didn't have friends that meant a lot to me and all I knew was that I wanted to get away. I was connected to nothing. I got jobs at fast food places and had no ambition. I didn't know what I wanted to do and how to even make that decision. As I look back now I wish I would have had someone there telling me to go to college to make a better life for myself.

One participant shared similar thoughts,

> I have several kids and they were all born before I was 22. I was always searching for love and connection and when I would temporarily find it I would hold on tight. I wanted to make a family since I had never had one. I graduated high school and had to find jobs to support my children. I never had a chance to go to college because I couldn't afford to

not work full time. I still to this day don't have a sense of fulfillment at work, and worst

of all I don't know if at this point I will know how to find it.

This next participant discusses a professional decision he made based on his lack of visual

connection to his family of origin.

Pictures from my family are gone. I have never had any and in my adult life when I was

given some, I couldn't find a way to relate to them because I don't know some of the

people or the occasions that the pictures were taken at. I think the main reason I'm a

photographer now is because I need to compensate. I was used to not wanting to

remember.

This portion of the interviews was rich with self-reflection and proved that these

individuals had greatly learned from their experiences in foster care. Although the effects of

stigma were not always ideal, they offered them a chance to grow and develop new life skills.

The responses from the participants in this section showed insight on the impact of their

experience in how they were able to connect with peers, romantic partners and family members,

as well as what factors from their past affected their ability to not only connect but be close.

Several participants also shared with the researcher how taking a deeper look at this period of

their lives was both triggering and offered them relief. They appreciated having the space to

explore this after some time had passed.

Reflection

This final section of this chapter concludes with pertinent thoughts and anecdotes that

participants shared during the interviews that the researcher believed were crucial to include.

Consistent with the methodology of this study, exploratory qualitative studies invite participants

to explore a topic and through that, suggest other pertinent themes or avenues of inquiry the researcher may not have had in mind.

The final interview question asked by the researcher was whether there was anything else the participants wanted to share or believed was important for her to know. Many of the participants didn't hesitate in sharing specifics of what they needed more of at the time. One participant noted,

> The thing I needed the most was to have someone point me in the right direction, every single day. I remember the first time I lied to my mom about doing my homework and she never checked. After that point I understood all I needed to do was go to my room and be quiet for 20 minutes and I could get away with it. I needed someone checking my homework, involved in my interests and my view on the world and who cared about what direction I was going on.

One participant spoke similarly to the concept of needing constant reminders from positive adult figures on what values and morals are important to live by. He stated,

> When I was a teenager I didn't necessarily know wrong from right. All I knew was survival because I can't think of one person that I depended on that I fully trusted or knew that my best interest is what they were focused on. My teachers were most likely the people that had the most impact on me but I never went home with any of them. Their rules in the classroom were rarely mirrored in my many foster homes so I didn't know who was teaching me the right way of being. I learned the hard way that stealing just isn't ok, but when I was growing up and didn't always have food cooked or bought for me, stealing was my way of surviving. I needed someone to be alongside me showing me how the world worked. I needed just one person.

For different circumstances, this participant shared his need for an adult to provide structure and limits with him because at the time he was too young to fend for himself. He shared,

> I was supposed to go to therapy several times but I was given the option to go by my caseworker. When I was 13 I didn't know that I needed help expressing myself and coping with all these changes in my life. All I knew was that I hated the world and I didn't believe that anyone truly wanted to help me so I didn't see the point in therapy. I wish it had been mandated or that I would have been forced to somehow go. I think if someone had sat down with me and showed me that it was my time to talk about anything I wanted things could have been different.

On a broader scale, several participants spoke about a need for consistency. This applied to many dimensions in their lives as children as well as in their adult lives. One participant reflected,

> If I had had consistency in my life as a kid, even in a foster home, I believe things would have been so different. People were so willing to give up on me, which just reinforced my cycle of loss and disappointment. I never trusted anyone. It took me so much longer to get to where I am now and I regret that every day. I am now in a place where I can go to college and make my life better but I wish I had more direction as a kid because it wasn't my fault for being in foster care. That's what hurts the most, I was punished and missed out on so many things because of my parents' decisions.

Another stated,

> Consistency and having one same person behind me the entire time was so important for me and what I think is success. When I see my brothers who have been to so many different homes over the years and their difficulty with establishing friendships and

relationships, all I wish was that they could have stayed with me or gotten the same

chance I got. I think it's rare for people to get as lucky as me.

The main theme that was raised in this section was a need for consistency.   The lack of this as

well as structure in their lives not only took an immense toll during their childhood as they

developed a personal identify, but also was attributed to the place they are today. The responses

from the participants in this section is where the researcher found the richest descriptions of

ways to better serve this population in foster care, to set these individuals up for success rather

then failure. A possibility for reform could be regulations put in place on how many times a

child is uprooted and sent to other foster homes a year as a way to reduce the stress of adapting

to yet another community, family and structure.

Summary

The findings chapter presented and summarized the major themes of having experiences

stigma while in the foster care system. Participants discussed feeling of being different from

others, constantly having to face the fear of the unknown and the effects this experience has had

on who they are as adults. The next chapter will make a connection between the findings and

existing literature. There will also be sections addressing implications for social work and the

strengths and limitations of the study.

CHAPTER V

Discussion

This study explored the experiences of stigma within the foster care system, and how this experience may have affected the participant's ability to develop personally and engage in healthy relationships. Participants were asked to elaborate on experiences in foster care, relationships, and experiences of stigma. The findings of this study duplicate information from previous research in that children who spend a period of time in foster identify that stigma was a part of their experience. The participants offered a range of examples of where this stigma was felt, from simply using the term "foster kid" to a constant feeling of not belonging in any environment. The following sections will address specific similarities and differences found to existing literature along with strengths, limitations, and implications for social work that this study provided.

Comparison with Existing Literature

This study provided specific examples of how being in foster care and the experience of stigma can affect an individual's ability to be successful as an adult. Every participant in this study was able to identify that stigma had played a role in their experience while in foster care as well as in their adult life. This information was interesting to discover as there is not much research done to date specifically looking at the role that stigma plays in their experience in and out of foster care. Several participants shared that not only did stigma play an immense role in their ability to connect to peers and foster families, but that they carried this stigma with them

even long after being in the system. The participants in this study referenced specific instances of stigma while in their school environments and also how it greatly impacted their interpersonal and romantic relationships, as they grew older.

Several participants from this study spoke about their difficulty finding jobs and receiving support to pursue high education services. This was directly connected to the statistics that have been done to date regarding how successful children who have spent a significant amount of time in foster. Although half are able to graduate from high school, only 2 percent achieve a bachelors degree or higher. (Angels Fostering Family Network, 2011). One participant also shared his difficulty maintaining a job and not having the consistency of full time employment that was fulfilling. This is also mirrored in the statistics from previous research that states that about half of this population is unemployed. (Angels Fostering Family Network, 2011).

One participant also spoke to his struggle with becoming a father too young and having trouble being as present as he hoped as he was still coping with the aftermath of his own experience. This same participant correlated his experience of becoming a father so young with his need for finding connection anywhere he could. He went on to share that his lack of connection and stability as a child directly impacted his need for relationships and achieving a concept of family. He was able to reflect on the disservice he did to himself as well as his child by moving so quickly.

Another main theme that was present in the responses from this study was a lack of support while in foster care. Many participants were not offered services outside of the Department of Children and Families and ultimately found personalized ways of coping with

stigma throughout the transitions in their lives as children. A study done by Julia Griffin

depicted the importance of the following elements,

> Factors such as exposure to therapeutic messages, foster caretaker characteristics, the
>
> unexpected termination of relationships, therapy, contact with biological family,
>
> additional stress and trauma, and participants' psychological defenses also affected the
>
> extent to which healing occurred within the therapeutic context of a sense of family.
>
> (Griffin, 2005).

These results support the need for family based therapy and the extra support for foster parents

and appropriate training for them to be able to offer support to the needs of the individuals they

take in.   Her study portrayed that individuals who had received treatments and were placed with

caretakers that supported these resources were able to heal their relational wounds, which

ultimately allowed them to form healthier relationships.

The Carsey Institute at the University of New Hampshire stated in a report that children

in long-term foster care suffer from behavior and emotional problems at alarming rates (Social

Work Today, 2013). The need for more mental health services in needed, but a study done by

Catherine Favor et al. (1999) describes how low funding for mental health treatments for this

population of children directly affects how resilient they are. Favor et al. (1999) continues,

> Because of the stigma attached to child maltreatment, families are usually reluctant to
>
> seek mental health services because they hope to not be associated with this stigma.
>
> Consequently, these children who are in need of these services, go untreated and lead
>
> more difficult lives with issues related to attachments, adjustments and resiliency. (Favor,
>
> 1999)

The information stated above displays the immense need for services to be available to these children but also the negative effect of stigma on the ability for families to feel comfortable seeking this treatment. In the long run, the foster children are those who miss out so it is crucial to develop ways of diminishing stigma so these children and one less obstacle standing in their way.

The idea that stigma is correlated with self-concept is reflected in the work of many researchers, such as Peter Carnochan (2006). He concluded in his research that stigma had the ability to negatively impact an individual sense of self, which consequently inhibited their ability to be motivated and take control of their futures. One participant from this study shared that he felt as though saying he was in foster care was admitting that something negative had happened to him or that he was responsible for his experience. His self-concept was deeply affected by this stigmatization and struggled later with feelings of embarrassment of his past. This got in the way of his ability to connect romantically with partners, as he was constantly thinking about what it would be like to share his story with someone.

An earlier study done by Ellen Rest (1984) showed that although these individuals were completely able to lead independent lives, they reported that stigma played an immense role in their poor self-image, difficulty establishing emotional intimacy and they felt an unresolved sense of loss. To speak to this concept of an unresolved sense of loss, one participant shared that still to this day he hopes that his family would reunite. He dreams of the day that they can all be together because that family is the only thing that he is able to connect to.

It appeared that from the data gathered in this study that the inability to form attachments and bonds with caregivers deeply affected the individual's ability to maintain romantic and interpersonal relationships as adults. One participant shared his experience of distancing himself

and cutting people out when he feels vulnerable. He expressed having such an inconsistent and detached attachment to people in his life as a child, that he became numb and didn't believe that he could become close to anyone. Another participant spoke to the struggle of dating and how difficult it was to talk about things that felt so foreign to him even though his partners didn't have to think twice about their stories.

Similar to this was the negative impact of not having positive role models in their lives as they developed into adults. One participants experience in the legal system reflected similar experiences done in Myrna Raeder's (2012) work that looked at the idea of stigma and how it reinforces the unhealthy patterns that children learn and model from their parents. She writes "as these children face the inevitable stigma that comes with their newly given title of "foster child", the stigma shames them and directly affects their development." (Raeder, 2012) She concludes by sharing that children in these specific situations require much more support from the system as to prevent their futures to resemble those of their caregivers. (Raeder, 2012) This data confirms the need for accessible and immediate support while in foster care is key for the success of these individuals who spend significant time in the system. This same participant from this study identified that he had not received substantial support during his multiple transitions and had wished there were resources provided to help him cope. This also proves that the need for reliable, stable and positive role models to be a part of the lives of the children in foster care.

Lastly one participant shared the impact of having contact with some members of his biological family and how he believed this had made a difference in his experience. He shared that, although he never spent a significant period of time with his family of origin, the consistency of the contact made his overall experience less stressful. A study done by Salahu-Din & Bollman (1994) reflected this same concept. Their results showed that individuals in

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foster care had an easier time negotiating the different systems in society as they transitioned into adulthood when they had contact with their biological families. This study also highlighted that the majority of the individuals that experienced this were in foster care for shorter periods of time and with less placements. (Salahu-Din & Bollman, 1994) This idea is reflected in other previous work as well as the results found in this study.

It is clear that more research needs to be done to be able to delve further in these experiences in foster care and specifically individuals' experience of stigma. While plentiful research has been done that describes the big picture of our foster care system, more work on the little picture may help refine foster care services. The findings from this study allowed the researcher to gain very specific and useful information regarding stigma. The participants shared such touching moments of their vulnerable lives that clearly had an impact on them. One participants moving narrative about his transition from home to home with clear trash bags holding all his belongings for the world to witness, another's discomfort with always being introduced as the foster kid, are all evidence of the impact of stigma. By taking the time to understand how stigma, in its truest form, can impact the lives of these individuals; social workers can begin the work of destigmatizing and normalizing these experiences. The foster care system will not be disappearing as it provides so many children the opportunity for a better life, but this shouldn't dismiss the needs for change and improvement for the few who endure a very difficult childhood.

Limitations

There are limitations to this study. The first limitation being that the study was limited to only Massachusetts. Foster care experiences can differ due to state policies and programs and it would be more beneficial to explore the experience of stigma from a larger geographic region

because it may shed light on what policies have worked in other states so reforms can be made.

A major challenge in the study was finding participants and having a diverse sample. Another

limitation was that participants were difficult to locate. Although the overall population is large,

it was difficult locating individuals that were willing to share their experience in a more intimate

research method. Many individuals, who initially responded to the flyer, later decided not to

participate, as they did not feel comfortable re-visiting that period of their lives. This study is

limited due to the small sample size of only 6 participants. The researcher was not aware when

beginning the study that the population of individuals who had been in foster care for a minimum

of five years was such a small proportion of foster care cases at the onset. The Child Welfare

Information Gateway done in 2000 stated that, "ten percent between 3-4 years and lastly seven

percent of the total exits for 5 or more years." (The Child Welfare Information Gateway, 2010).

Attempting to reach out to this small pool proved to be difficult, especially as the recruitment

was done only in Massachusetts. Another layer of complication was that this population is also

considered to be more vulnerable based on previous research provided by the Angels Fostering

Family Network, which states that this specific population struggles with issues such as

homelessness, unemployment, difficulty achieving higher forms of education, increase risk to

have children young and finally struggle with receiving heath insurance. (Angels Fostering

Family Network, 2011).

Although the final group of participants offered ethnic diversity, there were only males that

participated, which means this data doesn't capture women's experiences of stigma. While the

results are not applicable to all individuals who have spent time in foster care as children, they do

begin to explore the phenomena of stigma and contribute to research on foster care experiences

from the perspective of individuals in the system.

Another limitation is researcher bias. During the last few years, I have had a strong bond with individuals who have experienced stigma while in foster care as children. I must remember my own bias of thinking that their relationships are negatively impacted and remember that some relationships may be strong and were strong according to the findings in this study. I tried to be as unbiased as possible when interviewing the participants to allow for genuine responses from participants.

A final limitation includes methodological biases. Due to the small scale, this study is unable to be generalized to all adult children who have spent time in foster care. By utilizing qualitative interviews rather then a broader quantitative study, more information was collected but with fewer participants. In the future, larger studies must be done in order to generalize to the entire population of adult children in this situation

Strengths

Strengths of this study are the narrative data that was gathered from the six participants through qualitative interviews. Based on this methodology, the data offers insight regarding the experiences of stigma, gaps in resources, and the long and short term effects that stigma had on the lives of these individuals, even post foster care. Another strength was that the researcher was able to recruit a diverse sample.

The findings of this study may offer pertinent information that can begin to bridge the gap between accessibility of services and resources for individuals in foster care or who are becoming close to aging out of the system.

Implications for Social Work

This study provided pertinent information to the field of social work, as they are the main professionals working with these individuals. Some participants in this study shared on several

occasions that they had the option of receiving services, but some, at such a young age, did not realize the immense role those resources could have had on their experience. It was also noted by one participant that the services available to him did not seem to been consistent enough to make an impact on his experience. Potentially finding a way to enable children to have consistent support from the same social worker or caseworker during their time in foster care could provide a small amount of consistency in the lives of children who rarely have control.

Lastly, one participant shared that he felt stigmatized most by one of his social workers that outwardly spoke about how difficult it was to find placements for him. It seems clear from this that clinicians need increased training and more knowledge to limit the amount of stigma experienced by foster children. Specific training could help them to find better ways of communicating with foster children in a way that doesn't continue or add another layer of stigmatization to their experience. Many of the participants spoke about their difficulty with some of the language used to describe them and their experience. Social workers as well as foster families could benefit from some education around what language is appropriate and what is not.

This study also shed light on the need for other resources that should be made available to these individuals out in the community. An example of this could be support groups for latency aged and adolescent aged foster kids as a way to come together and share their experiences. One participant shared that when he was in a home with other foster children, he felt a sense of connection simply based on the fact that they had the same status. Many of the other participants also discussed a constant feeling of never being able to relate to peers or their foster families and being the "other" child. Support groups where these individuals could share their commonalities could be an opportunity to provide them with stability and strong interpersonal relationships.

Another potential idea for providing these children with valuable resources is for the child welfare system to determine policies around mandatory therapy as these children spend more and more time in foster care. It is clear from the research that the amount of mental health issues increases as their time in foster care does, so addressing these issues at that time could potentially set these individuals up for brighter futures where they are able to find success and stability.

Recommendations for Future Research

In the future it will be crucial to continue reaching out to this population to understand the reality of the experiences of individuals in foster care. As more light is shed on the lived experiences of children in the foster care system, it will provide concrete data for changes that need to occur regarding the supports and resources in place to serve these individuals. Stigma continues to have effects on this population and it would be beneficial to determine what larger institutional changes can be made so that children spend minimal time in foster care and that they receive mandatory services to provide support through this difficult transition. Reunification and relative fostering should continue to be the first priority.

More studies need to be done regarding how foster parents are chosen, trained and sustained because it appears that there may be a lack of substantial positive influences in the lives of these children and that they would immensely benefit from having strong, knowledgeable and trained caregivers.

It would also be beneficial to do several longitudinal studies that follow children while in foster care and as they age out into their adult lives to have richer and more specific information on what is working in their favor and what needs alteration.

Lastly, it would be interesting to understand whether services, such as support groups, provided to adults who had previously been in foster care, would make a difference in how they find resolution and peace with that experience. Several participants in this study described finding some comfort in being placed with other foster children as they experiences were relatable. Although this was not specifically addressed in this study, it could potentially provide insight regarding the long term effects of living in foster care and experiencing stigma.

Summary

It is clear from this qualitative study that individuals who are removed from their families of origin, placed into foster care for a significant periods of time, and report experiencing stigma during this time, relate to a sense of being different, othered, and feel disconnected from peers and a great sense of loss. The emotional needs of this population have been neglected and it is crucial that this change in the future. Although similar themes were present with all six participants, the unique and individualized stories shared in this study were compelling and astonishing.

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Flyer for Agencies
Did you experience stigma (feeling different, shaming, or labeling) while you lived in foster care?
If you did, how did this experience affect your relationships as an adult?
Would you be willing to talk about this with a researcher?

I am a graduate student at the Smith College School for Social Work and am conducting a research study in partial fulfillment of the Master's of Social Work degree.

I am looking for potential participants for my study. The study includes a 45-60 minute recorded interview in person, Skype or by telephone. Ten open-ended questions will be asked to explore the experience of stigma when in the foster care system. Confidentiality will be maintained throughout the study.

A 10-dollar visa gift certificate will be offered as compensation for participation. The benefit of participating in this study is the chance to voice an opinion on the topic and help others to understand what stigma looks like and it's impact, if any.

This study will fill a current gap of information and give insight to best offer support to children in the foster care system. Social workers will gain a better understanding of how stigma may impact individuals who have experience in the foster care system.

Participants need to be over the age of 18, have at least five years of time spent in the foster care system, and have the ability to discuss stigma while in the foster care system.

If you are interested in participating in this study, please contact Anais Penninck at apenninc@smith.edu or XXX-XXX-XXXX.

Are you an adult who has experienced being a foster child?

Would you be willing to share your story?

Looking for:

Males and females over 18

Been in foster care for 5+ years

If you are interested in sharing your story and receiving $10 compensation please contact:

Anais Penninck

apenninc@smith.edu
(XXX)-XXX-XXXX

To protect your confidentiality, please follow up directly with me. You do not need to inform staff that you may participate in this study.

Informed Consent Form

October 20th, 2012

Dear Potential Research Participant,

My name is Anais Penninck, and I am a graduate student at Smith College School for Social Work. I am conducting a study examining stigma from the perceptions of individuals who spent a minimum of five years in the foster care system, and how they describe that it has affected them. Stigma, a term used in a wide variety of settings, can be simply defined as, "A mark of shame, disgrace, or disapproval that results in discrimination." (Michigan Recovery Center of Excellence, 2011). Data obtained in this study will be used for the completion of my master's thesis.

Your participation is requested because you are a male or female, 18 or older, and you have been in the foster care system for a minimum of five years. I will ask you about your age, gender and ethnic/racial background. I will also ask about your experience of stigma in the foster care system and how this experience may have affected their relationships with others today. I will ask approximately 10 questions to have you describe how you may have experienced stigma when in the foster care system and how coped. The interview will be conducted either in person, Skype, or by telephone, will be audio recorded, and will last between 45-60 minutes.

The risk of participating in this study may be the possibility of interview questions triggering negative or upsetting feelings. Enclosed in this mailing is a list of support groups and therapy sources in Massachusetts if you should feel you need them. The benefits of participating in this study is voicing your opinion on the topic and helping others to understand how stigma can effect your experience in the foster care system. Compensation will be offered in the form of a ten dollar visa gift card.

Participation in this study is confidential. The signed consent form will be kept in a location separate from the tapes and transcripts. Audio tapes and interview transcripts will be labeled with a numerical code. All data reported will be presented in aggregate format, and that illustrative quotes will be de-identified, with no link to an individual. Consent forms, audio tapes, and interview notes and transcripts will be locked in a safe during the thesis process and for three years after, required by federal guidelines. After this time, all information will be destroyed.

Participation in this study is voluntary. You may refuse to answer any specific interview questions, or withdraw at any time by sending an email to me at the email address below that you do not wish to partake in the study any longer. You have until April 1st, 2013 to withdraw. Should you have any concerns or questions about your rights or any aspect of the study, you are encouraged to call or email me at the contact information below. You may also contact the Chair

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of the Smith College School for Social Work Human Subjects Review Committee, at 413-585-7974 with any concerns.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

_____   _____
Signature of Participant   **Date**

_____   _____
Signature of Researcher   **Date**
Apenninc@smith.edu
XXX-XXX-XXXX

Please return this consent form to me in the enclosed self-addressed, stamped envelope if you wish to participate in this study. **Keep a copy of this form for your records.** Thank you for your time.

Sincerely,

Anais Penninck

Appendix D
Interview Guide

Screening

Are you 18 or older?

Have you spent 5 or more years within the foster care system?

Demographics

How old are you?

How do you identify your gender?

How do you identify your race and/or ethnicity?

Interview Questions

How long were you in foster care for, and how many placements did you have?

Please describe each placement including length of time, family/community participation, etc.

Experience of Stigma

What is your understanding of stigma? (will offer definition to each participant)

Do you have memories of feeling different than other children?

If yes, how was this displayed to you and who was expressing this to you?

If yes, where was it that you experienced this? (home, school, community)?

How Stigma Impacts You

Did you notice any differences between you and your peers that were difficult to cope with?

What helped you cope with stigma?

What might have offered support for you during this time in your life?

As you reflect back on this part of your life, do you still feel that you carry stigma associated with having been in the foster care system?

Is there anything that you would like to add?

Appendix E
Resources for Participant

http://www.southbaymentalhealth.com/site/

http://www.arbourhealth.com/

The Boston Center
14 Fordham Rd
Allston, MA 02134
800-222-2237

Boston Psychotherapy Associates
224 Clarendon Street, Suite 22
Boston, MA 02116
617.262.3751

ServiceNet
129 King St
Northampton, MA 01060
413-585-1300

Valley Psychiatric Services
511 East Columbus Ave
Springfield, MA 01105
413-827-8959

February 9, 2013

Anais Penninck

Dear Anais,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your research project.

Sincerely,

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Acting Chair, Human Subjects Review Committee

CC: Kate Didden, Research Advisor