THE EXPERIENCE OF FOSTER CARE AND LONG TERM ATTACHMENT OUTCOMES INTO ADULTHOOD

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Megan Miranda
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ABSTRACT

The dissertation is about foster care alumni (adults who had been in foster care at a point during their developmental years) and the long-term implication it has on their adult attachment style. It also explores how these foster care alumni interpreted their foster care experience. For this qualitative study, six foster care alumni were interviewed. Nine themes emerged: trauma, stolen childhood, relationship style, trust issues, anxieties, current parenting concerns, broken system, coping strategies and implications for counseling. The results of this study indicate that there are some attachment implications for foster care alumni and that the experience of being in foster care was generally experienced as negative.
ACKNOWLEDGEMENTS

This dissertation is dedicated to H, K, J and all the other little superheroes who were forced to be brave at far too young of an age. A special thank you to the six participants who shared their stories so that this study could be done.
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CHAPTER I

INTRODUCTION TO FOSTER CARE AND ATTACHMENT

The ways in which human beings develop attachments during their developmental years has been extensively researched since the introduction of Bowlby’s attachment theory in the early 1970s. Research has indicated that the manner in which caregivers attend to their children’s needs greatly impacts the attachment styles that the child will develop into and throughout adulthood (Bretherton, 1992). The children’s services and welfare organizations that handle foster placements of children who have been maltreated or whose caregivers are unable to provide proper care, attempt to maintain children in stable foster care homes once the child is placed in “the system” (Arad-Davidson & Benbenishty, 2008). The initial upheaval of the child from his primary caregivers into a foster home may have an impact on the child’s development of attachment styles. The child’s development of attachment styles may be further effected by movement between different foster placements and/or return to the original primary caregiver.

This chapter will focus on attachment theory and manner in which individuals develop specific attachment styles. In addition, this chapter will discuss the current literature regarding the impact that placement in foster care has on children, as well as its long-term implications for adults. This chapter will conclude with a review of the existing research on the correlation of attachment style development and foster care placement, and ultimately discuss why asking the question “how are long-term
attachment styles affected by being placed in foster care during childhood” is important. In summary, the purpose of the proposed study is to determine the long-term implications of being placed in foster care during the developmental years between the ages of 2.5 and 12 years of age. Specifically, what effect foster care placement during the developmental years has on the participant’s development of one of the four bond types of attachment: secure, anxious-ambivalent, avoidant or disorganized.

**Background to the Study**

The following section outlines the background literature of attachment theory and foster care. The section concludes with a explaining the connection between the two.

**Attachment Theory**

Attachment is defined as “the relationship between two people and forms the basis for long-term relationships or bonds with other persons” (American Academy of Pediatrics, 2000, p. 1146). Bowlby’s attachment theory suggests that infants are biologically programmed to form close emotional bonds with their caregivers; that children either form secure or insecure attachment styles and internal working models of self and others based on the way his parental figures relate to him in his early formative years (1969). The key to healthy development, as explained by attachment theory, is the infant’s ability to have a committed care giving relationship with at least one adult figure (Bretherton, 1992). Secure attachment styles and positive internal models of self and others are created by having caring, consistent and attentive parental figures during infancy and into the young developmental years, thus leading the child to feel secure and safe in his environment (Bowlby, 1969).
If the child does not feel a secure emotional bond with his/her primary caregiver due to inconsistency, neglect, or maltreatment the child is likely to develop a negative internal model of self and others. This is likely to lead to the development of one of the three insecure attachment styles, avoidant attachment, anxious ambivalent attachment, or disorganized attachment. Avoidant attachment is defined as an insecure attachment style in which the individual has a “positive view of self and negative view of others; it is characterized by removing oneself from others and regarding oneself as self sufficient and invulnerable to abandonment by others” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2013). Anxious-ambivalent attachment is a general term for an insecure attachment style which encompasses the ‘preoccupied’ and ‘fearful’ attachment styles, with the primary characteristic of having a negative view of self (Surcinelli, Rossi, Montebarroci, & Baldaro, 2010). Disorganized attachment is defined as having unresolved traumas which when triggered can create an inability for one to regulate their mood and emotions, negatively impacting their interpersonal interactions (Siegel & Hartzell, 2004).

Several studies have found clinical implications to insecure attachment styles, defined as any attachment style that is not secure, inclusive of avoidant, disorganized and anxious ambivalent attachment styles. Research indicates that insecure attachment styles correlate with an increased risk of psychopathology, the development of depression and anxiety, difficulties in maintaining relationships throughout life, behavioral problems, and other negative outcomes (Anctil, McCubbin, O’Brien & Pecora, 2007; Bellamy, 2008; Doyle, 2013; Dregan, Brown & Armstrong, 2011; Dumaret, Coppel-Batsch & Couraud, 1997; Hughes, 2004; Kretchner, Worsham & Swenson, 2005; Majer, Nater,
Lin, Capuron & Reeves, 2010; Prather & Golden, 2009; Rutter, Colvert, Kreppner, Beckett, Castle, Groothues, Hawkins, O’Connor, Stevens, & Sonuga-Barkel, 2007; Schofield & Beek, 2005; Smyke, Zeanah, Fox, Nelson & Guthrie, 2010; Surcinelli, Rossi, Monebarocci & Baldaro, 2010; Villegas, Rosenthal, O’Brien & Pecora, 2011; Viner & Taylor, 2005; Vinnerljung & Hjern, 2011). In summary, attachment theory has been widely studied. The vast majority of these studies have concluded that the type of attachment one has correlates with positive or negative life outcomes. Consequently, it is beneficial to understand any possible correlations between the placement in foster care and attachment style outcomes.

Foster Care Outcomes

As of September 30, 2011, approximately 399,546 children were in foster care in the United States. This figure represents a significant drop from 500,000 overall in the United States in 2000. In Ohio, 11,876 children are in foster care (Child Welfare Information Gateway, 2013). The median age of children entering foster care was 6.6 years of age, and the median age of children in foster care in 2011 was 8.8 years old. Forty-seven percent of foster children were placed with non-relative foster families, 27% with relatives, 9% in institutions, 6% in group homes, 5% on trial home visits, 4% in pre-adoptive homes, 1% had run away and 1% in supervised independent living situations (Child Welfare Information Gateway, 2013). The outcome placement statistics of children leaving foster care were as follows: 52% were reunified with their original primary caretaker, 20% were adopted, 11% were emancipated, 8% went to live with another relative and 6% with a guardian. The median amount of time spent in foster care was 13.2 months (Child Welfare Information Gateway, 2013). Forty-one percent of
children in foster care in 2011 were Caucasian, 27% were African American, 21% Hispanic and 10% Multi-Racial (Child Welfare Information Gateway, 2013).

In most cases, the goal of the children’s services and social welfare programs is to reunify the child with their original caregiver, provided he/she overcomes the issues that originally led to the removal of the child from the home. Research indicates that that the best place for the child is not necessarily with his parent. In fact, reunification often leads to a higher risk of long-term behavioral problems than remaining in foster care (Lau, Litrownik, Newton, & Landsverk, 2003). Bellamy (2008) found that the negative outcomes of reunification likely correlate with high stress situations during the reunification process.

The available research conducted on children and adolescents in foster care far exceeds the available research on the long-term outcomes for adults who have been in foster care. Much of the research does not distinguish between possible deleterious effects due to the foster care placement process and the circumstances that led to the removal from their original caregivers (i.e. abuse or neglect). Research has found that children who have been placed in foster care are at an increased risk for behavioral, physical, emotional, psychological and educational problems (American Academy of Pediatrics, 2000; Dumaret, Coppel-Batsch, & Couraud, 1997). On average, the educational attainment of individuals in foster care is less than that of individuals who were not in foster care (American Academy of Pediatrics, 2000, Viner & Taylor, 2005). Children in foster care have a higher incidence of physical impairment than that of the general public and have a disproportionate number of mental health disorders (Dumaret, Coppel-Batsch & Couraud, 1997). Studies have found that placement in foster care is
often a transmitted process from generation to generation. In Dumaret, Coppel-Batsch, and Couraud’s 1997 study, 51% of the 35 families that participated indicated prior familial placement in either grandparent or parent generations. In 23% of cases, both the father and mother had both been separated from their families as minors.

The few studies that have focused on the long-term effects of being in foster care have had mixed findings. This may be due, in part, to the difficulty in attaining a sample, as well as the differences in foster care situations (length of time placed, reason for placement, age at placement) (Anctil, McCubbin, O’Brien, & Pecora, 2007; Dregan, Brown & Armstrong, 2011; Doyle, 2013; Dumaret Coppel-Batsch & Couraud, 1997; Villegas, Rosenthal, O’Brien & Pecora, 2011; Viner & Taylor, 2005; Vinnerljung & Hjern, 2011). The general findings of the research on long-term outcomes of having had foster care placement were that adults who had a history of being in foster care, had less educational attainment, a higher risk for being involved in criminal activities, and higher unemployment and homelessness rates (Anctil, McCubbin, O’Brien, & Pecora, 2007).

An analysis of a long-term study of the 1970 British birth cohort of 16,567 infants that were followed up at ages 5, 10, 16, and 30 was conducted by Viner and Taylor (2005) in terms of the long term implications of being placed in public care. Their analysis included the sample of that cohort that had data regarding care history during childhood and had participated in the 30 year follow-up, a total of 9,557 subjects, of which 343 (3.6%) had been in public care. The main implications of being placed in foster care were an increased risk later in adulthood to be homeless, have a conviction, have psychological morbidity, poorer general health, less educational attainment, less likelihood to attain higher socio-economic status, and unemployment (unemployment
was only found to be a risk for males). Few studies have been done regarding the psychological outcomes of adults who had been in foster care. Anctil, McCubbin, O’Brien, and Pecora (2007) cited Brandford’s and English’s finding that young adults exiting foster care have much higher incidence of depression than average high school seniors, 42% versus 27%.

There are almost half a million children currently in foster care. Very little research has been done regarding the impact of foster care on adult outcomes. However, this research has shown that foster care may be a risk factor for negative psychological and physical health, socio-economic status, educational and career attainment. The previous section’s focus on attachment theory and the idea that children who have been in foster care have likely experienced a disruption in the bond with their caregiver, leads one to question whether foster care is also a risk factor for a long-term insecure attachment style.

**Foster Care and Attachment**

There has been little research conducted on correlations between foster care and attachment styles. Schofield used findings from his 2002 study that young adults who had grown up in foster care had a substantial capacity to value, sustain, and seek out relationships and networks over time if their foster families modeled values on social networks and were supportive, as a springboard for future studies (Schofield & Beek, 2009). Having a secure base consisting of availability, sensitivity, acceptance, cooperation, and family membership during foster family placement increases the resilience factors of children and adolescents in foster care (Schofield & Beek, 2009).
Secure emotional bonds to caregivers are vital in order to develop a secure attachment style (Bretherton, 1992). There are both short and long-term negative social and psychological implications of having insecure attachment style (Anctil, McCubbin, O’Brien & Pecora, 2007; Bellamy, 2008; Doyle, 2013; Dregan, Brown & Armstrong, 2011; Dumaret, Coppel-Batsch & Couraud, 1997; Hughes, 2004; Kretchner, Worsham & Swenson, 2005; Majer, Nater, Lin, Capuron & Reeves, 2010; Prather & Golden, 2009; Rutter et al, 2007; Schofield & Beek, 2005; Smyke, Zeanah, Fox, Nelson & Guthrie, 2010; Surcinelli, Rossi, Monebarocci & Baldaro, 2010; Villegas, Rosenthal, O’Brien & Pecora, 2011; Viner & Taylor, 2005; Vinnerljung & Hjern, 2011). Children placed in foster care have intermittent emotional bonds with caregivers, thus possibly affecting the development of their attachment style.

**Theoretical Framework**

The following section outlines the theoretical framework of the study. The section explains the paradigm from which the study was conducted and the methodology.

**Transformative Critical Paradigm**

The researcher conducted this study through a transformative critical paradigm. Hatch (2002) asserted that raising conscious awareness in hopes of transforming social practices is one of the key purposes of the transformative critical paradigm. Research that uses a transformative critical paradigm has an underlying social justice objective. The intention of the transformative critical researcher is to bring about social changes, such as uncovering social injustices which sustain power imbalances (Hatch, 2002).

The researcher’s belief in the importance of attachment, and her belief that children in foster care are at risk for developing insecure attachment styles, was the
driving force behind this research topic. One of the researcher’s purposes was to raise conscious awareness amongst child welfare agencies about possible negative impacts that foster care placement can have on the attachment development of children and their attachment styles as adults, which is why the researcher chose the transformative critical paradigm. Specific questions about the experiences that foster care alumni had, have not been addressed in the research literature. This research may not have only impacted children’s services agencies but also informed counselors and marriage and family therapists who are working with foster care alumni and their families. These therapists would be better able to assist clients by understanding possible underlying attachment issues that could be affecting their clients. The results of this research may lead to social justice changes, which was a goal of the researcher along with the alignment of a transformative critical paradigm.

**Qualitative Narrative Inquiry Methodology**

The researcher used a qualitative narrative inquiry methodology. Patton is quoted in Merriam (2009) as describing narrative inquiry as an extension of the Hermeneutics original method of studying written texts to include “in-depth interview transcripts, life history narratives, historical memoirs, and to create nonfiction,” and that the hermeneutical perspective of interpretation and context “informs narrative studies, as do interpretivist social science” (p. 33). This research approach was the most appropriate because it is necessary to take an exploratory stance in this unexplored area. According to Merriam (2009) all basic qualitative research has the underlying focus on understanding how meaning is constructed and how individuals interpret and create meaning out of experiences in their lives and worlds; the qualitative researcher’s goal is
to uncover and interpret those meanings. This study highlighted the voice and perspective of each individual participant. A tenet of qualitative analysis is that there is no objective reality; rather reality is socially constructed through one’s experiences and interactions with the world. The best way for the researcher to have achieved her research goal was through triangulation of demographic data and the use of in-depth interviewing. This provided a deep understanding of the foster care alumni’s experiences through semi-structured interviews. As the interviewer, the researcher was an integral component of the data collection process. By employing these methods, the researcher will hold true to the underlying characteristics that set qualitative research apart from quantitative research (Hatch, 2002).

Narrative inquiry uncovers results through analyzing the stories of the remembered perspectives of participants. The researcher chose narrative inquiry methodology due to the methodological fit with the research goal (Lal, Suto & Ungar, 2012). The research goal was to develop a deeper understanding of the perceived impact of childhood foster care placement on adult attachment styles. The researcher believed this goal could be best met by analyzing the narratives of the foster care alumni (adults who were placed in foster care at one point between the ages of 30 months and 12 years are referred to as foster care alumni throughout the dissertation). The researcher chose this age group based on the fact that the median age of children placed in foster care is 6.6 years of age. Additionally, the researcher wanted to capture the different experiences of foster care placement during early and middle childhood. This was due in part to the fact that there is a range of developmental needs between early childhood (age 3) and the
end of preadolescence (age 12) (such as development of self-concept, self-esteem, personal responsibility, etc.) (Feldman & Bishop, 2006).

Another aspect of that goal was to gain an understanding of what foster care alumni’s attachment styles are as adults and how those attachment styles developed throughout the foster care process. The researcher felt that using a qualitative study with a narrative inquiry methodological approach was the most appropriate form in which to conduct the research, since the goal of the study was to gain a thick descriptive account of the experiences of foster care alumni.

**Researcher Stance**

The researcher is a licensed Marriage and Family Therapist, School Counselor and Professional Counselor. The researcher always had a strong passion and desire to work with children who have experienced trauma, helping them to develop coping skills that would prevent that trauma from leading to further difficulties and trauma later in their lives. As noted, placement in foster care is often intergenerational. This fact led the researcher to believe that when working with families with a history of intergenerational foster care placement, she needs to gain a full understanding of each family member’s experiences in the foster care system and resulting attachment styles. By doing so, she believed that she would be better able to understand how each member’s placement in foster care would impact his/her relationships with his/her significant other and his/her children. The researcher wanted to gain a better understanding of how the foster care process was experienced by individuals with a history of foster care placement. She further wanted to understand how those individuals developed their attachment styles and
how they attached to the significant people in their adult lives. The researcher believed that this insight would aid her in her goals as a marriage and family therapist.

Based on the existing knowledge of the development of attachment styles and the lived experiences of those who have been in the foster care system, it seemed logical to conclude that placement in foster care as children could influence their attachment styles as adults. The researcher wanted to know if this indeed was the case, or if it was just a personal bias based on an outsider’s perspective of the negative aspects of the foster care system. The researcher’s basic assumption was that secure attachment styles are essential to decreasing risk of future psychopathologies. More specifically, that a secure attachment style allows the individual to be able to have secure relationships and will increase the likelihood that the individual will develop a support system to lean on when life stressors increase.

The researcher is a marriage and family therapist who has worked with children who are or have been in foster care. The researcher’s goal was to be better equipped to help current and future clients who are or have been in foster care reach their own goals. She intended to achieve this goal in part by better understanding the long-term impact of placement in foster care. As an educator, clinician and supervisor, it was necessary for this researcher to gain a better understanding of the experiences of this large population. By doing so, she would be more effective in her own practice and better able to assist students and supervisees who may provide therapy for current and past foster care members.
Statement of the Problem

There has been a lack of research on this topic and it is important to understand how being in foster care affects the attachment styles of adults. With almost half a million children currently in foster care in the United States (Child Welfare Information Gateway, 2013), it is necessary to understand what, if any, long-term implications of being “in the system” had on the attachment styles of foster care alumni. The previous sections have supported the need for gaining understanding through further research focused on the impact that being in foster care may have on long-term attachment style outcomes by outlining the research that has shown the different negative impacts that foster care can have on various adult outcomes (mental, psychological and social health); as well as the negative impact of having an insecure versus a secure style of attachment. There have been no studies focused on the possible implications that having been in foster care may have on attachment style outcomes, which is an important thing to understand.

Significance of the Study

This study is unique and differs from previous research because it is exploratory in nature and developed based on the narratives of adult foster care alumni. This foundational research was the first of its kind. It shed light on both the remembered experiences of foster care alumni, and their long-term attachment style outcomes. The results of this study are significant in that they create implications for foster care and long-term attachment style outcomes. This study also provided a sounding board for foster care alumni to share their experiences and advocate for the transformation of a system if it failed its responsibility to protect them.
Purpose of Research

The purpose of the research was:

1. To determine what the implication of being placed in foster care has on the attachment style of adult foster care alumni
2. To gain a deeper understanding of the experience of being in foster care by foster care alumni

Research Questions

To explore this topic, the research question was: How does being in foster care affect the long term attachment styles of adults? In order to support the research question, the researcher explored: (a) specific memories of the foster care alumni; (b) the current attachment style of the foster care alumni; (c) grand narrative or common themes of the experiences in foster care.

Definition of Operational Terms

Attachment: Attachment is defined as “the relationship between two people and forms the basis for long-term relationships or bonds with other persons” (American Academy of Pediatrics, 2000, p. 1146).

Emotional bonds: Defined as trust, respect, a formation of a close human relationship.

Secure Attachment: Secure attachment is defined as a positive view of self and others, with characteristics of having “a sense of self-worth and the confidence that others will be available and supportive, and have comfort seeking and expecting comfort from others” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011).

Insecure Attachment: Is an inclusive definition for an attachment style which encompasses any attachment style that is not secure (avoidant, anxious-ambivalent).
Avoidant Attachment: Also labeled as ‘dismissing-avoidant’ in some of the literature is the insecure attachment style that is defined as having “positive view of self and negative view of others; it is characterized by removing oneself from others and regarding oneself as self sufficient and invulnerable to abandonment by others” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011).

Anxious-Ambivalent Attachment: Defined as a general term for an insecure attachment style which encompasses the ‘preoccupied’ and ‘fearful’ attachment styles, with the primary characteristic of having a negative view of self.

Preoccupied Attachment: Defined as a “negative view of self and positive view of others, and is characterized as being preoccupied with attachment needs and depending on others for personal validation, acceptance, and approval” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011).

Fearful-Avoidant Attachment: Defined as a “negative view of self and negative view of others, and is characterized as regarding others as uncaring and unavailable and themselves as unlovable” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011).

Disorganized attachment style: Is characterized as displaying a “glib, manipulative and disingenuous interactive style” (Prather & Golden, 2009, p. 223). Developed by Mary Main, disorganized attachment style stems from the trauma or disorienting/chaotic responses from primary caregivers that lead to unresolved issues, which creates emotional dysregulation into adulthood (Siegel & Hartzell, 2004).

Transformative Critical Lens: Described as a paradigm to inform qualitative research that is focused on raising conscious awareness in hopes to transform social practices is one of
the key purposes of the critical feminist paradigm. A social justice approach to research (Hatch, 2002).

*Narrative Inquiry/Analysis:* Described as “an extension of the hermeneutics original method of studying written texts to include “in-depth interview transcripts, life history narratives, historical memoirs, and create nonfiction,” and that the hermeneutical perspective of interpretation and context “informs narrative studies, as do interpretivist social science” (Merriam, p. 33, 2009).

*Grand Narrative:* Defined as common themes found when analyzing transcribed interview data.

*Trustworthiness:* The term used in qualitative research along with ‘rigor’ to replace the quantitative terms of validity and reliability. A qualitative study is deemed ‘trustworthy’ if it follows Lincoln & Guba’s (1981) model of containing: truth value, applicability, consistency and neutrality (Krefting, 1991).

*Early Formative Years:* The first five years of life.


*Trauma:* Defined by Substance Abuse and Mental Health Services Administration (SAMHSA) as “results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional,
or spiritual well-being” (2012). For the purpose of this paper, childhood trauma/trauma will be defined as: sexual, emotional, physical abuse or neglect, or the witnessing of domestic violence.

**Sexual Abuse:** Defined by CAPTA as “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children” (Child Welfare Information Gateway, p. 4, 2013).

**Physical Abuse:** Is defined as “non-accidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child” (Child Welfare Information Gateway, p. 3, 2013).

**Emotional Abuse:** Also sometimes termed ‘psychological abuse’ is defined as “a pattern of behavior that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance” (Child Welfare Information Gateway, p. 4, 2013).

**Verbal Abuse:** Defined as berating, belittling or name-calling of child by parent or caregiver.
Neglect: Is defined as “the failure of a parent, guardian, or other caregiver to provide for a child’s basic needs,” and encompasses medical, emotional, educational, and physical needs (Child Welfare Information Gateway, p. 3, 2013).

Domestic Violence: physical, sexual or verbal abuse between intimate partners, the parents/guardians of children.

Foster Care: Defined as out of the home care/placement, with the custodial/legal guardian being different from the child’s birth parents. Kinship foster care is defined as foster care placement with relatives of the child, whereas stranger foster care is defined as foster care placement with someone unknown to the child/child’s family.

Foster Care Alumni: Adults who have been placed in foster care during their childhood.

Children’s Welfare Agencies/Child Protective Services (CPS): Governmental agency whose primary purpose is to ensure the protection/wellbeing of children under the age of 18. These terms are used interchangeably throughout the paper due to international literary sources. Also commonly termed Children’s Services Bureau (CSB).

CPS Case Workers: Individuals employed by CPS, often social workers.

Conclusion

The purpose of this chapter was to introduce the reader to the research and explain its importance. The research goal was to elicit the experiences of foster care children through the narratives of foster care alumni to understand how foster care impacts attachment styles of its alumni. The researcher used a transformative critical paradigm to perform a qualitative inquiry using a narrative methodology. The researcher hoped that the findings would inform clinical practice of counselors and marriage and family therapists, and also impact future legislation and policies regarding the foster care system.
CHAPTER II

FOSTER CARE: IMPLICATIONS ON ATTACHMENT

This chapter will provide a review of the literature in the areas of: attachment theory, outcomes of being in foster care, impacts of trauma, and long-term attachment outcomes of foster care alumni. Thus far, little research has been conducted on the topic of attachment outcomes of foster care alumni in general as related to the field of marriage and family therapy. Attachment outcomes of foster care alumni is an important area to understand for marriage and family therapists, because of the connection between attachment and relational functioning. Due to the lack of research on the long-term effects of having been in foster care, older research will be included in the literature review.

Introduction

The ways in which human beings develop attachments during their developmental years has been extensively researched since the introduction of Bowlby’s attachment theory in the early 1970s (Bowlby, 1969; Bretherton, 2008; Siegel & Hartzell, 2004). Much of this research found that the way in which caregivers attend to their infant and young children’s needs greatly affect the attachment styles (of either secure attachment, anxious-ambivalent attachment, avoidant attachment or disorganized attachment) the child develops into and throughout adulthood (Bretherton, 2008). Children’s services and welfare organizations handle foster placements of children who have been maltreated
or whose caregivers are unable to properly care for and support their developing child. Children’s services organizations attempt to maintain children in stable foster care homes once the child has been placed in the system (Price, 2004). The initial upheaval of the child from his/her primary caregivers and into a foster home may impact the attachment styles that the child develops. Intermittent fluctuations between different foster placements and/or return to the original primary caregiver may have similar effects (Price, 2004).

According to the literature, most children who have been in foster care have experienced at least one form of trauma already in their short lifetime (for the purpose of this paper, trauma will be defined as sexual abuse, physical abuse, emotional abuse, neglect or witnessing domestic violence) (Bellamy, 2008; Doyle, 2013; Strijker, Knorth & Knot-Dickscheit, 2008). Trauma has many deleterious effects. These effects are both short term and long term and include psychological, physiological, neurological and emotional issues. These issues include a higher risk for attachment injuries, pain disorders, personality disorders, mood disorders, lower socio-economic status, lower education attainment, criminality and other severe mental health problems (Majer, Nater, Lin, Capuron, & Reeves, 2010). In addition, Prather and Golden (2009) reported that when a child experiences trauma due to caregiver neglect or abuse, his attachment development is also negatively affected.

In some cases of physical, sexual and/or emotional abuse, children are removed from their families of origin. In other situations, the abuser may be forced to vacate the home in which the child resides (Bellamy, 2008; Cole & Caron, 2010; Price, 2004). Often when this type of separation occurs, the responsible agency pursues a long-term
goal of reunification. Ideally, the agency will return the child to his biological parents once the original abusive issues have been worked through and no longer pose a threat to the child (Cole & Caron, 2010). This approach is a result of The Adoption Assistance and Child Welfare Act (AACWA) of 1980 (Public Law 96-272, 1980). The AACWA is the definitive legal policy in the area of foster care placement and reunification and acknowledges the importance of family and the rights of parents to care for their children. It is the reason why children services agencies can intervene and supervise the parents’ rights by removing the child/children from the parents’ care only if the child is in imminent risk (Lau, Litrownik, Newton, & Landsverk, 2003). The goal of the children’s service and social welfare programs is to ultimately reunify the child with his original caregiver once the caregiver has overcome the issues that originally led to the child’s removal from the home (Fuller, 2005).

Research indicates that, contradictory to the belief that the best place for the child is with his parent, reunification often leads to a higher risk of long-term behavioral problems than remaining in foster care (Lau, Litrownik, Newton, & Landsverk, 2003). Bellamy (2008) found that the negative outcomes of reunification likely correlate with the high stress situations that often accompany the reunification process. Family reunification services work to rebuild family trust, strengthen attachments and re-establish positive family processes by providing necessary assistance for basics of survival as well as parent training and supervision (Fraser, Walton, Lewis, Pecora & Walton, 1996).

It is understood that there is a need for foster care in order to keep children safe when their caregivers cannot. Children who have been placed in foster care likely have
experienced at least one form of trauma. It is likely that the caregiver caused this trauma (Bellamy, 2008; Doyle, 2013; Strijker, Knorth & Knot-Dickscheit, 2008). When caregivers are abusive and/or neglectful to a point that warrants removal and loss of custody, it is possible that the child was not able to form a healthy attachment to the caregiver (Prather & Golden, 2009). When children do not have a sense of stability and are removed from their initial caregiver(s), placed in foster care and subsequently reunified with their caregiver(s) and/or moved to other foster care placements, the child may not be able to form a bond with an available caregiver. This can lead to attachment injury for the child (Bretherton, 1992; Strijker, Knorth & Knot-Dickscheit, 2008).

Based on the current research regarding attachment development and the foster care system, one could posit that being in foster care could influence the attachment styles of foster care alumni. Based on the assumptions of attachment theory, secure attachment styles (see Definitions of Operational Terms in Chapter I) are essential to decreasing risk of future psychopathologies. Secure attachment styles lead the individual to be able to have secure relationships. This increases the likelihood that the individual will develop a support system to lean on when life stressors increase (Bowlby1969).

**Attachment Theory**

This section outlines attachment theory. The history, styles, and implications of the different attachment styles are explained in the following sections.

**Tenets of Attachment Theory**

Attachment is defined as “the relationship between two people and forms the basis for long-term relationships or bonds with other persons” (American Academy of Pediatrics,, 2000, p. 1146). See Table 1 for a descriptive reference of the four types of
attachment styles. Table 1 provides the definition of each of the attachment styles as well as the common characteristics of each attachment style (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, 2011; Prather & Golden, 2009; Siegel & Hartzell, 2004). Bowlby’s attachment theory initially explained in his seminal 1969 chapter posits that infants are biologically programmed to form close emotional bonds with their caregivers and that children either form secure or insecure attachment styles and internal working models of self and others based on the way that their parental figures relate to them in early formative years (Bowlby, 1969). Bretherton (1992) quotes Bowlby’s definition of attachment behavior:

as behavior that has proximity to an attachment figure as a predictable outcome and whose evolutionary function is protection of the infant from danger, insisting that attachment has its own motivation and is in no way derived from systems subserving mating and feeding (p.20).

Secure Attachment

Secure attachment styles and positive internal models of self and others are created by having caring, consistent and attentive parental figures during infancy and into the young developmental years (Bowlby, 1969). Ponizovsky, Vitenberg, Baumgarten-Katz and Grinshpoon (2011) define attachment as “a biosocial homeostatic regulatory system, whose function is to provide a sense of security in times of stress and adversity” (p.165). Attachment theory holds that the key to healthy attachment development is the infant’s ability to have a committed care giving relationship with at least one adult figure (Bretherton, 1992). Secure attachment is defined as a positive view of self and others, with “a sense of self-worth and the confidence that others will be available and supportive, and have comfort seeking and expecting comfort from others” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, 2011).
Table 1: Attachment Styles

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Definition</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure Attachment</td>
<td>• Positive internal model of self and others</td>
<td>• Sense of self-worth and the confidence that others will be available and supportive, and have comfort seeking and expecting comfort from others</td>
</tr>
<tr>
<td>Anxious Insecure Attachment Type</td>
<td>• Having a negative view of self</td>
<td>• Anxious, insecure, unpredictable, clingy, nervous, splitting</td>
</tr>
<tr>
<td></td>
<td>• Preoccupied Insecure Attachment Type: Negative view of self and positive view of others</td>
<td>• Preoccupied with attachment needs and depending on others for personal validation, acceptance, and approval (Preoccupied type)</td>
</tr>
<tr>
<td></td>
<td>• Fearful Insecure Attachment: Negative view of self and negative view of others</td>
<td>• Regards others as uncaring and unavailable and themselves as unlovable (Fearful type)</td>
</tr>
<tr>
<td>Avoidant Insecure Attachment</td>
<td>• Dismissing-avoidant’ in some of the literature</td>
<td>• Removes oneself from others and regarding oneself as self sufficient and invulnerable to abandonment by others</td>
</tr>
<tr>
<td></td>
<td>• Positive view of self and negative view of others</td>
<td>• Antisocial, rigid, distant, closed off to emotional connection</td>
</tr>
<tr>
<td>Disorganized Attachment</td>
<td>• Stems from the trauma or disorienting/chaotic responses from primary caregivers that lead to unresolved issues which creates emotional dysregulation into adulthood</td>
<td>• Displays a glib, manipulative and disingenuous interactive style</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chaotic, untrusting, explosive, dissociative</td>
</tr>
</tbody>
</table>
Insecure Attachment

Insecure Attachment is an inclusive definition for any attachment style that is not secure (avoidant, anxious-ambivalent). If the child does not feel a secure emotional bond with his primary caregiver due to inconsistency, neglect, or maltreatment, the child is likely to develop a negative internal model of the self and others. This, in turn, is likely to lead to one of the possible classifications of insecure attachment styles: avoidant attachment or anxious ambivalent attachment (Surcinelli, Rossi, Montebroeci, & Baldaro, 2010).

Anxious-Ambivalent Attachment Styles. Anxious-ambivalent attachment is a general term for an insecure attachment style which encompasses the ‘preoccupied’ and ‘fearful’ attachment styles. Its primary characteristic is a negative view of self. Preoccupied Attachment is defined as a “negative view of self and positive view of others, and is characterized as being preoccupied with attachment needs and depending on others for personal validation, acceptance, and approval” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011).

Avoidant Attachment Styles. Avoidant attachment, also labeled as ‘dismissing-avoidant’ in some of the literature, is the insecure attachment style that is defined as having “positive view of self and negative view of others; it is characterized by removing oneself from others and regarding oneself as self sufficient and invulnerable to abandonment by others” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011). Fearful-Avoidant Attachment is defined as a “negative view of self and negative view of others, and is characterized as regarding others as uncaring and
unavailable and themselves as unlovable” (Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, p. 165, 2011).

**Disorganized Attachment Style.** Founded by Mary Main, Disorganized attachment style is developed from experiencing trauma or intermittent chaotic responses from one’s primary caregiver(s). When children do not resolve or process the traumas experienced at the hands’ of their parent/caregiver, they may develop an inability to regulate their emotional responses when triggered. This emotional dysregulation may impede their ability to relate to others and create difficulty in interpersonal relationships (Siegel & Hartzell, 2004).

**Implications of Insecure Attachment Styles**

Several studies have found clinical implications to insecure attachment styles. These implications include an increased risk of psychopathology, depression and anxiety, difficulties in maintaining relationships throughout life, and behavioral problems (Bos, Zeanah, Fox, Drury, McLaughlin & Nelson, 2011; Escolas, Hildebrandt, Maiers, Baker & Mason, 2013; Gore-Felton, Ginzburg, Chartier, Gardner, Agnew-Blais, McGarvey, Weiss & Koopman, 2013; Keskin & Cam, 2010; Mason, Platts & Tyson, 2005; McLaughlin, Zeanah, Fox & Nelson, 2012; Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, 2013; Prather & Golden, 2009; Surcinelli, Rossi, Montebarocci & Baldoro, 2010; Wearden, Cook & Vaughan-Jones, 2003).

**Psychological Implications of Insecure Attachment Styles.** Surcinelli, Rossi, Montebarocci and Baldaro (2010) conducted a quantitative study to examine differences in anxiety and depression as related to attachment styles. The study utilized 274 adult participants, 141 female and 133 male with an age range of 18-55 years of age and a
median age of 32.8 years. The participants were required to be healthy and in a relationship for at least three months at some point prior to the study. One hundred seventeen of the participants were married or cohabitating. Ninety-eight were in a relationship but living apart. Fifty-nine were single. The research instruments included self-report measures of the Relationship Questionnaire (Bartholomew & Horowitz, 1991), Big Five Questionnaire (Caprara, Barbaranelli, Borgogni & Perugini, 1993), Beck Depression Inventory (Beck, 1967) and State-Trait Anxiety Inventory (Spielberger, 1983).

The participants in the above identified study were classified as one of four attachment styles defined in the Bartholomew and Horowitz (1991) four-category model based on their responses in the Relationship Questionnaire. The four classifications were: secure attachment (defined as having a positive internal model of self and of others); preoccupied attachment (defined as having a negative internal model of self, but positive internal model of others); fearful attachment (defined as having a negative internal model of both self and others); and dismissing attachment (having a positive internal model of self, but negative internal model of others). One hundred sixty-one of the participants were classified in the secure group, 49 in the fearful group, 39 in the preoccupied group and 25 in the dismissing group. The findings of this study support previous research finding that securely attached individuals have fewer mental health problems.

Surcinelli, Rossi, Montebrocci and Baldaro’s (2010) study found that overall, insecurely attached individuals reported higher depression scores. However, of the 3 types of insecure attachment, the fearful-avoidant and preoccupied types were more
positively correlated with depression. The dismissing-avoidant type was not related to depression. The study found similar correlations to anxiety and insecure attachment. Fearful-avoidant and preoccupied types had a more positive correlation with anxiety than the dismissing-avoidant type.

Keskin and Cam (2010) conducted a descriptive study in Turkey on a group of 384 adolescents, 194 of which were girls and 190 of which were boys aged 11-16 with a mean age of 12.10. Its purpose was to identify a relationship between adolescent attachment style and adolescent difficulties. The researchers used face-to-face interviews, a demographic form, The Strengths and Difficulties Questionnaire Scale (Goodman, 2001), The Adolescent Relationships Scales Questionnaire (Bartholomew & Horowitz, 1991) to collect their data. The researchers found a positive correlation between fearful attachment (characterized by the researcher as a desire to be close, yet push away due to fear of rejection from others) and emotional symptoms and total difficulties score; a positive correlation between dismissing attachment (characterized by the researcher as having a sense of worthlessness with negative views of self and others) and hyperactivity-inattention, emotional symptom and total difficulties score and a negative correlation with social behaviors score. They further found a negative correlation between secure attachment and the scores of emotional symptoms, total difficulties, hyperactivity-inattention, and peer problems and a positive correlation with prosocial behaviors. There was no significant correlation between attachment style and adolescent conduct problems. These findings add to the pool of research holding that insecure attachment is correlated with deleterious social and mental effects.
Ponizovsky, Vitenberg, Baumgarten-Katz, and Grinshpoon (2013) conducted an analysis aimed at testing whether insecure attachment styles are differently associated with severity of psychopathological symptoms and emotional distress in individuals diagnosed with schizophrenia. 100 outpatients of a clinic in Jerusalem with a mean age of 40.1 years old, 70% of which were male who had been diagnosed with schizophrenia, took the Relationship Questionnaire (Bartholomew & Horowitz, 1991), the Positive and Negative Symptoms Scale (Kay, Fizbein & Opler, 1987) to assess symptoms severity, and the General Health Questionnaire (Goldberg & Williams, 1988) to assess emotional distress. The researchers classified individuals in one of four attachment style groups: secure attachment (which is classified as comfortable with intimacy and autonomy); preoccupied style (which is classified as preoccupied with relationships); dismissing-avoidant (which is classified as dismissing of intimacy and being strongly independent); and fearful-avoidant (which is classified as being fearful of intimacy and socially avoidant).

Ponizovsky, Vitenberg, Baumgarten-Katz, and Grinshpoon’s (2013) study found a positive correlation between insecure attachment types and more severe psychopathological symptoms. Specifically, a positive correlation was found between preoccupied attachment style and frequency of delusions, suspiciousness/persecution, anxiety, depression, tension and guilt feelings; dismissing-avoidant style and anxiety, and fearful-avoidant with hallucinatory behavior, anxiety, depression and tension. The findings of this study support similar research holding that insecurely attached individuals, specifically preoccupied-type style, are more likely to exhibit an increase in psychiatric symptoms and emotional distress. This lends credibility to the idea that
therapists and other mental health clinicians should consider attachment styles when assessing the underlying etiology for patients’ symptoms.

**Connection between Insecure Attachment and Foster Care**

According to Bowlby (1969), individuals form attachments during their early formative years. The ability to form a healthy attachment depends on the child’s caregiver ability to offer comfort, nurturance, support and stability and his ability to respond to the child’s needs in a way that gives the child a sense of safety and security. When the caregiver can provide these things, the child can develop a secure attachment style. However, if the caregiver is intermittent in his care, and/or abusive or neglectful in such a way that the bond cannot be developed, the child is likely to develop an insecure attachment style (Surcinelli, Rossi, Montebarroci, & Baldaro, 2010).

The impact of secure versus insecure attachment styles has been widely explored in the literature and has been found to be a predictive characteristic for mental health, relationship, criminality, emotional stability and physical health outcomes throughout an individual’s life, with insecure attachment styles correlating to more deleterious effects (Bos, Zeanah, Fox, Drury, McLaughlin & Nelson, 2011; Escolas, Hildebrandt, Maiers, Baker & Mason, 2013; Gore-Felton, Ginzburg, Chartier, Gardner, Agnew-Blais, McGarvey, Weiss & Koopman, 2013; Keskin & Cam, 2010; Mason, Platts & Tyson, 2005; McLaughlin, Zeanah, Fox & Nelson, 2012; Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, 2013; Prather & Golden, 2009; Surcinelli, Rossi, Montebarocci & Baldoro, 2010; Wearden, Cook & Vaughan-Jones, 2003). Many children in foster care have had an unstable bond with their primary caregiver and are often placed in foster care due to some type of neglect or abuse. This leads one to question how healthy their
attachment styles are (Rutter, Colvert, Kreppner, Beckett, Castle, Groothues, Hawkins, O’Connor, Stevens & Sonuga-Barke, 2007; Schofield & Beek, 2005; Schofield & Beek, 2009).

**Foster Care**

The following section provides national foster care statistics as well as the reasons for being placed in foster care. Implications for the different placement reasons are also included in this section.

**National Foster Care Statistics**

As of September 30, 2011, approximately 399,546 children were in foster care in the United States. This figure represents a significant drop from 500,000 overall in the United States in 2000. Of those foster children, 11,876 are in Ohio (Child Welfare Information Gateway, 2013). The median age of children entering foster care was 6.6 years of age, and the median age of children in foster care in 2011 was 8.8 years old.

Forty-seven percent of foster children were placed with non-relative foster families, 27% with relatives, 9% in institutions, 6% in group homes, 5% on trial home visits, 4% in pre-adoptive homes, 1% had run away and 1% in supervised independent living situations (Child Welfare Information Gateway, 2013). The outcome placement statistics of children leaving foster care were as follows: 52% were reunified with their original primary caretaker, 20% were adopted, 11% were emancipated, 8% went to live with another relative and 6% with a guardian. The median amount of time spent in foster care was 13.2 months (Child Welfare Information Gateway, 2013). Forty-one percent of children in foster care in 2011 were Caucasian, 27% were African American, 21% Hispanic and 10% Multi-Racial (Child Welfare Information Gateway, 2013).
Reasons for Foster Care

Children are placed in foster care as a result of different forms of abuse or neglect. These forms of abuse include physical abuse, sexual abuse, emotional abuse, verbal abuse or neglect and witnessing domestic violence. The terms CPS and child welfare agency and Children’s Services Bureau (CSB) are used interchangeably throughout the paper due to international literary sources.

Britner and Mossier (2002) conducted a study aimed at understanding how different professionals involved with child welfare prioritize and use information when making the decision of whether or not to remove a child from his home after reported abuse. Of the 90 participants in the study, 43 were social workers and CPS personnel, 6 were judges, 8 were guardian ad litems (volunteers who advocate for children’s welfare), 10 were court-appointed special advocates (CASA), and 23 were mental health consultants. The participants completed open-ended questionnaires. Each questionnaire provided 4 short case vignettes. Each vignette dealt with a 2 or 6 year-old White or African American child experiencing one-time or chronic abuse. Almost all of the respondents indicated that the severity and pattern of abuse, as well as the likelihood of reoccurrence were extremely important factors in deciding whether or not to place the child in out-of-home care. The majority of participants indicated that the family’s financial status, the attachment of the child to his parent, and his relationship with siblings were not influential factors in making the decision whether or not to pursue out-of-home placement.

Physical Abuse. Physical abuse is characterized as:

Non-accidental physical injury, ranging from minor bruises to severe fractures or death as a result of punching, beating, kicking, biting, shaking, throwing,
stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child (Child Welfare Information Gateway, p. 3, 2013).

In order to determine whether there is a relationship between childhood physical abuse, emotional abuse and neglect with negative mental and physical health outcomes, Norman, Byambaa, De, Butchart, Scott & Vos (2012) conducted a systematic review of the available literature on the Medline, EMBASE and PsychINFO electronic databases through June 2012. The meta-analysis included all published cohort, cross-sectional and case-control studies of non-sexual childhood maltreatment (physical and emotional abuse, neglect) as a risk factor for loss of health (Norman, Byambaa, De, Butchart, Scott & Vos, 2012).

The analysis found that the available literature indicated that physically abused and emotionally abused children are at higher risk for developing depressive disorders than non-abused children. These children are also at an increased risk for suicidal behaviors. The analysis further found that physically abused, emotionally abused and neglected children are at a higher risk for developing anxiety disorders, eating disorders and risky sexual behaviors. Increased symptoms of PTSD were also found to be associated with physical abuse. Childhood physical and emotional abuse was found to be an increased risk factor for developing alcohol problems and obesity. Neglect was not found to correlate with these risks. There were intermittent findings regarding the relationship between increased problems with drug use and physical and emotional abuse and neglect. A few of the articles in the meta-analysis studied chronic illness and health problems. These articles found associations between experiencing physical, emotional abuse and neglect and negative health outcomes. This systematic review shows the
deleterious effects of experiencing emotional and physical abuse and neglect as a child on long-term adult outcomes. These findings support the need for children welfare agencies and foster care placements.

**Sexual Abuse.** Sexual abuse is defined by the Federal Child Abuse Prevention and Treatment Act of 2010 (CAPTA) as:

> The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children” (Child Welfare Information Gateway, p. 4, 2013).

A longitudinal study on adults who had been sexually abused as children found that these adults had an increased risk of mental health problems, a greater amount of symptoms of Post-Traumatic Stress Disorder (PTSD), lower self-esteem and lower life satisfaction, higher rates of sexual risk taking behaviors, higher rates of welfare dependence, and higher rates of contact with medical professionals due to illness (Fergusson, McLeod & Horwood, 2013). The participants of the study were members of the Christchurch Health and Development Study birth cohort, which consisted of 1,265 children born in an urban area of New Zealand during 4 months in 1977. Researchers collected data at birth, 4 months of age, annually between 1 and 16 years of age, 18, 21, 25 and 30 (Fergusson, McLeod & Horwood, 2013). Childhood sexual abuse was assessed at ages 18 and 21 by asking questions of whether the cohort members had been involved in one or more of 15 specific acts that are classified as sexual abuse before the age of 16. The vast majority of the sample had not experienced any childhood sexual abuse (85.9%), 2.7% of the sample had experienced non-contact sexual abuse, 5.1% had
experienced contact childhood sexual abuse not involving attempted or completed sexual penetration, and 6.3% of the sample had experienced “severe childhood sexual abuse involving attempted or completed sexual penetration including vaginal, oral and anal intercourse” (Fergusson, McLeod & Horwood, p. 66, 2013).

Fergusson, McLeod and Horwood’s (2013) study assessed mental health problems using the Composite International Diagnostic Interview (World Health Organization, 1993). The study assessed: PTSD symptoms using the Diagnostic Interview Schedule (Shulman, Scharf, Lumer & Maurer, 2001); self-esteem level using the 10-Item Rosenberg Self-Esteem Scale (Rosenberg, 1965); life satisfaction using a custom-written likert questionnaire regarding life satisfaction (Fergusson, McLeod & Horwood, 2013); sexual risk-taking, socioeconomic outcomes and physical health with self-reporting to custom-written questionnaires. The adverse results reported in this study agree with other studies concerning the effects of childhood sexual abuse. These results further support the need for child welfare agencies and foster care placements.

**Emotional Abuse, Verbal Abuse and Neglect.** Emotional abuse, also termed ‘psychological abuse,’ is defined as:

A pattern of behavior that impairs a child’s emotional development or sense of self-worth, this may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance” (Child Welfare Information Gateway, p. 4, 2013).

Verbal abuse is defined as berating, belittling or name-calling of child by parent or caregiver. Neglect is defined as “the failure of a parent, guardian, or other caregiver to provide for a child’s basic needs,” and encompasses medical, emotional, educational, and physical needs (Child Welfare Information Gateway, p. 3, 2013). Children can be removed from their parents/guardians if case workers from child protective services
(CPS), the governmental agency whose primary purpose is to ensure the
`protection/wellbeing of children under the age of 18, find substantiated evidence that the
abuse and/or neglect creates imminent risk to the child. In these cases, removal from the
home is necessary to keep the child safe.

Witnessing Domestic Violence. Several states have enacted legislation allowing
CPS to view witnessing domestic violence (physical, sexual or verbal abuse between
intimate partners/parents of the children) as a form of neglect. In Ohio, the law is
Revised Code § 2929.01(LL) and states that it is criminal when:

An offense is ‘committed in the vicinity of a child’ if the offender commits the
offense within 30 feet of or within the same residential unit as a child who is
under age 18, regardless of whether the offender knows the age of the child or that
the offense is being committed within 30 feet of or within the same residential
unit as the child and regardless of whether the child actually views the

This law was enacted after several studies concluded that there is a substantial
risk of long-term emotional and psychological trauma on children who are repeatedly
exposed to domestic violence (Cole & Caron, 2010). The purpose of the Cole and Caron
(2010) study was to identify what factors CPS workers attribute to a successful or
unsuccessful reunification in domestic violence cases. The participants of the study were
six CPS caseworkers who had each worked with 30-40 domestic violence cases annually.
Each participant was asked to identify one case in which the reunification was successful
and one in which it was unsuccessful. This exploratory qualitative analysis found that in
each of the successful cases, the parents acknowledged the domestic violence,
participated in multiple resources (parenting class, counseling) and had a good working
relationship with their CPS caseworker. Unsuccessful cases featured parents who denied
the domestic violence and refused to address the issue. A study conducted by Arad-
Davidzon and Benbenishty (2008) found that case workers’ personal characteristics and values largely effect their decisions regarding whether or not to use intrusive measures such as removal from the home. These values further effect their beliefs concerning whether or not reunification is appropriate on a case-by-case basis.

As described above, society must protect children from the recurring trauma of physical abuse, emotional abuse, sexual abuse and neglect. Research clearly demonstrates myriad deleterious long-term effects of experiencing physical abuse, sexual abuse, emotional abuse, neglect and witnessing domestic violence as a child. When children experience forms of abuse or neglect, CPS caseworkers may remove them from their homes. CPS caseworkers take several factors into account when deciding whether or not to remove a child from his home (severity of abuse, risk of recurrence, pattern of abuse) (Britner & Mossler, 2002). The federal government has enacted legislation aimed at protecting children from neglect and abuse. This legislation further regulates the process that CPS must follow when working with children and their families (CAPTA).

**Foster Care Reunification**

Current policy in the United States supports the reunification of families following the removal of a child. It places specific time limits regarding the length of stay in foster homes. These time limits are based on the belief that the sooner a child can be placed in a permanent placement, either reunification or adoption, the higher the benefit for the child (Bellamy, 2008). According to Bellamy (2008), over a third of the children in the foster care system in 2005 were reported to have been in the system for two-years or longer. Research on children who have been reunified with their caretaker(s) does not support United States policy. In short, the research indicates that
reunification is not necessarily best for the child (Fraser, Walton, Pecora & Walton, 1996; Fuller, 2005; Lau, Litrosnik, Newton & Landsverk; 2003; Maluccio, Pine & Warsh, 1996). On average, children who are reunified with their primary caregiver fare worse than children who remain in foster care (Bellamy, 2008). It is very likely that the issues the child experiences upon being reunified with his original primary caregiver is due, in part, to a lack of secure attachment development resulting from the fact that a secure bond was never formed with the caregiver (Bretherton, 1992; Schofield & Beek, 2009).

**Reunification Outcomes**

Bellamy (2008) conducted a study that was aimed at adding to the small pool of data regarding the outcomes of reunification on children who have been in foster care. The study explored case histories of these children, the risks related to behavioral problems, and the effect of reunification. Initially, the study was comprised of 727 children who had been in a long-term (at least 12 month) foster care placement. The participants were all American but resided in several states. After the third wave of data collection (the 36-month follow-up) the data population dropped to 604 children. Behavioral problems were measured using the Child Behavior Checklist (Achenbach, 1991). Reunification outcomes were measured using self-report instruments given by caseworkers and caregivers. Family risks were measured using the Short-Form Health Survey (Ware, Kosinski & Keller, 1996) and the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy & Sugarman, 1996). Bellamy (2008) found that in contrast to previous studies’ findings, reunification itself is not the cause of post-reunification internalizing behavior problems in children. Rather, the increased likelihood of exposure to other risks is likely responsible, to some degree, for the children’s internalizing behaviors. This
study also concluded that children who were reunified exhibited less externalizing behavioral problems than those in the foster care system. These results held true even with children who had been reunified after three or more years in foster care.

Bellamy (2008) emphasizes the importance of post-reunification services to the family, especially mental health services for the parents, in order to maintain a healthy living situation for the family and decrease the likelihood that stressors will cause a relapse in the problems that originally caused separation of the family. This was based in large part on the findings that stresses on caregivers attempting to readjust to their parenting roles after reunification may lead to unsuccessful reunification and reoccurrence of child maltreatment include. Predictors of these stresses include the length of time before reunification takes place. Reunification taking place either less than ninety days or greater than three years has been linked to relapse in child maltreatment. Other predictors include the number of children in the home, the number of children returned to the home, the marital status of the caretaker (especially in cases where more than one child is in the home), child behavioral and emotional issues, and unstable placements during foster care (Fuller, 2005).

**Clinical Implications of Reunification**

Lau, Litrownik, Newton and Landsverk (2003) used Taussig’s (2001) findings as a springboard for their study. Those findings were that although most child advocacy centers lobby for reunification and the majority of legal policy is based on the belief that children are best off being raised by their biological parents, reunification actually leads to a higher risk of long-term behavioral problems in reunified children (Lau, Litrownik, Newton, & Landsverk, 2003). Lau, Litrownik, Newton, & Landsverk in 2003 conducted
a study aimed at assessing the deleterious effects of reunification on the child’s symptomology later in life, examining whether there is relationship between reunification and internalizing behavioral problems, and examining the possible mediators of child outcomes that could increase behavioral and emotional problems in reunification.

Baseline data for Lau, Litrownik, Newton and Landsverk’s (2003) study came from 319 children aged 4 years old. These children were recruited from a larger population of San Diego children who had entered foster care by age 3.5 and were in foster care for at least 5 months. However, at the 2-year follow-up, assessments were only collected from 287 children. The final data collection population was 218 children. The researchers developed the Child Life Events Scale (Lau, Litrownik, Newton, & Landsverk, 2003) in order to measure levels of stress and the Inventory of Supportive Figures (Lau, Litrownik, Newton, & Landsverk, 2003) measure which was based on the Purdue Social Support Scale (Burge & Figley, 1987) in order to assess a number of supportive figures. They also used the Loneliness and Social Dissatisfaction Scale (Cassidy & Asher, 1992) in order to assess the social satisfaction of the participant, and the Child Behavior Checklist (Achenbach, 1991) in order to assess internalizing behavioral problems.

Lau, Litrownik, Newton and Landsverk (2003) found that the main positive outcome of reunification of children with their families was seen in the low reports of children’s feelings of social isolation. This study’s conclusions were similar to the Bellamy study in 2008. Both studies agreed that the risk of children’s exposure to highly stressful situations once reunification has taken place correlates to greater risk for clinical internalizing behavioral problems. The researchers encouraged mental health and child
service agencies to establish policies which place greater emphasis on the need for mental health services for the children post-reunification (Lau, Litrownik, Newton, & Landsverk, 2003).

**Demographic Predictors of Reunification Success**

Hines, Lee, Osterling and Drabble (2006) described their study as both exploratory and explanatory. Its purpose was to determine if race/ethnicity is a predictive factor for reunification success, what other possible child, family, case characteristics are related to reunification, and what ethnic specific factors predict reunification based on ethnicity. This included White, African-American, Latino and Asian families. The data was collected using 403 closed child welfare case records and information from the Child Welfare System/Computer Management System. Out of the 341 cases that had completed data: 38.1% were White, 38.7% were Latino, 14.1% were Black and 9.1% were Asian. The study found that White and African American families did not differ in the time it took to be reunified. However, it found that Asians were less likely to be reunified with their families than Whites. Only 32% of the cases reviewed had been reunified; 39% of the Whites, 28% of the Latinos, 33% of the Blacks and 16% of the Asians. The study also concluded that predictors for reunification differ depending on the ethnicity of the family (Hines, Lee, Osterling and Drabble, 2006). The predicting factors for Whites included neglect as the form of abuse that caused the removal in the first place, young age at entry into the child welfare system, and mother’s marital status. In African Americans, the study found that in cases where the mother had substance abuse issues, reunification was less likely. Further, younger children were more likely to be reunified. In Latinos, predicting factors included the mother’s employment status and the
child’s age. None of the predictors in the study were salient to the Asian group (Hines et al, 2006).

**Reunification Connection with Attachment Outcomes**

Based on the United States policy under the Adoption and Safe Families Act of 1997, reunification is the traditional case goal for children who have been placed in foster care (Hines et al, 2006). Current studies have found negative outcomes of children who have been reunified with their caregiver(s) (Bellamy, 2008; Fuller, 2005; Lau, Litrownik, Newton, & Landsverk, 2003). These findings conflict with the current policy in the United States (Adoption and Safe Families Act of 1997) and call for a possible reappraisal of the standard goals set forth regarding foster care and reunification. Foster children are expected to return to their original caregiver once that caregiver complies with their case plan. However, when considering the outcome research on reunification as described in this section, one may question whether this is in the child’s best interest. One may further question what possible attachment injuries may be contributing to the negative outcomes of reunification.

**Impact of Trauma**

Children in foster care have likely experienced at least one form of trauma, defined as:

Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA, 2012).

And including:

Witnessing domestic violence, physical abuse, sexual abuse, neglect or emotional abuse; trauma has several negative psychological affects which include mood...
disorders, affective disorders, somatic disorders, personality disorders and or psychotic disorders (Anctil, McCubbin, O’Brien & Pecora, 2007).

For the purpose of this paper trauma/childhood trauma will be defined as emotional abuse, physical abuse, sexual abuse, neglect, or witnessing domestic violence. Attachments, socialization with others, emotional regulation, impulse control, and the integration of self are all developmental processes that take place during childhood (Majer, Nater, Lin, Capuron & Reeves, 2010). When a child experiences trauma, those developmental processes are also negatively affected. Several psychological theories have been developed surrounding the negative impact that trauma has on children, especially when that trauma is induced by their primary caregivers (Bretherton, 1992). Children need to feel supported, nurtured and safe in order to properly go through the psychological developmental processes (Bowlby, 1969). When a child is not nurtured or cared for, is neglected, or is physically, emotionally, sexually or psychologically abused by his caregiver, he will be unable to form the proper attachments. This can lead to attachment issues later in life such as the DSM-IV defined Reactive Attachment Disorder (Schofield & Beek, 2005).

**Cognitive Implications of Trauma**

Majer, Nater, Lin, Capuron and Reeves (2010) conducted a pilot study in order to determine the relationship between adult cognitive functioning and childhood trauma. Forty-seven healthy adults were randomly selected from a pool of 227 individuals participating in a larger study regarding Chronic Fatigue Syndrome. The subjects were given the Diagnostic Interview Schedule (Robbins, Cottler, Bucholz & Compton, 1995) in order to verify that they had no psychiatric diagnoses.
The researchers in the above study assessed childhood trauma history by using the Childhood Trauma Questionnaire (Bernstein, Stein, Newcomb, Walker, Pogge, Ahluvalia, Stokes, Handelsman, Medrano, Desmond, et al., 2003). The researchers assessed anxiety symptoms using the Spielberger State-Trait-Anxiety Inventory (Spielberger, 1983). The researchers assessed depressive symptoms using the Zung Self Rating Depression Scale (Zung, 1965). The researchers assessed academic achievement using the Wide-Range Achievement-Test (WRAT-3) (Wilkinson, 1993). The researchers assessed cognitive functioning using different subsets of the Cambridge Neuropsychological Test Automated Battery (CANTAB) (Sahakian & Owen, 1992), which include the Spatial Working Memory task, the Pattern Recognition Memory task, of Cambridge task, the Intra/Extra Dimensional Shift task, Rapid Visual Information Processing task and the Reaction Time task. The researchers assessed memory using the Spacial Working Memory task (Sahakian & Owen, 1992) measurement and the Pattern Recognition Memory task (Sahakian & Owen, 1992) measurement. The researchers measured executive function with the Stockings of Cambridge task (Sahakian & Owen, 1992) and the Intra/Extra Dimensional Shift task (Sahakian & Owen, 1992). The researchers assessed psychomotor speed and sustained attention with the Rapid Visual Information Processing task (Sahakian & Owen, 1992) and the Reaction Time task (Sahakian & Owen, 1992).

Majer, Nater, Lin, Capuron and Reeves’ (2010) study found that asymptomatic healthy adults who had experienced trauma as children, specifically emotional abuse and physical neglect, had deficits in their long-term and working memory. The researchers
indicated that the negative impact of these deficits may include a higher risk for the development of psychopathology.

Health Implications of Trauma

Research shows that childhood trauma (physical, sexual, and emotional abuse, neglect, or witnessing domestic violence) is also correlated with psychophysiological disorders such as somatization, gastrointestinal problems, headaches and chronic pain (Sansone, Pole, Dakroub, & Butler, 2006). Sansone et al. (2006) conducted a study in order to determine childhood trauma as a predictor for psychophysiological and pain disorders. The data was collected from 87 adult patients of an outpatient internal medicine clinic with an average age of 43 years, 59% of whom were female and 39% of whom were male. The researchers assessed childhood trauma using a yes/no interview format with questions directly relating to specific trauma incidents (sexual abuse, physical abuse, etc.). The researchers assessed Borderline Personality Disorder symptomatology using the Self-Harm Inventory (Wiederman & Sansone, 1998). The study concluded that witnessing violence is a significant predictor for psychophysiological and pain disorder. This supports the idea that witnessing domestic violence is traumatic for children.

Attachment Implications of Trauma

Browne and Winkelman (2007) conducted a study in order to determine if adult attachment and cognitive distortion mediate the relationship between childhood trauma (see Definition of Operational Terms in Chapter I) and psychological adjustment. The study was comprised of 219 participants with an average age of 20.96 years, originating from a university setting in Australia. The majority of the participants were female. The
measures included the Childhood Trauma Questionnaire (Bernstein & Fink, 1994) in order to assess childhood traumatic events, the Relationships Scales Questionnaire (Griffin & Bartholomew, 1994) to assess one of two attachment styles, either secure or insecure, the Cognitive Distortions Scale (Briere, 2000) in order to assess internal ideals of self and locus of controllability, Trauma Symptom Inventory to assess Posttraumatic stress symptoms (Briere, 1995). The study found that attachment style was related to cognitive distortion. It further found that cognitive distortion was related to trauma symptoms, such insomnia, fatigue, anxiety, etc. The study also concluded that although childhood trauma impacts attachment style development, the attachment style itself did not have a significant relationship to trauma symptoms. Rather, it concluded that thought processes are the strongest predictor of trauma symptoms and are impacted by attachment style. These findings support the theory that attachment can be impacted by traumatic events and that attachment styles can impact cognitive distortions.

**Trauma and Foster Care Connection**

Childhood trauma (see Definitions of Operational Terms in Chapter I) can have several deleterious effects, such as impacting brain development, psychological impairments and psychopathology, attachment injuries (development of an insecure attachment style and not a secure attachment style), social outcomes and emotional regulation (Etain, Chantal, Bellivier, Mathieu, & Leboyer, 2008; Majer, Nater, Lin, Capuron, & Reeves, 2010; Perroud, Courtet, Vincze, Jaussent, Jollant, Bellivier, Leboyer, Baud, Buresi & Malafosse, 2008; Sansone, Pole, Dakroub, & Butler, 2006; Savitz, van der Merwe, Newman, Solms, Stein, & Ramesar, 2007; Savitz, van der Merwe, Stein, Solm & Ramesar, 2007). Research has shown that attachment style can impact trauma
response, and trauma history can impact attachment style (Browne & Winkelman, 2007; Purnell, 2010). Understanding the interplay between attachment and trauma history interplay, as well as the being aware of the fact that many foster children have likely experienced at least one form of trauma (such as physical abuse), it is clear that there is a need to gain further understanding of the experiences of foster children and their attachment style outcomes. This could have positive implications for child welfare policies, and could greatly influence the treatment approach taken by counselors’, therapists’ and other mental health providers when working with those who have experienced a childhood trauma and/or foster care alumni.

**Foster Care Outcomes**

The available research regarding children and adolescents in foster care far exceeds the available research on the long-term outcomes for foster care alumni. Much of the research does not distinguish whether possible deleterious effects were due to the foster care placement process itself, or rather the circumstances which led to removal (Anctil, McCubbin, O’Brien & Pecora, 2007; Doyle, 2013; Dumaret, Coppel-Batsch, & Couraud, 1997; Schofield & Beek, 2009; Viner & Taylor, 2005). Research indicates that children who have been placed in foster care are at an increased risk for behavioral, health, emotional, psychological and educational problems (American Academy of Pediatrics, 2000; Dumaret, Coppel-Batsch, & Couraud, 1997). On average, the educational attainment of individuals in foster care is less than those who were not (American Academy of Pediatrics, 2000; Vinnerljung & Hjern, 2011). Children in foster care have a higher incidence of physical impairments than the general public, and have a disproportionate number of mental health disorders (Dumaret, Coppel-Batsch, &
Couraud, 1997; Villegas, Rosenthal, O’Brien & Pecora, 2011). Studies have found a pattern that suggests that placement in foster care is a transmitted process, occurring over multiple generations in the same family unit (Dumaret, Coppel-Batsch & Couraud, 1997; Viner & Taylor, 2005).

**Foster Care Outcomes on Psycho-Social Integration**

Dumaret, Coppel-Batsch, and Couraud’s (1997) quantitative study explored the long-term impact of adverse childhood experiences to determine predictive factors for maladjusted psycho-social integration in adulthood. The 63 participants of the study were all over 23 years of age, from France, had been in foster care placement for at least 5 years and had been out of foster care placement for at least 5 years. The researchers gathered data using information from the foster care agency; semi-structured interviews asking about current living conditions, parental history and family links, former life in care, and criticisms of the foster care system. Foster families were also given semi-structured interviews about family situation at time of admission, foster care duration of support, relationship with parents, scholastic achievement and type of discharge (Dumaret, Coppel-Batsch & Couraud, 1997).

Dumaret, Coppel-Batsch, and Couraud’s (1997) study found that 51% of the 35 families that participated had prior a familial placement in either grandparent or parent generations. Twenty-three percent of the participating families indicated that both the father and mother had been separated from their families as minors. Forty-eight percent of the participants had a regular relationship with their parents. Thirty percent had a nonexistent/rare relationship with their parents. Twenty-two percent had an irregular relationship with their parents. The research also indicated that the main time period
during which the social integration of the foster care alumni was impacted was after terminating from care, and when seeking employment. The participants also indicated a number of hospitalizations and psychosomatic problems after exiting care (Dumaret, Coppel-Batsch & Couraud, 1997).

**Long-Term Implications of Foster Care**

The few studies that have focused on the long-term effects of being in foster care have had mixed findings. This may be due, in part, to the difficulty in attaining a sample due to the differences in foster care situations (length of time placed, reason for placement, age at placement) (Anctil, McCubbin, O’Brien, and Pecora, 2007; Broad, Stoyles, McMullan, Caputi & Crittenden, 2010; Doyle, 2013; Dregan, Brown & Armstrong, 2011; Dumaret, Coppel-Batsch & Couraud, 1997; Villegas, Rosenthal, O’Brien & Pecora, 2011; Viner & Taylor, 2005; Vinnerljung & Hjern, 2011). In general, these studies showed that foster care alumni had less educational attainment, a higher risk for being involved in criminal activities, and higher unemployment and homelessness rates (Anctil, McCubbin, O’Brien, and Pecora, 2007).

Viner and Taylor (2005) conducted an analysis of a long-term study of the 1970 British birth cohort of 16,567 infants that were followed up at ages 5, 10, 16, and 30 to determine the long term implications of placement in public care. Their analysis included the sample of that cohort that had data regarding care history during childhood and that had participated in the 30-year follow-up. This resulted in a total of 9,557 subjects, 343 of whom (3.6%) had been placed in public care. The primary implications of placement in foster care were an increased of homelessness, criminal conviction, psychological morbidity, poorer general health, less educational attainment, less likelihood of attaining
higher socio-economic status, and unemployment. Interestingly, unemployment was only found to be a risk for males.

Dregan, Brown and Armstrong (2011) conducted a longitudinal review of the 1970 British Cohort Study to explore the long-term adult outcomes of children placed in public care. The British Cohort Study was a population-based study of over 17,000 children during one week of April in 1970. Of the 738 cohort members, approximately 4%, had been in public care placement for at least four consecutive weeks during at least one of the survey collection years (1975, 1980, 1986, 2000). The researchers compared the population who had been placed in care with the population who had not been placed in care or adopted. The researchers only included the 10530 cohort members who took part in the age 30 survey sweep, 431 of whom had been in public care at some point during their childhood.

The outcome data of Dregan, Brown and Armstrong’s (2011) study was collected using the Malaise Inventory (Rutter, Tizard & Whitmore, 1970) to assess depression status, a Life Satisfaction measure to assess overall satisfaction with life (Dowd & Goldman, 2006), a Self Efficacy scale, the CAGE Questionnaire which was developed by the Centre for Longitudinal Studies at the Institute of Education (Mayfield, McLeod & Hall, 1974) to assess alcohol problems, smoking behavior assessment, and self-reports of criminal convictions and illegal drug use (Dregan, Brown and Armstrong, 2011). The findings of this study conclude that depression, life dissatisfaction, lack of self-efficacy, smoking activity and criminal convictions have statistically significant outcomes of a negative nature for the members of the cohort who had been in public care. This was not true of the comparison cohort (Dregan, Brown and Armstrong, 2011). The results
indicated that there was no statistically significant difference between the test group and the comparison group in drug and alcohol usage outcomes. As described above, this longitudinal study suggests that being placed in foster care during childhood does have a negative impact on long-term outcomes.

**Psychological Implications of Foster Care**

Few studies have been conducted regarding the psychological outcomes of adults who had been in foster care (Anctil, McCubbin, O’Brien, & Pecora, 2007; Brandford & English, 2004). Brandford and English (2004) found that young adults exiting foster care have much higher incidence of depression than average high school seniors, 42% versus 27% (Anctil, McCubbin, O’Brien, and Pecora, 2007). Doyle (2013) conducted a quantitative study using instrument-variable techniques to measure causal effects in the natural settings of foster care on long-term and short-term outcomes. The data was collected from the files of all children in Illinois whose families had been investigated by CPS for abuse or neglect between 1990 and 2000. The results supported other studies’ similar findings that children who have been in foster care have an increased likelihood of juvenile delinquency and emergency healthcare.

**Impact of Long-Term Foster Care**

Vinnerljung and Hjern (2011) conducted a quantitative study with the purpose of identifying the impact of long-term foster care and adoption in youth and young adulthood. The data for the study was collected using ten national Swedish registers with information covering ten national birth cohorts to compare the cognitive, educational and self-support outcomes from 900 adoptees and 3100 children who grew up in foster care. This information was subsequently compared to the same information from 900,000
children in the normative population. The subjects were all born in Sweden between 1972 and 1981 and entered Child Welfare Services prior to age 7. They ranged in age from 24 to 33 during the data collection portion of the study. The results of this longitudinal review indicated that children who had grown up in foster care attained less favorable outcomes in school performance as of age 15, cognitive competence as of age 18, and overall educational achievement and self-support capacity than children who had been adopted and children in the comparison group.

Vinnerljung and Hjern’s (2011) study findings support similar studies’ suggesting that adoption at an early age may ameliorate further negative outcomes of children who are removed from their original caregivers. The researchers suggested that there would most likely be a larger disparity in outcomes when comparing long-term foster care placement to no placement. However, that would not answer the question whether being placed in foster care would have worse consequences than remaining in the care of abusive or neglectful parents.

Fernandez (2009) conducted a quantitative analysis of an 8-year longitudinal study of 59 children in long-term foster care in Australia with the purpose of explaining outcomes of long-term foster care outcomes on family and social relationships, and behavioral and emotional development from a multi-informant (caseworker, foster parents, children) view. The average age of the children in care was 12.6 years of age with an average time in foster care of 8.2 years and an average of 5.4 different placements throughout their time in care. The researchers collected the majority of the data for this study using personal interviews with a semi-structured format. This format was consistent with the Looking After Children framework (Parker et al., 1991).
Standardized measures of data were collected using the Child Behavior Checklist (Achenbach, 1981) which was given to caseworkers, foster parents and teachers to assess clinical-range behaviors and expression of mental health symptoms.

There were several significant results of Fernandez (2009) study. The study found that greater frequency of contact with the child’s birth mother resulted in less cohesion between the child and his foster parents. The study also found that an increase in placements correlated with an increase in total problems reported on the Child Behavior Checklist (Achenbach, 1981). Greater cohesion with foster mother led to fewer relationship issues with caregivers. Greater cohesion with foster father led to fewer conduct problems. The research showed a positive correlation between the length of time with caregivers and the ratings of adjustment, satisfaction, integration, academic progress and behavioral outcomes. Children living in unstable living environments were at a higher risk of negative psychiatric and social development outcomes. The younger the age of foster care entry of the child, the greater the likelihood that he would be able to develop the ability to trust and confide in others. Lastly, the study concluded that parenting styles have an impact on outcomes. Aggressive parental styles had greater incidence of negative outcomes, while nurturing, warm, sensitive responding-type parental styles had greater incidences of academic achievement, pro-social behaviors, relationship skills and less aggressive behaviors (Fernandez, 2009).

The few studies regarding the impact of foster care have shown that foster care placement may correlate with greater risks of negative social, behavioral, emotional and mental outcomes (Anctil, McCubbin, O’Brien & Pecora, 2007; Doyle, 2013; Dregan, Brown & Armstrong, 2011; Dumaret, Coppel-Batsch & Couraud, 1997; Fernandez, 2009;
Vinnerljung & Hjern, 2011). It is necessary to gain a better understanding of how the experiences of foster care children contribute to these negative outcomes.

**Foster Care and Attachment**

Little research has been conducted on the correlation between foster care and attachment styles (Hughes, 2004; Prather & Golden, 2009; Rutter, Colvert, Kreppner, Beckett, Castle, Groothues, Weiss & Sonuga-Barke, 2007; Schofield & Beek, 2009). Schofield found that young adults who had grown up with foster families that modeled values on social networks and were supportive, had a substantial capacity to value, sustain, and seek out relationships and networks over time (Schofield & Beek, 2009). Having a secure base (consisting of availability, sensitivity, acceptance, cooperation, and family membership during foster family placement) increases the resilience factors of children and adolescents in foster care (Schofield & Beek, 2009).

Children who have been placed in foster care often experience feelings of a lack of control and insecurity. These feelings negatively affect their ability to bond with future foster or adoptive caregivers. Because of insecure and loss of control feelings, the children often strive to develop a sense of control over their environment in order to feel stable relationships and display a “disorganized attachment style” (Hughes, 2004). This “disorganized attachment style” is characterized as displaying a “glib, manipulative and disingenuous interactive style.” This is the result of the child having become accustomed to having an insecure and inconsistent parental unit and therefore becoming self-reliant (Prather & Golden, 2009, p. 223). The long-term outcomes associated with the disorganized attachment style include an antisocial, emotionally aloof, manipulative personality, with very little resiliency. These children maintain the idea that caregivers
are a source of inconsistency and fear, not a source of safety or nurture. This viewpoint creates an insecure attachment style and results in inconsistent relationships and difficulty forming and maintaining relationships (Prather & Golden, 2009).

**Insecure Attachment Implications on Foster Children**

According to Schofield and Beek (2009), due to the manipulative and other negative personality type behaviors that go along with insecure attachment styles, foster and adoptive parents may have difficulties bonding with their foster children. This adds further injury to the attachment development of these children. The Schofield and Beek (2009) study was based on multi-phase longitudinal research conducted on 52 children aged 3 to 12 who had been placed in planned, long-term foster care between 1997 and 2006. The purpose of the study was to increase understanding of how a child’s relationships with his foster family can be a major agent of change over time, especially during adolescence. Further, it was intended to provide evidence for a secure-base parenting model as an effective approach for foster parents. This study’s findings support other research indicating that caregiver personality characteristics, the caregiver’s attachment state of mind, and insightfulness regarding the child’s needs are more likely to lead to a secure attachment style (Smyke, Zeanah, Fox, Nelson & Guthrie, 2010).

In a study conducted by Rutter et al (2007), a pattern of disinhibited attachment style was found to occur in children who were raised in orphanage-type institutions in Romania. The hypothesis was that children who are placed in such institutions at early age will tend to a multitude of individuals rather than a select few caregivers due to the constant flux of caregivers during their early formative years (first five years of life). The sample included a test group of 165 children adopted into families in the United Kingdom.
after having been raised previously in a Romanian institution for children without parents (orphanage). The researchers assessed 111 of these children at age 4 years and again at age 6 years and 11 years. The 54 remaining children were over age 4 years at the beginning of the study, and were consequently only assessed at age 6 years and 11 years. The test group was compared to a control group of 52 adoptees in the United Kingdom who had not been previously raised in an institution and who had been placed by age 6 months. The findings showed that 1 in 10 of the test group showed definite quasi-autistic patterns. The study found that children who featured disinhibited attachment styles did tend to have issues in other domains of life. This fact led the researchers to imply that disinhibited attachment does reflect a clinically significant disorder.

**Impact of Placement Changes and Environment on Attachment Style**

Altenhofen, Clyman, Little, Baker and Biringen (2013) conducted a quantitative study in order to test their prediction that foster care placement changes since birth and concurrent substitute caregiver-child emotional availability will be associated with and predict child attachment security at 3 years of age. The researchers collected data for this study using information from the longitudinal Infants in Foster Care (IFC) (Altenhofen, Clyman, Little, Baker & Biringen, 2013). The IFC’s primary purpose was to assess predictors of problematic emotional and behavioral symptoms of infants in foster care. There were 104 participants of the IFC study, 47 females and 57 males, aged 36-47 months old at the close of the study. All had been placed in foster care during infancy. At the end-point of the study 49% of the caregiver participants were adoptive caregivers, 23% were kinship care, 14% were biological parents and 14% were foster parents.
The procedure for the IFC study began with asking the caregivers to play with the child for 5 minutes and then eat a snack with the child for 5 minutes. These interactions were video recorded. The caregivers were then asked to fill out a series of questionnaires. In order to obtain results, the researchers used: the Attachment Q-Set (Waters & Deane, 1985) which assessed attachment security through observation of the child and caregiver; the Denver Department of Health and Human Services charts of the children to assess placement information; and the Infancy/Early Childhood Version of the Emotional Availability Scales (Biringen, 2008) to assess caregiver emotional competence to predict attachment security. The findings of study were that 66% of the children were securely attached to their substitute caregiver in comparison to 67% in the normative population.

Altenhofen, Clyman, Little, Baker and Biringen (2013) suggested that a possible explanation for the test group’s near-normative scores was the fact that the children were taken away by 6 months of age. Additionally, the majority of the children were not placed out of the home. Approximately 70% of the 49% of the children who ended up adopted by their substitute caregivers by age 3 were securely attached. In line with other research, this study found that gender was a predictive factor of attachment security. Girls were more securely attached than boys. The study also concluded that the Emotional Availability (Shivers, 2006) subscales consisting of Child Involvement, Child Responsiveness and Caregiver Sensitivity were significantly related to children’s attachment security at 3 years of age. This indicates that children were more responsive and involved with caregivers who were sensitive which in turn lead to a higher likelihood
of secure attachment. These findings suggest that attachment security and foster care placement do have a relationship (Altenhofen, Clyman, Little, Baker & Biringen, 2013).

Strijker, Knorth and Knot-Dickscheit (2008) conducted a retrospective longitudinal design quantitative study in the Netherlands in order to examine whether placement histories and the number of different placements during foster care may increase risk for having mental health disorders. In order to obtain results, the researchers investigated the files of all 419 foster children aged 0-18 who had been admitted to the foster care system between September 2000 and June 2004. Of the children, 52.9% were in foster placement and 47.1% of were in kinship foster placement in the North Netherlands. Behavior problems were measured using the Behavioral Problems Questionnaire (Barber & Delfabbbo, 2002). The study concluded that the number of placements during foster care was positively correlated to the number and severity of attachment disorders and of behavioral problems. The results also indicated that kinship care was more stable than traditional foster care placements. Consequently, kinship care situations had fewer behavioral problems and attachment disorders. The study also indicated that the age of which the child enters foster care, the number of behavioral problems, and the number of placements could all be predicting characteristics for successful versus unsuccessful outcomes of foster care.

McLaughlin, Zeanah, Fox and Nelson (2012) conducted a quantitative study with the purpose of determining whether the ameliorative effect of foster care intervention on internalizing disorders in previously institutionalized children was explained by secure attachment development during foster care. In addition, the study was intended to aid in the understanding of the role of attachment in children in institutions. The participants of
this study were 136 children in Romania between the ages of 6 to 30 months. The researchers used the Strange Situation Procedure (Ainsworth, Blehar, Waters & Wall, 1978) to assess attachment style and the Preschool Age Psychiatric Assessment (Egger, Ascher & Angold, 1999) to assess for psychiatric disorders. These measures were given to the biological or foster mothers or institutional caregivers. The researchers found that girls in foster care had fewer internalizing disorders than girls in institutional placements. However, there was no significant effect on boys. The study also indicated that greater attachment security predicted lower rates of internalizing disorders. The study provided evidence of the critical role of disrupted attachment in the etiology of internalizing disorder in children exposed to institutional care.

Need for Research on Foster Care, Trauma and Attachment Connection

As seen above, secure emotional bonds (defined as trust, respect, recognition, a formation of a close human relationship) to caregivers are vital to the development of a secure attachment style. There are both short and long-term negative social and psychological implications of having insecure attachment styles (Bos, Zeanah, Fox, Drury, McLaughlin & Nelson, 2011; Escolas, Hildebrandt, Maiers, Baker & Mason, 2013; Gore-Felton, Ginzburg, Chartier, Gardner, Agnew-Blais, McGarvey & Koopman, 2013; Keskin & Cam, 2010; Mason, Platts & Tyson, 2005; McLaughlin, Zeanah, Fox & Nelson, 2012; Ponizovsky, Vitenberg, Baumgarten-Katz & Grinshpoon, 2013; Prather & Golden, 2009; Surcinelli, Rossi, Montebarocci & Baldoro, 2010; Wearden, Cook & Vaughan-Jones, 2003). Children placed in foster care have intermittent emotional bonds with caregivers. This may affect the development of their attachment style. After a comprehensive review of the available literature, it is clear that there is a glaring lack of
research regarding this topic. The content of this literature review has supported this researcher’s argument that it is important to understand how placement in foster care affects the attachment styles of adults. With almost half a million children currently in foster care in the United States it is necessary to understand what, if any, long-term implications being placement in foster care has on the attachment styles of foster care alumni (Child Welfare Information Gateway, 2013).

**Conclusion**

As discussed in this chapter, it is evident that the highly empirically supported aspects of attachment theory create implications for the foster care process. The removal of children from their family of origin in and of itself will likely create attachment development injuries. This is only exacerbated by the possibility that the child will subsequently be placed in multiple foster care homes, further injuring his attachment and bonding capabilities. Foster children likely already have experienced difficulties bonding with their primary caregivers as evidenced simply by the fact that the child was removed from his family of origin. It is important to understand the experiences of foster care children in order to understand how foster care affects attachment styles of foster care alumni into and through adulthood. There is ample research supportive of attachment theory. This research holds that the security a child feels with emotional bonds between himself and his caregiver will impact his attachment style. As outlined above, if the child has a non-caring, unsupportive, inconsistent neglectful caregiver, he will likely develop an insecure style of attachment. Insecure attachment style is correlated with increased risk of psychological, social and health outcomes throughout the individual’s life.
Today there are almost half a million children in the foster care system in the United States. It is important to understand how these children’s attachment styles develop. The literature review presented in this chapter makes clear that there is a need for more research in this area. The lack of current research regarding long-term effects of foster care on attachment styles of foster care alumni, and the overall experience of being in foster care is the reason that future research in this area should be exploratory. The need for exploratory research supports the use of a qualitative study. The purpose of this paper is to help gain an initial understanding of the experiences of foster care alumni and how those experiences may impact their development of attachment styles. Exploring this topic will assist marriage and family therapists when working with current foster care children and foster care alumni and their families.
CHAPTER III
RESEARCH METHODS

The goal of the current research was to gain a deeper understanding of the impact childhood foster care placement has on adult attachment styles. The foster care alumni provided insight related to their experiences in foster care. In addition to experiences and memories of their childhood, the researcher focused on the participants’ current relationships and attachment styles. The central goal was to explore the relationship between childhood foster care experience and attachment style as an adult. As a dedicated clinician, the researcher aimed to enhance her expertise related to foster care, attachment theory, and avenues for advocacy. This study was reliant on the detailed stories and memories of each participant. Thus, a qualitative study was employed to ensure rich and detailed data.

According to Merriam (2009), qualitative research aims to understand how an individual constructs meaning based on his/her experiences. The goal of a qualitative researcher is to uncover and interpret those meanings. In this qualitative study, the individual voice of each participant was highlighted. Qualitative analysis asserts that there is no objective reality; rather, reality is socially constructed through the experiences and interactions of the individual. Based on the research goal, semi-structured interviewing was employed. As the interviewer, the researcher was an integral
component of the data collection process. Hatch (2002) impressed that this intimate connection with data is a key difference between qualitative and quantitative research.

**Methods of Data Collection**

The researcher utilized narrative inquiry as the research methodology. Narrative inquiry, also termed as narrative analysis, has several different founders (e.g., Bruner, Ricoeur, Polkinghorne) who use a variety of approaches and techniques (Robert & Shenhav, 2014). Interpreting narratives has been present since the age of Aristotle in 335 BC (Lal, Suto, & Ungar, 2012). Patton is quoted in Merriam (2009) as describing narrative inquiry as an extension of the hermeneutics original method of studying written texts to include “in-depth interview transcripts, life history narratives, historical memoirs, and create nonfiction,” and that the hermeneutical perspective of interpretation and context “informs narrative studies, as do interpretivist social science” (p. 33). The method was developed because language and narration hold a key component to understanding and relaying information. Capturing the themes from the retold stories of emotionally laden experiences such as illnesses, critical turning points in life, and traumas creates a thick and detailed data trail. Narrative inquiry is different from other methods of qualitative analysis due to the focus it has on capturing and interpreting the salient memories of participants through the analysis of their stories.

Researchers collect the data for narrative inquiry through conducting interviews and gaining life histories that contain the participants’ stories. In reviewing studies using Narrative inquiry, it is apparent that there is not a specific sample size suggested to bolster results; participant sizes range anywhere from 2 to 600. Wells (2011) stated that in studies using a complex analysis, such as collecting life histories of participants, a
sample size of 5 is sufficient. The role of the researcher in Narrative Inquiry is to create a space for the participants to tell ‘their story’ and relay that story to the readers of the research (Robert & Shenhav, 2014).

In conducting the proposed research, the researcher hoped to produce, represent, and contextualize the experiences of the foster care alumni by hearing their life histories and stories (Schram, 2003). By understanding those experiences and how they affect each participant’s attachment style, the researcher planned to interpret a grand narrative of his/her life which will be ingrained in their personal perspectives and voices. The Narrative inquiry methodology also fit in with this researcher’s empathic and socially oriented personality as a counselor. The researcher believes that her personality characteristics of being empathic and nurturing would help the interview process to flourish.

**Interviewing**

Interviewing is the key component to narrative inquiry as the majority of the data is held in the narratives of the participants. The researcher utilized topical oral history interviewing by asking the participants about the experience of being in foster care (the topic) in order to gain a narrative of what happened during that experience (Rubin & Rubin, 2005). Life histories are a common narrative inquiry interviewing method. This inquiry seeks to understand the experiences of an individual and how they felt passing through different stages of life. The life history involves a “combination of narratives and stories that interpret the past and make it acceptable, understandable, and important” (Rubin & Rubin, 2005, p. 27).
More specifically, the researcher asked the participants to go in-depth regarding their experiences in the foster care system, as well as provide accounts of how they relate/attach to significant people in their lives. It was imperative to obtain vivid descriptions in the interviewing process and include those descriptions in research reports. The researcher phrased her questions to elicit a detailed, step-by-step account of the experiences and attachments of the participants in order to convey not only their transcripted words, but the emotions and imagery through the narrative (Rubin & Rubin, 2005). The researcher included questions about why they were placed in foster care, the age which they entered foster care, how many foster placements they had, the length of each placement, their experiences in their original homes before foster placement, if they were returned to their family of origin, and other experiential-type questions. The researcher also included a demographic questionnaire (see Appendix B). Finally, the researcher audiotaped each interview session, per the request of the participants.

**Research Questions**

To explore this topic, the research question is: How does being in foster care affect the long-term attachment styles of adults? In order to support the research question, the researcher explored: (a) specific memories of the foster care alumni; (b) the current attachment style of the foster care alumni; and (c) grand narrative or common themes of the experiences in foster care. The research questions were developed after reviewing the available literature and recognizing the gap in research regarding attachment outcomes of foster care alumni. The researcher worked with her methodologist in developing the research questions that would best fit the purpose of the research. Past research indicates that a secure attachment is ideal for healthy relational
functioning (Bowlby, 1969) and that children in foster care are at risk for developing insecure attachment styles (Hughes, 2004). Consequently, the researcher wanted to explore if being in foster care had any impact on the long-term outcome of attachment style in foster care alumni, and if so, what salient memories from the foster care experience may have contributed to that attachment style outcome.

**Sampling**

To gain an in-depth understanding of the foster care experiences and the impact on adult attachment styles using narrative inquiry, a sample size of 5 to 9 participants is considered appropriate (Wells, 2011). The researcher requested participant referrals from county-specific child welfare agencies and foster care agencies in Northeast Ohio. A thorough description of the purpose and inclusion criteria were provided to potential referral sources. The target population was people aged 26 to 36 who had been placed in non-relative foster care at some point during their early and middle childhood developmental years (specifically between the ages of 30 months and 12 years). This age group was chosen due to the median age of entering foster care being 6.6 years of age. (Child Welfare Information Gateway, 2013). Further, the researcher aimed to capture the different foster care experiences during early and middle childhood, as there is range of developmental needs between early childhood (age 3) to the end of preadolescence (age 12) (Feldman, 2006).

In addition to understanding the foster care experience, the researcher’s goal was to assess each participant’s attachment styles as adults and how those attachment styles may have developed throughout the foster care process. The majority of relevant research has focused on the young adult population, leaving a large gap in the literature
attending to the long-term impact of foster care placement (Anctil, McCubbin, O’Brien & Pecora, 2007; Doyle, 2013; Dumaret, Coppel-Batsch, & Couraud, 1997; Schofield & Beek, 2009; Viner & Taylor, 2005). Research indicates that the late twenties is a time when individuals become more introspective and have had time to develop consistent attachment styles (Feldman, 2006). Therefore, the age range for the current study increased the researcher’s ability to assess the connections between current relational patterns and past foster care experiences.

The researcher contacted each of the participants via phone after receiving the initial referral. During the sample collection process, the researcher ensured informed consent by explaining the purpose and methodology of the research and providing each participant with an informed consent document, which they each signed prior to partaking in the study. The researcher also extensively reviewed the proposed research with the possible participant upon initial contact, explaining not only the questions posed and purposes of the study, but the methodology and possible implications being a part of this study may have for them, including psychological risks.

The majority of the data was collected by triangulating different data sources from the research participants. The data sources included demographic information and conducting in-depth semi-structured interviewing. The researcher had two meetings with the participants. The first meeting encompassed the majority of the triangulated data sources of demographic data and the initial semi-structured interview. The researcher then reviewed the data sources and coded the initial semi-structured interview in order to inform follow-up questions during the second interview. The researcher chose to keep all formats and questions the same in each initial interview (with the exception of follow-up
questions based on answers given during the semi-structured interview). The researcher believed that, by maintaining consistency by structuring each preliminary interview in the same way, the research would have a greater level of trustworthiness and rigor (Lincoln & Guba, 1985).

**Participant Demographic Data**

The researcher interviewed six participants for data collection. See Appendix C for the interview protocol and Appendix B for the demographic questionnaire used with each participant. Table 2 displays demographic data for each participant based on the demographic questionnaire which was provided to each participant prior to their initial interview. Each of the six participants entered foster care between ages three and nine years, with an average age of 5.6 years. Five of the participants were Caucasian and one participant was African American. The average age of the participants was 31.7 years. The average length of time each participant was in care was 31.5 months. Two of the participants were reunified with their biological parents, three were adopted by foster parents, and one aged out of care.
Table 2. Demographic Data

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<td>9</td>
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<td>3 months</td>
<td>5 years</td>
<td>1 year</td>
<td>6 years</td>
<td>3 years=1st Aged out=2nd</td>
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5 Descriptor Words for Foster Care Experience

- Traumatizing
- Unnecessary
- Confusing
- Frightening
- Upsetting

- Dark
- Lonely
- Powerless
- Survival
- Cold

- Confusing
- Afraid
- Anxiety-provoking
- Unfair
- Guarded

- Scary
- Mean people
- Terrifying
- Unfair
- Decevious

- Humiliating
- Scary
- Lonely
- Happy
- Fun
- Grounded

5 Descriptor Words for Foster Parents

- Strange
- Awkward
- Unkind
- Distant
- Overweight

- Cold
- Materialistic
- Mean
- Manipulative
- Self-serving

- Loving
- Understanding
- Compassionate
- Dependable
- Fun

- Wonderful
- Peaceful
- Kind
- Sweet
- Generous

- Strict
- Religious
- Well-off
- Happy
- They cared

- Moody
- Loving
- Strict
- Very compassionate
- Reliable
Methods of Analysis

This section explains the varieties of analysis used in this study. Examples of the coding methods are given in this section.

Coding

The researcher transcribed each interview verbatim. Next, a detailed analysis of each transcription was conducted to determine salient themes between the interviews for the same participant, as well as conduct a cross analysis of similar themes between different participants’ stories. The researcher coded the commentaries found in the transcription to evaluate major code categories based on the narratives. The researcher noted the emergent codes that were common themes among each of the participants and attempted to use the words spoken by the participants as the codes (e.g., “stolen childhood,” “broken system”). When coding for relational style, the researcher used the participants’ self-descriptors that matched characteristics of attachment styles (see Definition of Operational Terms in Chapter I). For example, when participants indicated that they felt “insecure,” “clingy,” or “feared abandonment,” the researcher grouped them into the Anxious-ambivalent insecure attachment style. When respondents indicated having characteristics that aligned with the avoidant insecure attachment style, such as being invulnerable from emotional pain from others and only relying on themselves, they were grouped into the avoidant insecure attachment style.

Since multiple raters aid in assuring that there is a general agreement of meaningful segments and categories in the data (Lincoln & Guba, 1985). Both the researcher and a peer coded the data. The assistance of the methodologist dissertation committee member was employed to further bolster the trustworthiness of this study. The
primary researcher noted more emergent codes than the peer coders after the second round of interviews had been coded. The multiple raters dialogued regarding the emergent codes and came to an agreement that the extra codes found by the primary researcher were relevant to the research findings and, therefore, should be included in the results (Lincoln & Guba, 1985).

**Story Analysis**

According to Schram (2003), narrative inquiry refers to the researcher pulling together events and transforming them into narratives or stories, thus constructing a grand narrative out of a variety of thoughts and commentaries stated throughout the interview process. Analysis of the narrative refers to the process of eliciting complete stories which are then analyzed in terms of concepts from preexisting theory. The researcher elicited detailed life stories and common themes that emerge from the stories in order to construct a grand narrative. In addition, the stories in terms of concepts from attachment theory were analyzed.

The researcher employed a mix of Denzin’s (1989) biographical approach and the psychological approach to story analysis. The biographical approach is described as analyzing the data (the stories) in terms of “the importance and influence of gender and race, family of origin, life events and turning point experiences, and other persons in the participant’s life” (Merriam, 2009, p. 33). The psychological approach as cited in Rossiter (1999) “emphasizes intuitive processes, contextualized knowledge, and human intention and acknowledges the cognitive, affective, and motivational dimensions of meaning making while taking into account the biological and environmental influences on development” (Merriam, 2009, p. 33). To account for both of these approaches, the
researcher focused on the family of origin, life events, and other persons in the participant’s life while understanding the cognitive, affective, and motivational dimensions that are influenced by both biology and the environment when analyzing the data.

Interim Analysis

In staying true to a qualitative design, analysis and data collection were intermingled. The researcher used interim analysis, which is the cyclical process of collecting and analyzing data that continues until the researcher either runs out of resources or the question is answered (T. Lara, Qualitative Analysis class notes, June 2011). The researcher transcribed and coded the initial interviews, as well as utilized the data from those interviews to prompt questioning in the following phase of interviews. For example, a theme that started to emerge from some of the initial interviews was the idea of a stolen childhood. The researcher used the data from the initial interviews to add questions specific to that emergent stolen childhood theme (for example, “When thinking about the experience of foster care, how would you describe the impact it had on your ability to be a child”).

Trustworthiness

Techniques such as audiotaping interviews, keeping a detailed reflexive journal, raw data regarding coding and other analysis and collection measures aid in establishing trustworthiness in a qualitative analysis (Lincoln & Guba, 1985). In the current study, the researcher used a multi-method approach by utilizing videotaping, life story interviews, and topical interviews to collect data, as well as multiple investigators to code data. This multi-method approach enhances the credibility of the findings (Lincoln &
Guba, 1985). The use of multiple coders increased the defensibility and intra/inter code reliability, thus helping to maintain a high level of trustworthiness (T. Lara, Qualitative Analysis class notes, June 2011). The researcher ensured prolonged engagement with participants in order to increase the amount of data through the narratives and by using an interim analysis approach. The researcher ensured that she conducted the study for a sufficient amount of time over a several month period. Additionally, the researcher kept a reflexive journal while conducting the research with specific details of each step of the research process. Included in this journal were accounts of why the research question was chosen, personal introspection throughout the process, and how the researcher decided what to code and categorize.
CHAPTER IV

RESEARCH FINDINGS

The goal of the research was to get a deep understanding of the way that foster care alumni experienced their developmental years between the ages of 30 months and 12 and the occurrence of being in foster care. Building upon that goal was to gain an understanding of what their attachment styles are as adults and possibly how those attachment styles developed throughout the foster care process. A narrative qualitative analysis was used to meet the research goals. Six foster care alumni were interviewed twice in order to provide the results of this exploratory study. The results are necessary to uncover the salient experiences and long-term attachment styles of foster care alumni, which have been ignored in previous research. This chapter will provide the research results. A description of each participant will be provided, along with the themes that emerged from the participant interviews. An analysis and summary of the themes will also be provided.

The overall aim of the study was to discuss with the participants was to gather information about how being in foster care impacted the long-term attachment styles as adults. In order to answer the aim, the author needed to explore with foster care alumni their memories, their current attachment style and their experiences in foster care. This study was conducted due to a lack in existing literature pertaining to the impact that foster care has on the long-term attachment of foster care alumni.
Research Protocol

Six foster care alumni were interviewed separately on two different occasions. See appendix B for interview protocol and questions asked during the interviews. Demographic data can be found in chapter III. Each foster care alumni was given a pseudonym in order to maintain confidentiality. For the purpose of this study foster care alumni will be referred to as participants.

The initial interview process focused on the childhood memories of the participants and their general views of how foster care impacted them into adulthood. The researcher completed each of the initial interviews with the six participants and then transcribed and coded those initial interviews. The researcher used her journal notes and notes made during the transcribing process to code those interviews. Based on the emergent codes and common items discussed by different participants, the researcher developed the second interview protocol. The researcher interviewed each participant a second time, focusing on attachment items and exploring further into the common themes found in the first set of interviews. The researcher asked each participant at the end of the second interview an open ended question regarding what, if anything else, they felt the need to note or discuss after answering each of the interview questions. The researcher felt that adding that question, which was open to interpretation by each individual participant, assisted with maintaining objectivity in the research process. The researcher transcribed the second set of interviews and again used journal notes and notes made during the transcription process to complete coding the data.

The researcher was cognizant that her own beliefs and hypotheses about the foster care process and attachment theory could impact her analysis of the data. In order to
remain objective, the researcher had two peers also code the data and process the emergent themes found by the researcher. The passion that the researcher had regarding the need to conduct this research and answer the research questions was fueled further as the interview process progressed. After hearing the stories of the participants and discovering common themes from analyzing their coded interviews, the researcher gained a greater impetus to share her results and inform further studies which could lead to a positive transformation of foster care policies.

**Participant Background Information**

**Participant 1 Kayla.** Kayla is a 35-year old mother of four. She has been married to her husband for 15 years and works a registered nurse. Kayla experiences symptoms of separation anxiety when removed from significant people in her life such as her husband and children. Kayla is able to make and maintain relationships, but it takes her an extended period of time to build trust with others and feel comfortable in the relationship. Kayla is protective of her children and strives to ensure that they are safe, secure and well-adjusted individuals. Kayla displays anxious characteristics of an insecure attachment style. These symptoms may be related to her experiences in foster care.

Kayla was 6 when she was removed from her biological parents’ custody and placed into a foster home with her younger brother and sister. Kayla’s parents were members of a cult-like religious organization, which had been accused of partaking in sexual abuse of children. Kayla and her family were visiting the church when children’s services came to remove the children of the families involved with the church. Kayla lived for six months in that foster home before she was reunified with her biological mother and father. Kayla remembered the experience as being traumatic. Kayla had
weekly visitations with her biological parents throughout her time in foster care, of which she does not have a clear memory due to repressing the traumatic nature of the experience.

Kayla’s traumatic experience of being ripped away from her parents that early morning when she was 6 still impacts her today. Her separation anxieties and hesitancy to trust others connects to her experiences in foster care. Kayla’s underlying fear of being accused of being a neglectful parent and anxiety about being separated from her children leads her to be overprotective with her children today.

**Participant 2 Kacey.** Kacey is a 36-year old Caucasian female with 5 children. Kacey works as a registered nurse and is in the progress of obtaining her Master’s degree. Kacey has been with her husband for 20 years and married for 14. It took Kacey several years to feel secure and confident in her relationship with her husband. Her insecurities during their earlier years led to a pursuer-distancer type relationship. Kacey would feel anxious about their bond, pursue her husband and he would respond with frustration and distance. Kacey has difficulty trusting others and prefers to be involved with emotionally distant people. She worries about her children and her ability to be emotionally available to them. Her mistrust in others leads her to be an overprotective parent. Kacey was placed in foster care during her early childhood and told a story of a time that forever impacted her life.

Kacey’s story of removal mirrored that of her sister, Kayla’s. When she was 5 years old, Kacey was with her family, visiting members of their church when the police came to remove all the children in the home due to allegations of sexual abuse. The removal was so traumatic that Kacey has the memory of the event engrained in her mind.
Kacey was placed in a foster home with her sister and brother. Kacey remembered her siblings being physically punished for playing with the toys of her foster siblings. She felt as though everyone was against her reunifying with her biological parents. Kacey forced herself to grow up in that moment and had no trust in any of the collaterals she was involved with during her placement in foster care. Kacey and her siblings were reunited with their biological parents after 6 months. Although Kacey was home, her life was forever changed by that experience.

Kacey believes that her time in foster care has impacted her attachment formation into adulthood. Kacey’s skepticism of trusting others, which began in foster care, has continued throughout her life. Kacey’s anxieties in relationships may be correlated to her experiences in the foster care system.

**Participant 3 Tara.** Tara is a 27-year old Caucasian female. Tara works as a licensed counselor and marriage and family therapist. She is engaged to a man with whom she feels securely attached. She has been engaged before and has a history of being in a highly committed relationship and then exiting the relationship just prior to marriage. Tara has symptoms of separation anxiety and fear of abandonment. She displays characteristics of an insecure attachment style. Tara experiences anxiety when not in a relationship due to concerns of being alone, yet experiences anxiety while in relationships due to fear of abandonment. Tara soothes her relationship anxieties through emotionally disengaging herself from her partners and leaving her partners before they can leave her. This is a pattern that Tara is working to change in her current relationship. Tara’s attachment behaviors may stem from her experiences in foster care.
Tara was 3 years old when she and her younger brother were first removed from their biological parents’ custody by Children’s Services due to neglect and sexual abuse. For 5 years Tara was stuck in what seemed like a never-ending cycle. She would be abused by her biological parents, removed from their custody, placed in foster care, reunified with her biological parents, and removed again due to their lack of continuing to work towards their case plans. Tara had assumed the parenting role of her younger brother throughout their years in this cycle. Due to this parentified state, Tara and her brother were placed in separate homes once they were finally adopted. Tara was adopted by a single woman who was her foster mother in her initial placement. Tara’s five years trapped in the foster care system may correlate with her relational patterns today.

When Tara was a child she craved the love of her biological parents. Tara never received that nurturing love that she desperately needed and throughout her time oscillating between foster and biological placements Tara found a way to soothe her anxieties from lacking a secure attachment. Tara began alleviating her insecurities and relational anxieties through emotionally disengaging with her caregivers and telling herself that if they did not love her then she would just leave and find another home where she would get that love and security. This insecure attachment style is something that Tara continues to exhibit today.

**Participant 4 Lilly.** Lilly is a 26-year old unemployed Caucasian female. She has an infant with her fiancé of 3 years. She exhibits symptoms of separation anxiety from significant others in her life, including her infant and her fiancé. Lilly displays characteristics of an insecure attachment style. When Lilly is separated from her fiancé she feels anxious and obsesses over what he may or may not be doing, which impedes her
ability to enjoy herself when away from him. These worries that she indicated had no valid basis. Lilly has a hard time adjusting when there is any change in her life, such as a move or lifestyle change. Lilly is overprotective of her infant daughter and stands vigil next to those with whom she does trust when they hold her daughter. Lilly has a childhood history of instability and chaotic placements. Lilly’s difficulty with feeling secure in her relationship and adjustment issues to change may link to her time in foster care.

When Lilly was 3, her biological father dropped her and her 3 sisters off at an orphanage out of state. Lilly and her siblings were bounced around between family members until they reunified with their biological parents when Lilly was 8. Lilly’s parents were too busy funding their drug habits to properly care for Lilly and her sisters. When Lilly was 9 she and her sister were forced to assist their biological mother steal merchandise from a local mall. They were caught and Lilly’s mother was arrested. Lilly remembered she and her sister being placed in handcuffs and transported to a different area than her biological mother. That was the final interaction that she had with her biological mother while in her custody. Lilly was placed in a detention home for 3 weeks and then transitioned to a foster to adopt placement. Lilly was scared to no longer see her biological parents, but relieved to be welcomed into a family that could care for her needs and allow her to be a child. Although Lilly spent her adolescent years in a stable home, the instability during her developmental years impacted her into adulthood.

Lilly still questions why her parents had 4 children when they could not prioritize care for even one. Lilly’s family had a lengthy history with Children’s Services prior to
Lilly being placed in foster care. Lilly’s changes of placements during her childhood may be a factor which impacts her issues with change and relationship anxieties today.

**Participant 5 Hazel.** Hazel is a 32-year old Caucasian mother of 3. She has been with her husband for over 20 years. She and her husband met when they were in grade school when her husband was placed in a foster home just down the street from Hazel’s adoptive home. Hazel is overprotective with her children and focuses on having a loving and friendship style relationship with them. She attempts to be kind to everyone she meets. She displays characteristics of an avoidant-type insecure attachment style. She feels that she is an exception when it comes to being trustworthy and kind. She has built up defenses to protect herself from feeling abandoned by others and does not expect the same level of good from others. She prefers to be with others and dislikes being alone. She has separation anxieties when away from her children. Hazel had experienced a vast amount of physical and sexual trauma prior to being placed in foster care, a place where she was then exposed to emotional abuse and rejection.

Hazel and her 12 siblings were removed from her biological mother’s and step-father’s custody just before Hazel’s third birthday. Hazel and her siblings experienced extensive traumas which included neglect, rape, being sold for drug money and beaten by their caregivers. Children’s Services took custody of Hazel and her siblings after her biological mother had abandoned them by leaving them with a neighbor for over 2 weeks. Hazel was initially placed in Children’s Services holding center for 3 days prior to being placed in a foster to adopt home. Hazel’s younger brother was the only one of her 12 siblings who was placed with Hazel. She remembers a mix of positive and negative experiences while in that placement. Hazel was given stability and financial
security, but was often denied the emotional security and bonding that is necessary for children to develop a secure attachment style.

Hazel’s emotional neglect during her placement with her adoptive parents may be a factor impacting her insecure attachment style. Hazel learned to protect herself from the emotional pain of feeling abandoned and rejected through expecting goodness and loyalty only from herself and not from others.

**Participant 6 Mylesha.** Mylesha is a 34-year old African American single mother of 4 children, each with a different father. She is unemployed. Mylesha has custody of her three younger children. Her first daughter was removed from her custody and placed in kinship foster care due to allegations of Mylesha physically abusing her. Mylesha has a history of cut-off relationships and feels more comfortable when not in a relationship. Mylesha has little trust in others. She has a lot of anger and is working towards being able to develop better anger management skills in order to improve her ability to nurture and parent her children. Mylesha exhibits signs of an avoidant-type insecure attachment style. Mylesha’s history of being removed from her biological mother’s custody and placed in foster care, as well as having a child of her own removed and placed in kinship foster care may have an impact on her relational functioning today.

When Mylesha was 5-years old she was removed from her biological mother’s custody and placed in foster care due to neglect and incest. Mylesha remained in foster care for 3 years. She was initially placed in the Children’s Services receiving unit and then shifted around to 13 different foster homes. Mylesha remembered being physically attacked by other children in the different placements and physically abused by more than one of her many foster parents. Mylesha was reunified with her biological mother when
she was 8 and within a few months was removed again because her cousin, brother and uncle sexually abused her. Mylesha was placed in one foster home, where she stayed into adulthood. Mylesha was never officially adopted and ended up aging out of the system when she was 19-years old. When she was 16 she had her first child. Mylesha had difficulty controlling her impulses and anger and in a bout of frustration shook her then infant daughter. Her daughter experienced brain damage from that incident and was removed from Mylesha’s custody, a fact that haunts her still today.

Mylesha’s insecurities and distrust of others may be associated with her chaotic experiences in foster care. Mylesha was removed from her biological mother’s home due to allegations of abuse, a home where Mylesha had grown accustomed and knew what to expect. When she was removed she was placed in several different homes, homes where she experienced different types of abuse and instability. Homes where she learned that the best way she could protect herself was by becoming numb to others and only having faith in herself.

Themes

There were nine overall themes discovered after thoroughly reviewing and coding the transcripts of each interview. The nine themes were grouped into three categories:

- Themes for insecure attachment style:
  - Trust issues
  - Anxieties
  - Relational styles
  - Current parenting problems

- Themes of attachment injuries experienced in childhood:
  - Trauma
  - Stolen childhood

- Themes from a transformative lens: towards a better system:
  - Coping mechanisms
Each theme was categorized based on which sub-question of the research question with which it aligned. The research question will be addressed through connecting the uncovered themes with the corresponding sub-question. The research question (R1) was:

- How does being in foster care affect the long-term attachment styles of adults?

  - Subquestions:

    - SQ1. What memories the foster care alumni participant holds salient?
    - SQ2. What is the current attachment style of the foster care alumni participant?
    - SQ3. What are grand narrative or common themes of the experiences of foster care alumni?

The themes will be discussed over the following pages, along with their connection to the research question: How does being in foster care affect the long-term attachment styles of adults: Table 3 displays which themes were found to connect with specific sub-questions.
Table 3: Theme Categories

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-question</th>
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<tbody>
<tr>
<td>Trauma</td>
<td>SQ1/SQ3</td>
</tr>
<tr>
<td>Coping Strategies</td>
<td>SQ3</td>
</tr>
<tr>
<td>Relationship Style</td>
<td>SQ2</td>
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<tr>
<td>Broken System</td>
<td>SQ3</td>
</tr>
<tr>
<td>Trust Issues</td>
<td>SQ2/SQ3</td>
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<tr>
<td>Stolen Childhood</td>
<td>SQ1/SQ3</td>
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<tr>
<td>Anxieties</td>
<td>SQ2/SQ3</td>
</tr>
<tr>
<td>Current Parenting Concerns</td>
<td>SQ3</td>
</tr>
<tr>
<td>Implications for Counseling</td>
<td>SQ3</td>
</tr>
</tbody>
</table>

**Themes for Insecure Attachment Style**

Throughout the interviews, the participants were asked questions about their ability to form and maintain relationships. Additional questioning related to perspective of how their childhood experiences of being in foster care may have impacted that ability. See Appendix B for specific questions posed to the participants. Each participant exhibited characteristics of an insecure attachment style. Four of the six participants discussed having behaviors that align with an Anxious-Ambivalent style of attachment. The other two, Hazel and Mylesha, expressed having a more Avoidant style of attachment. Hazel and Mylesha both discussed an inability to be let down by others due to their negative view of others; they both indicated having a positive internal model of self. They both reported that they were invulnerable to having a fear of abandonment by others. These characteristics align with the operational definition of Avoidant Attachment style, found in the Definition of Operational Terms in Chapter 1. The other
four participants indicated having difficulty trusting others, having symptoms of separation anxiety and fears of being abandoned by others. These characteristics align with an anxious-ambivalent style of attachment, found in the Definition of Operational Terms in Chapter I.

Themes that emerged from the participant interviews are as follows:

- Trust issues
- Anxieties
- Relational styles
- Current parenting problems

**Trust Issues**

Problems with trust emerged as a code throughout each of the narratives. The participants defined trust as the ability to depend on others. A distrust of others during their experiences in foster care appeared to have had lasting impacts on each of the participants except for Hazel. Difficulty trusting others and feeling hesitant to be vulnerable while building relationships was a common factor for each participant.

When asked about what experiences from foster care the participants most remember, three of the participants recalled feeling as though they could not trust anyone involved in the foster care process. Those three participants indicated that they remembered thinking that their foster parents were the enemy. They discussed how their social workers and counselors had seemed to always be looking for them to disclose something negative about their biological parents so that they could delay reunification. Hazel also reported having an initial mistrust of her foster father, but recalled that once he showed her kindness that she had no difficulty trusting him. Tara and Lilly did not indicate whether or not they had trust issues during their time in foster care.
Five of the participants indicated that their current hesitancy with trusting others is a direct result of their experiences in foster care. When asked what experiences in foster care impact them most today, Kacey stated:

“I think how that has impacted is significantly. At least it left a sense of mistrust of people in general.”

The participants indicated that due to their abrupt removals and inconsistencies experienced during their time in foster care, they are left with a general mistrust of others. Three of the participants noted that they are able to trust others once the others have shown that they can be dependable and consistent. Mylesha indicated that she protects herself from being let down by others, she stated:

“Now I just watch everybody, I don’t trust anymore. I am always paranoid.”

Hazel indicated that although she does not understand how it happened, but sees herself as a generally trusting individual. The researcher found it interesting that the only participant who did not report having difficulty trusting others noted that she was unaware of how she can be trusting based on her experiences.

The participants each discussed trust during their interviews. Five of the six participants indicated that they have a difficult time trusting others. They reported that it takes them an extended period of time before they can trust others. They described trust as having faith in others dependability and truthfulness.

Anxieties

Each participant reported experiencing some form of anxiety into their adulthoods. The participants described anxiety as an overarching worry about a certain area of their life that they have difficulty with overcoming. Separation anxiety was the most common form of anxiety discussed by each participant in their narratives. Anxieties
regarding a fear of abandonment were also commonly experienced by many of the participants.

When asked what about foster care has left an impact on their lives, Kacey explains that:

Just experiences of being separated from parents and at that age your parents are your whole world […] So being separated and not have any sense of when or if you will ever see them again it’s like your whole world being turned upside down. It makes it so that in other relationships even though the separation may only be for a small amount of time you may feel that anxiety.

Mylesha and Hazel accounted that they only have separation anxiety when separated from their children. The other four participants indicated having a long history of feeling separation anxiety any time that they would be separated from someone with whom they feel they have a bond.

Four of the participants discussed having a fear of abandonment and indicated that this has led to some problems in their adult relationships. Three of four participants who indicated having a fear of abandonment connected that fear directly to their experiences in foster care. Tara described how her fear of abandonment impacted her relational functioning:

“I feel that it was probably the direct result because of neglect and foster care. That unstable relationship when it comes to commitment. I have commitment phobia, have a fear of abandonment.”

Hazel and Mylesha expressed having no fear of abandonment. Both indicated that they expect that others will abandon them or let them down. They explained how based on their childhood experiences they have become numb to allowing themselves to be impacted by any abandonment of others.
Relationship anxieties or defenses against relationship anxieties were discussed by each of the participants. The participants described anxiety as an area of worry or fear that remains consistent in their life. Separation anxiety and fear of abandonment were the major anxieties that the participants indicated experiencing.

**Relational Styles**

Each participant discussed their current styles of relating and attaching to significant others in their lives. Relational style is defined as the manner in which the participants relate or interact with significant others in their life. Relationships with significant others may be of a romantic, family or friendship nature. They provided narratives regarding their securities and insecurities in terms of building and maintaining bonds with others.

When asked how comfortable they feel when being alone versus in a relationship, four of the participants indicated that they are highly anxious when not in a relationship. These four participants, along with Hazel, discussed their disdain for being alone. Hazel, Kayla and Kacey have each been with their husbands since high school so did not discuss having a period of time when they were not in a relationship. Lilly and Tara indicated having multiple relationships throughout their adulthoods. They discussed feeling anxious when not in a relationship and quickly jumping into another relationship in order to avoid being alone. Lilly detailed:

> I don’t like being alone. [...] I have to be in a relationship, my mindset, like I know I don’t have to be but I want to be. When single [...] I’d be stressed all the time, no one to hang out with, no one to talk to.

When asked what it is like to be in a relationship, four of the participants indicated having insecurities. They discussed feeling anxious and insecure during the initial stages of their relationship and that it took years for their securities to grow. Tara answered:
"I am more comfortable when in a relationship than when not in a relationship. It was less anxious to be in a relationship, but I would feel anxiety anyway."

Hazel did not indicate having any anxieties or insecurities in her relationship with her husband. Mylesha was the only participant not in a relationship. She indicated that she is happier when not in a relationship because she cannot conform herself to meet expectations of a partner. Relational style, or the way in which the participants attach/relate to significant others in their life, was another theme that emerged from collected data. The participants each have indicators of an insecure type of relational style.

**Current Parenting Problems**

Each participant indicated that they view their parenting styles as “overprotective.” The participants described overprotective parenting as being overly vigilant of their children. They indicated that their children have labeled them as overprotective. The participants’ anxieties about their children’s safety at times have impacted their children’s autonomy. Each participant provided narratives regarding concerns that patterns from their childhoods could be repeated and steps taken to avoid repeating those patterns.

When asked about how being in foster care impacted their current parenting styles each participant discussed being overprotective of their children. The participants explained how they had seen the ugly in the world and did not want their children to experience those horrors. Kacey’s statement that:

“It made me more protective of my kids”
was similar to the other five participants’ statements about the direct connection between their foster care experience and their parenting style. Tara did not have any children but indicated that she expects to be an overprotective parent.

The participants were asked if they had any fears of repeating patterns from their childhoods with their own children. Four of the participants indicated that they are aware that patterns do tend to repeat themselves transgenerationally. However, their awareness of those patterns will help them to deter the transmission of dysfunctional patterns. Those participants explained how their knowledge of pattern replication and concern about their children having negative experiences will impact their parenting in a positive manner. Kayla stated:

“No, I am very adverse to that. I don’t think I do because I am very adverse to it. Just avoid all pathways that lead in the direction to the best of my ability.”

Lilly and Hazel did not discuss having knowledge of patterns in families being repeated. Both did state that their childhood experiences taught them how not to be. They explained that their negative childhood events were learning experiences that they use to teach them how not to be with their own children. The negative childhood experiences in foster care have led to current parenting problems for the participants. The results of this research indicate that the participants’ anxieties due to childhood experiences have caused them to be overprotective parents.

In conclusion, four themes emerged throughout the interviews that aligned with insecure attachment characteristics: trust issues, anxieties, relational styles and current parenting problems. Each participant discussed having relational behaviors that fit with an insecure attachment style, four with an anxious-ambivalent style and two with an avoidant style. The participants detailed having difficulty trusting others. Several
participants described themselves as having separation anxiety. Fear of abandonment was another common anxiety discussed by many participants. Several participants connected their experiences in foster care to their current relational and parenting style. Each participant discussed being an overprotective parent and discussed how their foster care experience is a direct impact on that.

**Themes of Attachment Injuries Experienced in Childhood**

The participants were asked what kind of experiences they remember from their childhood and foster care experience. During the initial interviews, the participants recalled their experiences and provided detailed accounts of memories they feel impact them still today. Several of these experiences could be classified as attachment injuries. Attachment injuries are experiences that negatively impact an individual’s ability to feel bonded with a primary caregiver.

The themes that emerged that are categorized as attachment injuries are:

- Trauma
- Stolen childhood

**Trauma**

Trauma was a common word used among each of the participants throughout the interviews. The participants described trauma as deleterious childhood experiences that include physical, emotional, verbal and sexual abuse. The participants also reported that the sudden removal from their biological parents as being traumatic due to the emotional and chaotic manner of the removals. Childhood traumas experienced during and prior to foster care and the traumatic impact of the actual removal process were narratives given by the majority of the participants.
Four of the six participants described traumatic childhood experiences that led to their admittance into foster care. Lilly, Hazel, Tara and Mylesha had each indicated that they were physically and emotionally neglected prior to entering foster care. Hazel, Tara and Mylesha reported experiencing physical and sexual abuse prior to entering foster care. Hazel recalled her earliest memory prior to entering foster care:

“My earliest memory is being taped to a chair and forced to watch my stepfather, rape my siblings, over and over and over again.”

These early childhood traumas were attachment injuries that occurred for the participants prior to entering foster care. Kayla and Kacey, the participants who were sisters, indicated that they did not experience any trauma prior to entering foster care.

Five participants reported experiencing the trauma of physical and emotional abuse during their time in foster care. Lilly and Mylesha recalled being placed in a holding center for several days before transitioning to a foster home. They both discussed experiencing physical and verbal abuse from other older children in the holding center. Mylesha, Hazel, Kayla and Kacey each indicated that they experienced some sort of trauma during their time with their foster parents. Mylesha recalled being dragged down stairs and having food withheld when she broke rules; while Hazel discussed how she had cans thrown at her by her foster father among other physical attacks. Mylesha recalled:

“It was horrible. You know some parts of your life you black out but I will never forget it.”

Tara and Lilly denied experiencing any abuse during their time with their foster families.

Four of the participants explained that the trauma from the removal process was just as traumatic, if not more so, than the traumas for which they were removed in the
first place. Kacey and Kayla reported that the allegations against their parents were untrue and that the removal process and experience of foster care was traumatizing for them. Kayla stated:

“It was very traumatizing, you know. So that’s my initial memory of the process, which was very traumatizing. Yeah it was pretty horrible. My case the removal was so traumatic, that worst than you know anything.”

Hazel indicated that she does not remember much about the removal process but had been told by her sisters that the process was frightening. Tara did not indicate her perspective of the removal process.

Trauma was a theme which emerged from the data. The participants’ description of trauma aligns with the operational definition of trauma, which can be found in the Definition of Operational Terms in Chapter I. The traumas that the participants experienced occurred prior to, during and after being placed in foster care. The participants indicated that the traumatic experiences of being physically, sexually and emotionally abused and neglected, still impact them today. The actual removal process was another traumatic experience described by the participants as impacting their relational functioning into adulthood.

**Stolen Childhood**

Each participant expressed feeling as though their childhoods had been “stolen.” The participants described this stolen childhood as an inability to experience their childhoods fully as children. The participants indicated that this stolen childhood was a result of traumas experienced prior to entering foster care, as well as negative experiences during foster care. Due to the theme emerging in some of the initial interviews the researcher included a specific question asking what, if any, impact that foster care had on their ability to be a child. Hazel stated that:
“My childhood was taken. A lot of these kids that are in the foster care system, their childhoods have been taken. Stolen. I don’t even say taken, stolen.”

Lilly had a different perspective than the other participants. When asked if she felt the instability of moving from home to home impacted her ability to have a childhood, she indicated that the parenting she received when not in the care of her parents allowed her to be a child.

Kacey and Kayla reported that the experience of being removed from their biological parents and placed in an emotionally neglectful foster home resulted in a forced maturing. Kacey stated:

“As a child feeling like I have to grow up in that moment, I couldn’t be a kid anymore I had to be much more aware of everything.”

Kacey indicated that her inability to experience her childhood has negatively impacted her ability to relate and play with her young children. Mylesha and Hazel also explained that due to the abusive homes they had been placed in and the instability of the placements that they had to grow up at an exponential rate in order to protect themselves. Tara described having difficulty with becoming a child again once she had been placed in a permanent home. She explained that the neglect she experienced from her birth parents coupled with the multiple removals and reunifications with her birth parents forced her to parent not only herself but her younger brother as well. She discussed that she had to be separated from her brother when they were finally placed in adoptive homes due to the parentification of her brother.

A significant result of this study was the shared experience of having a stolen childhood. Each of the participants indicated that the normal childhood developmental
processes had been taken from them because of the traumatic events prior to and during foster care. This theme of a stolen childhood has affected each of the participants.

In sum, two themes emerged in the category of attachment injuries, trauma and stolen childhood. Each participant discussed experiencing some sort of trauma during their childhood. Some experienced trauma prior to, during or after their entry into foster care, some of them experienced multiple traumas during each of the stages. These traumas were connected to a sense of a lost or stolen childhood. All six participants discussed feeling that they missed out on fully experiencing their childhoods as innocent children.

**Themes from a Transformative Lens: Towards a Better System**

One of the goals stated by this researcher was that of informing practice for social systems as well as marriage and family therapists and counselors. Three themes emerged while conducting the interviews with a transformative lens.

The themes that emerged from a transformative lens are:

- Coping mechanisms
- Implications for counseling
- Broken system

**Coping Mechanisms**

Each of the participants provided narratives as to how they have coped with the foster care experiences in order to function today. The participants described coping mechanisms as ways that they use to deal with their experiences in foster care. Each participant indicated that they have had counseling during either/and their childhoods and adulthoods which they found to be helpful. This will be discussed in further detail in the following theme of implications for counseling. Lilly stated:
“Well counseling helped a lot. Like a lot of my adoptive family has been very supportive.”

Support from family and the comfort of their faith also emerged as themes from their narratives.

When asked how they have coped with their experiences in foster care the participants provided common answers. Kayla, Kacey and Mylesha indicated that their faith is what helped them to cope. Mylesha was the sole participant who did not report that her family was a strong source of support and helped her to cope with their experiences. Mylesha stated that “God” is her only coping mechanism.

**Implications for Counseling**

Each of the participants experienced counseling during their childhoods. They provided narratives as to what type of counseling approaches they had found helpful. The narratives resulted in the theme: implications for counseling. The researcher grouped the shared experiences into areas that mental health professionals can use in order to inform their counseling techniques with children who are currently in or have been placed in foster care.

The participants were asked what they found to be helpful about the counseling they experienced during their childhoods. Four of the participants discussed that when the therapist met them where they were counseling was most successful. Those participants explained that when they got a sense that the therapist supported them and did not push them the therapeutic experiences were more effective. Mylesha spoke about her childhood counselors:

“They were my enemies I had one counselor that helped me.[…] She would really listen to me and sit with me.”
Mylesha reported that the main benefit was having a supportive and nurturing presence in her life from the therapist. Lilly did not provide feedback regarding her experience with counseling and Hazel did not have positive feedback regarding her childhood counseling experience.

Five of the participants discussed issues that they had with their counseling process. There was a general consensus between the five participants that when the counselors came in to the session with an agenda based on the reports of the caregivers or social workers, they were unable to join with the counselors. They reported feeling that those counselors were the “enemy,” and would push and prod to get them to talk negatively about their parents. Tara indicated:

Well the one that was good when I was a kid really related to me and she just listened and talked about what I wanted to talk about and just validated me a lot. The other therapists just didn’t get it. I just remember them trying and not really meeting with me where I was. Or I felt like they would side with the parent.

Hazel and Mylesha discussed how some of the counselors they had would not believe the stories of abuse reported about their foster parents, which left them feeling helpless and hopeless.

The participants reported that they felt more comfortable with their counseling experience if they received more empathic support and less pushing from their counselors. Mental health professionals can use these results to inform their approaches when counseling children placed in foster care.

Broken System

Problems with the foster care system and ideas for how the “broken system” could be rendered more functional and less traumatizing for future foster children were discussed by each of the participants. The participants defined "the system” as the foster
care process, primarily Children’s Services. The participants described their perceptions of the problems with Children’s Services and the faults in that system. The participants indicated that inadequate social workers, funding problems and greedy foster parents were the main sources of dysfunction.

Four of the participants indicated that a lack of training for social workers and foster parents is a detriment with the system. The participants shared that their experience with Children’s Services social workers was primarily negative. Three of the participants explained that the social workers assigned to their case were overworked and did not pay enough attention. Hazel described a conversation that she once had with a Children’s Services supervisor:

“And the CPS supervisor said you don’t want us taking your kids because we can’t guarantee your safety, what does that say.”

Participants reported feeling like they were just a case number that the social worker was trying to get off of their caseload. Three of the participants indicated that overworked social workers and abusive foster parents are issues with foster care.

Five of the participants expressed a concern that funding, greedy foster parents and policy makers has created a large problem for the foster care system. Kacey and Kayla indicated that they believed that their foster parents were greedy and selfish. Further, foster parents solely took in foster kids for the paychecks associated with housing foster children. Kacey stated:

“My personal experience with that is it is a failed system.”

Hazel reported that the policy makers and government officials are not allotting enough money or resources to the foster care system and that the money that is allotted is not used to help the children.
The participants were asked what changes they would make to foster care policies based on their experiences. Two of the participants, one who was in care for five years and the other who was never given a permanent placement, urged that the process be shorter. Tara had been in and out of foster homes for five years. She reported:

“Not to change foster home. To make that process shorter, I mean I was in foster care from 3-8 years old, so that was ridiculous, so to make the process shorter.”

Mylesha had never been transitioned from foster care to foster to adopt. She went from age eight to 18 in the custody of Children’s Services. She indicated that it hurt to never be adopted and to have waited in the wings a decade for her biological mother to meet the goals of her case plan. A case plan that Mylesha understood her biological mother never put in the effort to resolve.

Each of the participants indicated that they believed more training and a reform of guidelines for the social workers will be necessary in order to fix the foster care system. Three of the participants explained that more investigation and less abrupt removal of the children would alleviate some of the traumas experienced by foster care children. Four of the participants indicated that foster parent training and background checks need to be focused and strict in order to avoid abuse experienced in the foster homes.

The participants each explained feeling that the foster care system is a broken system. The participants described how burnt out social workers with inadequate training, greedy foster parents and policy makers have led to a broken system that has failed the children it was put in place to protect.

In conclusion, the participants were each asked how they coped with their experiences in foster care. Family support, faith and counseling were all common coping
mechanisms discussed by the participants. Most participants indicated that counseling during their childhood was not effective due to the counselors prodding them to talk about certain things and not meeting them where they were. The participants discussed how “the system” is flawed and provided ideas as to how they would better it based on their own experiences during foster care.

**Conclusion**

Six individuals were interviewed in order to answer the question of how does being in foster care affect the long-term attachment styles as adults. After two rounds of interviews, the grand narratives that emerged included: trauma, coping strategies, trust issues, stolen childhood, anxieties, current parenting concerns, broken system, relationship style and implications for counseling.

Difficulty trusting others and feeling hesitant to be vulnerable while building relationships was a common factor for each participant. Separation anxiety was the most common form of anxiety discussed by each participant in their narratives. Anxieties regarding a fear of abandonment were also commonly experienced by many of the participants. Relational style, or the way in which the participants attach/relate to significant others in their life, was another theme that emerged from the data. The participants each have indicators of having an insecure type of relational style. Several participants connected their experiences in foster care to their current relational and parenting style. Each participant discussed being an overprotective parent and discussed how their foster care experience is a direct impact on that. Childhood traumas experienced during and prior to foster care and the traumatic impact of the actual removal process were narratives given by the majority of the participants. Each participant
indicated feeling as though their childhoods had been “stolen.” The participants described this “stolen” childhood as an inability to experience their childhoods fully as children.

Family support, faith and counseling were all common coping mechanisms discussed by the participants. Most participants indicated that counseling during their childhood was not effective due to the counselors prodding them to talk about certain things and not meeting them where they were. The participants discussed how “the system” is severely flawed and provided ideas as to how they would better it based on their own experiences during foster care.

Each of the participants had been impacted by their experiences in foster care. Their relationship styles indicate that their attachment style as adults has been influenced to an extent by their individual experiences in foster care.
CHAPTER V
DISCUSSION

The goal of the research was to gain a deeper understanding of the impact childhood foster care placement has on adult attachment styles. The foster care alumni provided insight related to their experiences in foster care. In addition to experiences and memories of their childhood, the researcher focused on the participant's current relationships and attachment styles. The central goal was to explore the relationship between childhood foster care experience and attachment style as an adult. Lastly, the researcher aimed to better serve children in the foster care system.

A qualitative narrative analysis was conducted by interviewing six foster care alumni twice. The interviews were transcribed and coded. Nine themes which were categorized into three areas of attachment based on a comprehensive analysis of the data. Detailed results were discussed in Chapter IV. The themes assisted with answering the research question, how does being in foster care affect the long-term attachment styles of adults?

This chapter will provide a discussion of the nine themes: trust issues, anxieties, current parenting concerns, relational style, trauma, stolen childhood, coping mechanisms, implications for counseling and broken system. An overview of how the themes connect with the research question will be summarized as well. Following the discussion of the overall findings the researcher will provide critiques and limitations of
the study. Next, the implications of the study’s results for marriage and family therapists will be summarized. This chapter will conclude with a discussion of directions for future research.

**Discussion of Overall Findings**

When this study began there were approximately 400,000 children in foster care in the United States. Many of those children were placed in care due to some form of trauma. Research indicates that trauma and instabilities with primary caregivers leads to attachment injuries. Attachment injuries increase the risk of developing an insecure attachment style (Bowlby, 1969). Insecure attachment styles correlate with higher risk of mental and physical health problems, lower SES, and social problems. Little research has been conducted determining the term attachment style implications for those individuals who spent time in foster care. The results of this study add address a gap in the literature.

Trust issues emerged as one of the key findings of this study. In order to develop secure attachments, individuals must have an emotionally available caregiver whom they trust will meet their needs. The results of this study indicated that foster care alumni have a general mistrust of others. The difficulty foster care alumni have developing trust in others was impacted by their lack of consistency and stability in their environment as children. The trust issues had a damaging impact on the relationship formation and maintenance in adulthood.

Another key finding of this study was that foster care alumni have anxieties related to their experiences prior to and during foster care. Separation anxiety and fears of being abandoned were the two types of anxiety experienced by foster care alumni. The mistrust of others led to separation anxieties and fears that significant others will not
be dependable. The anxiety symptoms impacted the foster care alumni's adult attachment styles and led to a more insecure type of attachment.

As noted in Chapter IV, this study concluded that foster care alumni have an increased risk of developing insecure attachment characteristics. Relational style was a significant finding of this study. Due to the anxieties, severed bonds, instability of placements and difficulties with trust, foster care alumni developed insecure attachment styles. The insecure attachment style impacted their relational functioning with significant others in their lives, including romantic partners and children.

Along with relational functioning, parenting style was a theme developed by the participants. Each participant indicated that his/her parenting styles was “overprotective.” This theme indicated that foster care alumni are likely to be hypervigilant parents. This overprotective parenting style may result from the desire to give children a different childhood then the childhood experienced by the foster care alumni. The general mistrust led to a need to be overprotective of their children. Foster care alumni experienced severe traumas as children, something they wanted to save their children from experiencing.

Results indicated that foster care alumni viewed their removal from their biological parents as a traumatic experience. The findings of this study supported the available research that children in foster care experience different traumatic events (Dumaret, Coppel-Batsch & Couraud, 1997). These traumatic events included physical, emotional, verbal and sexual abuse. Literature on trauma explains that the traumatic events experienced by children in foster care impacts their emotional developmental processes. This study replicated those findings.
A significant result of this study was the shared experience of having a stolen childhood. Each of the participants indicated that the normal childhood developmental processes had been taken from them because of the traumatic events prior to and during foster care. Children in foster care may not be receiving the necessary supports or therapeutic assistance with processing their traumas, which could allow them to regain their stolen innocence.

Each of the participants provided narratives as to how they have coped with the experiences that they have had in foster care in order to function today. Support from counselors, family and the comfort of their faith emerged as coping methods of foster care alumni. Due the nature of foster care often having multiple placements, foster care alumni may have limited family supports. The participants reported having experience with mental health services at some point in their life in order to assist them to cope with their traumatic experiences.

Findings of this study had implications for mental health professionals. This study provided evidence that children in foster care experience traumas that impact them throughout their lives. Mental health professionals must be cognizant of the risk factors of insecure attachment style, anxiety and trust issues involved with a foster care experience. The participants of this study provided critical feedback for counselors based on their childhood counseling experiences. They reported that they felt more comfortable with their counseling experience if they received more empathic support and minimal therapist directed sessions.

The final finding of this study impressed that foster care alumni view foster care services as being a “broken system.” The participants of this study indicated that
incompetent social workers, funding problems and greedy foster parents were to blame for breaking the system. Foster care alumni often view social workers as trying to break-up families and place children in inadequate foster homes. Participants reported developing defense mechanisms to shield themselves from the processes of a broken system that proved unable to effectively protect them.

**Trust Issues and Anxieties Impact on Relational Style and Parenting Concerns**

This study was unique in that it provides results implicating that experiences in foster care have long-term implication on attachment style. Four major themes emerged which correlate to the attachment styles of the participants: trust issues, anxieties, relational style and current parenting concerns. The participants’ difficulty with trust, separation anxieties and fears of abandonment imply that each participant had an insecure style of attachment.

The participants with characteristics of anxious-ambivalent insecure attachment oscillated between unstable living situations and stable living situations, ending with a more stable environment. The participants with a more avoidant insecure attachment style had highly traumatic experiences with their birth families and then were placed in emotionally unstable and abusive foster care homes. The results of this study implied that the foster care experience may be a risk factor for developing an insecure attachment style. It also indicated that the environment of the terminal placement impacts the type of insecure attachment that is developed.

These findings implicated a connection between foster care and an insecure attachment style. The lack of a safe and structured home coupled with a traumatic removal from biological parents correlates with attachment injuries in adulthood. Foster
care children are provided with little information about their permanent placements. Some are lied to by social workers, foster parents and biological parents. Foster children learn at a young age that putting one’s trust into someone can lead to major life disruptions. These lessons continue to play a part throughout their lives and create a general mistrust of others. This general mistrust of others yields anxieties for these individuals when building and maintaining relationships with others.

In addition to mistrust of others, foster care alumni carry a sense of separation anxiety and fears of abandonment. As noted previously, the four participants who expressed having fears of abandonment and a more anxious-ambivalent insecure style of attachment had all found a stable and secure environment by their teen years. The two participants with more of an avoidant insecure attachment style did not have a stable and secure environment at all during their formative years. These two participants built defenses to eliminate vulnerability and the potential to be abandoned by others. Thus, in order to build healthy attachments, foster care children should have a permanent placement where their sense of security and stability can be supported.

Foster care children typically were abruptly separated from their biological parents when removed by Children’s Services and placed in foster care. The children were generally unaware of when they will see their biological parents again. Inconsistencies with biological parents being present at scheduled visitations and promises being broken allowed for anxiety symptoms to develop. In this study these children developed separation anxiety symptoms from their biological parents and other individuals with whom they have created bonds during the foster care process. These symptoms of separation anxiety did not dissipate once the foster care alumni became an
adult with a family. The separation anxiety symptoms remained present into adulthood with significant others, children and other loved ones. These separation anxiety symptoms combined with the insecure attachment style impacted the foster care alumni’s relational functioning as well as parenting style.

A major theme that was discussed by each participant of this study was having a sense of being an overprotective parent. The findings of this study implicated that children’s experiences in foster care are so life altering that their own parenting styles are impacted by the experience. Foster care alumni reported that they were cognizant of what horrors exist in the world and want to protect their own children from those dangers.

The themes for insecure attachment found in this study (trust issues, anxieties, relational style and current parenting concerns) indicated that the experience of being in foster care does have a long-term impact on attachment style. Experiences in foster care connect to a long-term difficulty in trusting others. In this study the general lack of trust in others created a sense of anxiety for the foster care alumni. This sense of anxiety and mistrust impacted the relational style of the foster care alumni and led to a more insecure attachment style. Foster care alumni desired to break abusive cycles and negative experiences that they had during their foster care process for their own children. They became overprotective parents, avidly evading being neglectful of their children.

**Trauma and Stolen Childhood**

Two themes emerged which had implications for the attachment injuries experiences by children in foster care, trauma and a sense of having a stolen childhood. All but one of the participants in this study recalled their removal process as a traumatizing experience. This indicated that children in foster care begin the process
with a traumatizing experience, an abrupt removal from their families of origin. This led to an attachment injury which may well impact the children throughout their lives and create the anxieties discussed in the previous section. Each participant in this study reported having a sense of a stolen childhood. This finding suggested that children in foster care are not experiencing their childhood in a typical developmental fashion.

The trauma theme which emerged in this study had implications for attachment injuries which occur prior to, during and after the removal process. Each of the participants reported that they had been removed due to allegations of abuse, neglect or both. Four of the participants stated that the allegations were substantiated, the other two, whom were sisters, indicated that the allegations were false. The two sisters whom reported that their removal was based on false allegations had the shortest time in foster care but remembered the experience the most negatively. The other four participants recalled that they had traumatic experiences and attachment injuries prior to their foster care placement. These findings fit with previous research findings which suggest that the majority of children who are in foster care have had traumatic experiences prior to entering care (Cole & Caron, 2010).

Two of the participants were reunified and then permanently removed. This instability of placement with a secure caregiver is another attachment injury which these foster care alumni experience. The participants discussed having been reunified with their parents and then removed due to their parents no longer working on their case. These participants expressed that some of their current anxieties and insecurities relate to the trauma of having been reunified with their parents to just ultimately be removed again. This finding coincides with previous research on the impact of reunification not
always being in the best interest of the child (Bellamy, 2008). Further, failed reunifications have negative implications on the children. The instability in placement, including reunifications which fail, played a part in the idea that foster care children have a stolen childhood.

In this study foster care children had learned to build up defenses at an early age to protect themselves from the traumas and instabilities that they have experienced. These attachment injuries resulted in a forced growing up, a need to mature enough at an early age in order to survive. The findings of this study indicated that the stolen childhood may occur prior to or during the foster care process. Two of the participants in this study discussed how due to their stolen childhoods, they had difficulty playing with their own small children as they cannot relate to them. Childhoods were stolen and never returned, an implication that followed them into their adulthood.

**Coping Methods and Counseling**

The participants in this study each discussed their coping methods. Although each of the participants had gone through counseling at some point during their childhood, many indicated that it was not helpful. Findings of this study are similar to what has been noted in the literature. The therapeutic relationship is the major indicator for whether or not therapy will be successful. The participants of this study discussed that the counselors who they felt met them where they were and provided support in a more non-directive manner were more helpful. The participants expressed that the counselors whom they felt were not helpful appeared to have an agenda, focusing more on the requests of the caregivers or social workers and not meeting engaging with the client. None of the participants indicated having been in family therapy. Due to the fact
that this researcher is a marriage and family therapist, she was surprised that none of the participants had been in attachment focused family therapy.

Although counseling was a common process which the participants indicated had helped them cope with their experiences in foster care, each of them indicated that it had been the counseling they’ve had in their adulthood which they found most helpful. Family support and faith were also common coping areas discussed by the participants in this study. The findings of this study implicated that foster care alumni use areas of support as primary coping methods.

**Fixing a Broken System**

This study was conducted through a transformative critical lens. The researcher’s goal with this study was to provide pilot data which could implicate what kind of changes could be made to better the foster care processes. The findings of this study did have implications that there are major areas of the foster care system which need to be addressed to enhance the foster care system. Each participant indicated having a belief that “the system is broken.”

Each participant had been well into their adulthood and out of foster care for several years. The researcher purposefully chose to have the participants be at least 26 years old. This was due to the lack of research on long-term outcomes of foster care. The findings of this study indicated that foster care does have long-term implications on foster care alumni. In this study the experiences of being in foster care were vividly remembered. The anxieties and insecurities formed during the process did not disappear with age. This study implied that the processes and policies of the foster care system
need to be reviewed so that the experience does not have such negative long-lasting effects on alumni.

Conclusion of Findings

The findings of this study indicated that foster care alumni have had negative experiences prior to, during and after entering foster care. Those experiences were viewed as traumatic. Those traumatic experiences were attachment injuries which force the foster care children to grow up too fast, losing their childhood in the process. The instability experienced during foster care had a long term affect on foster care alumni’s ability to trust others. Foster care alumni were left with a general mistrust of others and this mistrust creates anxieties and insecurities.

In this study insecure attachment styles were developed as a defense mechanism against the anxieties and distrust. The insecure attachment styles impacted relational functioning of foster care alumni. This also impacted parenting style. Participants indicated a need to be overprotective of their own children in order to shield them from the possible traumas that they had to endure as children. The main traumatic experiences reported by participants were those that created a sense of a lost childhood and attachment injuries. Foster care alumni exhibited problems during childhood, but this study had implications for all adult relationships.

Strengths and Limitations of Study

This exploratory qualitative study had both strengths and limitations. The strengths include providing a description of the data, interim analysis, using the researcher as the primary research tool and participant specifications. The limitations of
this study include the small sample size, a lack of diversity of the subject pool, and resource constraints.

**Study Strengths**

The researcher attempted to use triangulation of data in order to maintain trustworthiness of the findings. By using a demographic questionnaire, an initial interview and a follow-up interview, the researcher gained data from using multiple formats over different periods of time. The researcher wanted to be able to speak to the long-term outcomes of being in foster care. In addition, she aimed to control for generational changes and possible policy changes over the years. To explore these changes, a specific age cohort restrictions were placed on participation. The researcher also limited the age of entry into foster care in order to better control for developmental changes which could impact the findings. The researcher used her therapeutic skills to assist in the interview process, creating a sense of safety and empathy inviting free flowing discussion from the participants.

**Study Critiques**

There are multiple limitations which impact the results of this study. The small sample size was a major limitation of this study. Having only six participants from which to compare experiences and outcomes left little room for variability. There are both strengths and limitations to the demographics of the sample. Having only women participants controlled for gender differences, but limits the ability to have findings implicate outcomes for males. The lack of ethnic diversity of the sample has similar strengths and limitations when discussing implications of foster care on the entirety of the population and not just Caucasian female foster care alumni. Although the participants of
this study all indicated having negative experiences in foster care, there are individuals who have positive experiences as well. The lack of positive connotations of foster care described by the participants is another limitation of this study.

The researcher had limited resources when conducting the study, which created a need for a smaller sample size and limited number of interviews. Participant recruitment was an area of difficulty with this study. The researcher came across several barriers to finding participants through the original recruitment plan. The researcher initially attempted to receive referrals primarily through local children’s services and foster care agencies. Due to limited referrals received, the researcher attempted to use a more snowball type of sampling and posted requests for participants through the use of Facebook, a social media website.

Although some of the findings of this study are consistent with available research in the field, there are limitations with generalizing the findings to the general foster care alumni population. The small sample size, lack of diversity in the sample and resources of the researcher are the limitations that decrease the broadness of the findings. The researcher as a tool, sample specifications and triangulation of the data are strengths of this study.

**Implications for Therapists**

This study has implications for marriage and family therapists, counselors and other mental health professionals. As discussed in the coping methods section of this chapter, the participants of this study had all presented for counseling. The participants discussed what they found helpful. These results were discussed in Chapter IV.
Foster care children often go through counseling during their time in foster care. According to the findings of this study, foster care alumni present to therapy into adulthood when they can truly process their experiences. The participants of this study indicated that as children they did not feel that therapy was helpful unless the focus of the therapy was to provide support and empathy. This indicates that when therapists are working with foster care children it is important to meet the child where they are and focus on providing empathic support, and not push the child to discuss or process their experiences without the child first indicating that is their wish.

Foster care alumni have characteristics of an insecure attachment style. This finding has implications for therapists working with adult clients who have been in foster care. It will be important for the therapist to assess the attachment style and etiology of the attachment injuries. If the client presents for couple’s counseling, a trauma-informed approach will be beneficial to working with foster care alumni. Awareness of the probable anxieties and insecurities that foster care alumni are susceptible to will aid the therapist in exploring relational functioning. Therapists working with this population should be aware of the possible difficulty that their client may have with trust as trust is vital in the joining process.

Another implication for therapists working with this population is understanding how the stolen childhood may impact the client's parenting style. By being cognizant of that process, the therapist can educate their client on how the sense of a stolen childhood connects with dysfunctional emotional development. Therapists working with this population may want to focus on work with reparenting the inner child. These findings
have implications for therapists working with parents and families of foster care alumni who present with issues of being too rigid or overprotective.

Therapists working with children currently in foster care may benefit from this research. Therapists working with children in foster care need to come from a trauma-informed approach and focus on providing empathy and support to their clients. Therapists working with adults who have been in foster care will want to remain aware of possible insecure attachments, anxieties and trust issues, which may impact their client’s relational functioning as well as the therapeutic alliance.

**Directions for Future Research**

The findings of this study provide preliminary evidence that link being in foster care to having characteristics of an insecure attachment style as an adult. The implications of this study are limited due to the small sample size and the exploratory nature. Future research directions could benefit by increasing the sample size, exploring specific therapeutic intervention effectiveness with the population, conducting a larger quantitative analysis and more detailed exploration of the relational functioning of the foster care alumni.

Using a similar methodology to this study but with an expanded sample size could be beneficial to add to the literature on foster care experiences and their impact on insecure attachment style. A researcher with additional resources could generate a larger scale study with more participants and more in-depth interviews. One area of expansion would be to group participants by developmental age ranges (infancy, early childhood, middle childhood, adolescence, teens) and compare their experiences and long-term attachment outcomes to see if age of entry has an impact on the attachment style.
outcome. Another area could be to conduct a similar study but with comparison groups based on type of foster care provided, general care (the focus of this study) versus kinship foster care or those who have been emancipated. These studies could be initially conducted in a qualitative manner and based on findings a larger quantitative analysis could then be done.

Future research directions based on the findings of this study could be to examine which therapeutic interventions may be most helpful for children in foster care. The participants of this study indicated that counseling during their childhood was not effective. Further research needs to be conducted in order to explore what kinds of therapeutic techniques are most helpful to children in foster care.

From the systemic view of a marriage and family therapist, the relational outcomes of this study indicate a need to focus future research on couple and family functioning of foster care alumni and their attachment styles. Future research needs to be conducted including the significant other of the foster care alumni and explore his/her perceptions of the foster care impact. Future research looking into the parenting style of the foster care alumni would fill a much needed gap in this area.

Future research using a larger sample size and more comparison groups could expand upon this study to provide further evidence of the impact that foster care has on long-term attachment styles. Research needs to be conducted to determine what therapeutic interventions could be most beneficial to the children in foster care. Another direction for future research is examine the relational component of the attachment outcomes and parenting styles of foster care alumni and the impact that has on their relational functioning in their families.
This study’s findings have supplied the groundwork that supports a need to further explore this area on long-term outcomes of foster care alumni. Having approximately 400,000 children in foster care it is important to pay attention to these children. It will be essential that other research focuses on the impact that foster care has on these children. Children are our future, and neglecting almost half a million of them has implications for our country’s well-being. This is a topic that needs to be explored further in order for legislators and policy makers to be aware of the need to enact changes in the system.

**The Researcher**

This research has impacted the researcher as a marriage and family therapist, a human and a researcher. It has fueled the researcher’s passion for helping children who have experienced trauma and their families. Listening to the heart wrenching stories of the participants and how their childhood experiences in foster care continue to haunt them and impact their lives today reignited the researcher’s ambitions to do something to help make a positive change in this world.

This researcher has an innate desire to help others. The systemic view of the researcher and her tendency to have a global perspective on things was impacted while conducting this research. The researcher was able to focus in on each individual participant, analyze their interviews and then cross analyze the interviews to code the data and recognize the global themes. As a researcher, she is inspired to learn more and conduct more research from a transformative lens. The findings of this study lead to implications that things need to change, and this researcher believes in order to enact those changes more research must be done.
Qualitative analysis fit this researcher’s values and beliefs. The idea that the researcher is the primary tool in conducting the research aligns with this researcher’s beliefs that what makes the researcher a therapist, a human, a friend and an academic thinker are all intertwined. This research impacted the researcher as a human as well as a therapist. This researcher currently works as a therapist with several early childhood clients who are currently in the foster care system. She has seen firsthand the negative implications of multiple placement changes and drawn out case plans. This was one of the reasons that the researcher used a transformative lens when conducting this research, in order to be a change agent for helping to fix a broken system.

The researcher has always been passionate about advocating for her clients, however, through conducting this research that passion has intensified. The researcher gained a greater appreciation for the need to thoroughly assess what kinds of lifelong experiences impact client functioning and symptoms. The researcher will use the implications of this study to ensure when working with her child foster care clients that she focuses on meeting them where they are and recognizing the often overlooked but necessary role of the therapist as a supporter and empathic figure in client’s lives.

Final Thoughts

The purpose of this study was to explore the experiences of foster care alumni and the impact those experiences have on their long term attachment outcomes. One reason for this was to provide preliminary evidence that further research should be done from a social justice perspective in order to enact changes to the foster care process. The other goal of this research was to add to the gap in the literature on this topic, which impacts
millions of Americans. The narratives of the participants provide a voice for those
affected by foster care that are often not given one.

Kayla, Kacey, Lilly, Tara, Mylesha and Hazel not only shared the experience of
having been in foster care at a point in their childhood, they also share the negative long-
term impact of that experience on their attachment style. Their narratives need to be a
message to us all. The system is flawed and this flawed system is failing our nation’s
children. As therapists, researchers, advocates and humans it is our responsibility to
listen to their message and do something to fix it.


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APPENDIX A

INFORMED CONSENT

The University of Akron

Informed Consent

Title of Study: The Experience of Foster Care and Long Term Attachment Outcomes into Adulthood

Introduction: You are invited to participate in a research project being conducted by Megan Miranda, a Doctoral Student in the Department of Counseling, at The University of Akron.

Purpose: The purpose of this qualitative study is to get a deeper understanding of the way that adults who had been in foster care at some point during their developmental years between the ages of 32 months and 12 years of age experienced that placement and the occurrence of being in foster care. A goal is to gain an understanding of what their attachment styles, the way in which they bond to significant others in their lives, are as adults and possibly how those attachment styles developed throughout the foster care process. The estimated number of participants to be included in this study will be between 5-9 adults.

Procedures: Data will be collected using a demographic information questionnaire and by conducting in-depth semi-structured interviewing. Interviews will be conducted in person in an area that you, the participant, will feel most comfortable and which ensures privacy and confidentiality. There will be two scheduled meetings to conduct the interviews. The first meeting will encompass demographic data questionnaire, and the initial semi-structured interview. The second meeting will be an interview with follow-up
questions based on answers from the first round of interviews. All interviews will be video-recorded in order to transcribe and collect data from the interview responses.

**Exclusion:** The target population of the study is adults aged 27-35 who had been placed in non-relative foster care at some point during their middle childhood developmental years (specifically between the ages of 2.5 and 12).

**Risks and Discomforts:** A possible psychological risk to you, the participant, is that during the interview you may recall some unpleasant memories and experiences which may stir up some negative emotions. It is expected that this will be infrequent and minimal severity. The researcher's credentials as a mental health therapist, there is a potential that the risks will be reversed and you may experience a positive effect from having your story told. Counseling referrals will be provided to each participant in the event that their past experiences are causing them psychological discomfort.

**Benefits:** The benefits to you for participating in this study may be a sense of contributing to helping others. Your participation will help mental health professionals to better understand the long-term impact of foster care on adult relationships, as well as help to gain a better understanding of the experiences of being in foster care.

**Right to Refuse or Withdraw:** Participation is voluntary and that refusal to participate or withdraw from the study at any time will involve no penalty or loss of benefits to which they are otherwise entitled.

**Anonymous and Confidential Data Collection:** Any identifying information collected will be kept in a secure location and only the researchers will have access to the data. Participants will not be individually identified in any publication or presentation of the research results. Only aggregate data will be used. Your signed consent form will be kept separate from your data, and nobody will be able to link your responses to you.

**Abuse:** The investigator has ethical and legal obligations to report suspected child abuse or neglect and to prevent you from carrying out any threats to do serious harm to yourself or others. If keeping information obtained in this study private would immediately put you or someone else in danger, the investigators would release that information to protect you or another person.
Audio and Video Taping: I understand that the interviews will be video-taped and transcribed without identifying information. The video-tape will be kept in a secure cabinet in the home of the researcher and will be destroyed after 7 years.

Confidentiality of records: The video-taped interviews will be kept in a secured cabinet in the home of the researcher. The transcribed documents will not include your name; it will include a number assigned to you in order to help maintain confidentiality.

Who to contact with questions: If you have any questions about this study, you may call Megan Miranda at 330-639-9444 or Dr. Karin Jordan at 330-972-5515. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

Acceptance & signature: Signing this consent form is an indicator that I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. I will receive a copy of this consent form for my information.

____________________________                                           ____________________
Participant Signature                                                   Date

I agree to be videorecorded ________________________________

I agree to be audiorecorded ________________________________

○ I would like a copy of my interview transcript

○ I would NOT like a copy of my interview transcript
APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Participant Name:__________________________________________

Participant Contact Information:

Phone Number________________________ May I contact you at this number? □ Yes □ No

Email Address________________________ May I contact you at this email address □Yes □No

If “no,” how may the researcher contact you to confirm, cancel, or reschedule an interview appointment?

____________________________________________________________

I understand that I am giving the researcher permission to contact me at the above number and/or email address:

____________________________________________________________

Signature of the Participant ____________________________

Date

Current Information

C1. What is your age: _______________
C2. What is your gender: □ Female □ Male □ Other
C3. What is your sexual orientation: □ Heterosexual □ Bisexual □ Gay/Lesbian □ Questioning □ Other ______________
C4. How many members are in your household:_____________________
C5. What is your relationship status: □ Single □ Divorced □ Living with Partner □ In a Relationship □ Widowed □ Married □ Other ______________
C6. What is your ethnicity: □ Caucasian □ Bi/Multiracial □ African American □ Native American □ Asian □ Hispanic □ Other ___________________

C7. What is your religion: □ Christian □ Baptist □ Catholic □ Jewish □ Atheist □ None □ Hindu □ Buddhist □ Methodist □ Muslim □ Other ___________________

C8. What is your highest level of education: ____________________

C9. What is your occupation: ____________________

C10. How many children do you have: ________________

C11. What is your estimated household income: ____________________

C12. On a scale of 1-5, 5 being the most satisfied, 3 being neutral 1 being the least satisfied, how satisfied are you with:
   1) Current relationship __________
   2) Childhood __________
   3) Current emotional stability ____________
   4) Current economic status __________
   5) Current overall satisfaction with life __________

Foster Care/Childhood Information (SQ1)

F1. What age were you first placed in foster care? ________________

F2. How many siblings do you have? ________________

F3. Were they also placed in same placement? ________________

F4. What was the reason for the placement? __________________________

F5. How long were you in foster care? ________________

F6. How would you rate your experience in foster care on a scale of 1-5, 5 being excellent, 3 being neutral, 1 being terrible? ________________

F7. How many placements did you have during foster care? ________________

F8. What was the visitation with your biological parents like:
   F9. How often? □ Never □ More than once a week □ 2-4 times a month

F10. Were the visits supervised? ________________

F11. Who was present (parents, grandparents, siblings, etc.)? __________________________

F12. Were the visits consistent? __________________________

F13. What was final outcome? □ Reunified with parent(s) □ Adopted by foster parents □ Emancipated □ Adopted by kinship provider □ Other ________________

F14. If you could describe the experience using 5 words, what would they be?
   1) ____________________
   2) ____________________
   3) ____________________
   4) ____________________
   5) ____________________
F15. How would you describe your foster parents using 5 words:

1) __________________
2) __________________
3) __________________
4) __________________
5) __________________

F16. Were your foster parents the same demographic (religion, race)? ______________

F17. Were there other children in the foster home? ______________

F18. Do you still have contact with any of the foster family? ______________

   a. If so, who? __________________

F19. Did you ever have counseling during your childhood/adolescence? ______________

F20. If you could change anything about the experience of being in foster care, what would you change? ______________

F21. How old were you when you moved out of parental/caregiver home for independence? __

F22. Do you feel that being in foster care has impacted your:

   a. Life satisfaction? ______________

   b. Relationship formation and maintenance ability? ______________

Relationship Information (SQ2)

R1. How many significant relationships have you had during adulthood? ______________

R2. What’s your longest lasting relationship? ______________

R3. How many people do you feel you have a close bond with now? ______________

   Have you cut-off relationships with parents/foster parents/siblings? ______________

   a. If so, why? __________________
APPENDIX C

INTERVIEW PROTOCOL

Interview Protocol

Interviews will take place at the location of the participant’s choosing. The interview will either be audio or video recorded, depending on the preference of the participant. The interview will be given to 5-9 individuals who willingly agree to take part in the study. The parameters of the subject pool includes adults, currently aged 26-36 who had been placed in a non-family foster care placement at some point between age 30 months to 12 years old (termed “foster care alumni” for the sake of this research). There will be 2 interviews with each participant. The participants will first be asked to fill out the demographic questionnaire prior to the semi-structured interview. The answers from demographic questionnaire and the semi-structured interview will be reviewed and coded to assist with informing the questions posed during the follow-up interview, which will take place after all initial interviews are completed.

The purpose of the research is to gain an understanding of the foster care process from the perspective of foster care alumni and to raise conscious awareness to child welfare agencies about possible negative impacts that foster care placement can have on the attachment development of children and how those attachment styles impact adult outcomes as well.

Research question:

- How does being in foster care affect the long term attachment styles of adults?
  - Subquestions
    - SQ4. What memories the foster care alumni participant holds salient?
    - SQ5. What is the current attachment style of the foster care alumni participant?
    - SQ6. What are grand narrative or common themes of the experiences of foster care alumni?

Name (real or coded) of participant: ________________________________
Initial Interview

Date of initial interview: ________________________________

Location of initial interview: ____________________________

Initial Interview Questions:

• (SQ1) What is your earliest memory of your original caregivers?
  o Family events?
  o Who do you remember?
  o More happy or sad times?

• (SQ1) What do you remember about the beginning process of being placed in foster care?
  o Why removed?
  o The removal process itself?
  o Feelings and thoughts involved with that?

• (SQ1) What are some memories you have from being in foster care?
  o How were the placements?
  o Connections with the foster parents?
  o Feelings and thoughts involved with that?

• (SQ2) Do you feel that being in foster care impacted your relationships today? If so, why?
  o What relationships?
  o Explain connection between past relationship functioning to current functioning?

• Anything else that comes to mind that you think is helpful or important to add at this time?

Follow-Up Interview

Date of follow-up interview: ________________________________

Location of follow-up interview: ____________________________

Follow-up Interview Questions:

• (SQ2) When considering your ability to form and maintain relationships:
  o How did your previous relationships end?
  o How do you tend to start relationships?
  o How comfortable are you with being alone or/and in a relationship?

• (SQ3) What concerns do you have about parenting your own children?
  o Overprotective?
- Own ability to parent?
- Fear of repeating patterns?
- Fear of being labeled as bad parent?

- (SQ3) When thinking of the impact of the experience of foster care, how would you describe the impact that has had on your:
  - Relationship anxieties (separation anxiety, fear of abandonment, trust of others)
  - Ability to have been a child (stolen childhood theme)
  - Birth parents’ ability to bond/parent you?
  - Respect/trust in parental figures?

- (SQ3) What has helped you cope most today with the experiences you’ve had in foster care?
  - Supports (community, family, foster family)?
  - Counseling?

- (SQ3) When thinking about the removal process:
  - When did you learn/understand why you had been removed?
  - Did you have faith in your birth parents’ ability to raise you?
  - Did you feel that that removal process itself was more traumatic than the reason for the removal?

- Anything else you would like to share at this time?
APPENDIX D
IRB APPROVAL

IRB Approval

NOTICE OF APPROVAL

October 24, 2014

Megan Miranda
620 Caine
Akron, Ohio 44312

From: Sharon McWhorter, IRB Administrator

Re: IRB Number 20141008 “The Experience of Foster Care and Long-Term Attachment into Adulthood”

Thank you for submitting an IRB Application for Review of Research Involving Human Subjects for the referenced project. Your protocol represents minimal risk to subjects and has been approved under Expedited Category #4.

Approval Date: October 23, 2014
Expiration Date: October 23, 2015
Continuation Application Due: October 9, 2015

In addition, the following is/are approved: