

CAN A LACK OF EARLY ATTACHMENT TO A PRIMARY CAREGIVER  
CONTRIBUTE TO AGED-OUT KINSHIP FOSTER YOUTH SEXUAL  
EMPLOYMENT?

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### **Abstract**

This study investigated the relationship between lack of early attachment with a primary caregiver and survival sex employment in aged-out kinship care youth. Literature has shown that multiple situations have occurred to AFCY. While in kinship care, youth may have experienced physical abuse, sexual abuse, neglect, inappropriate discipline, and exposure to domestic violence, homicide, and pornography. Of the estimated 250,000 children who exited kinship care in 2018, 49% were reunited with their natural parent or primary caretaker, 25% were adopted, 11% went to live with a guardian, 7% were aged out, 7% went to live with another relative, and 1% had other living arrangements (United States Department of Health and Human Services, 2019a). Prompt and effective parental sensitivity to a child's signals was an integral part of attachment security. An early attachment pattern between the child and caregiver was essential for effective regulation. When children lack early attachment, they seek out someone who will love, accept, and understand them. Aged-out kinship care youth used survival sex and online sex as employment to endure their newfound independent life.

*Keywords:* AFCY, aged-out, attachment theory, survival sex, online sex, kinship care placement abuse, child abuse.

### **Dedication**

This research study is dedicated to the Lord Jesus Christ, who is faithful and true. It is also dedicated to all the women who participated in the interviews and allowed this researcher the honor and privilege of hearing their journeys.

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## Table of Contents

Table of Contents .....	5
List of Tables .....	11
List of Figures .....	12
CHAPTER ONE: INTRODUCTION.....	13
Overview.....	13
Precipitants of Attachment .....	18
Progression of Attitudes .....	19
Problem Statement .....	20
Purpose Statement .....	21
Significance of the Study .....	21
Research Questions .....	22
Definitions.....	22
CHAPTER TWO: LITERATURE REVIEW.....	24
Overview.....	24
Theoretical Framework .....	24
Developmental Stages of Attachment .....	25
Infancy.....	25
Early Childhood.....	26
School-Aged Children .....	28
Attachment .....	29

Factors That Impact Attachment .....	30
Designs of Attachment .....	31
The Lasting Effect of Early Attachment.....	31
Adverse Childhood Experiences .....	32
Overview of the Kinship Care System.....	33
Child Maltreatment in Kinship Care .....	34
Why Kinship Care Youth Leave Home.....	35
Kicked Out of the Kinship Care Home .....	38
Witness to Homicide .....	38
Statistics of Homeless Youth.....	39
Gender .....	39
Ethnicity.....	39
Aged-out of Kinship Care Youth.....	40
Federal Government Financial Implications .....	40
Survival Sex .....	41
Aged-out Kinship Care Youth and Sexual Risk-Taking .....	42
Revictimization.....	42
Summary.....	43
CHAPTER THREE: METHODS .....	46
Overview.....	46
Design.....	46
Research Questions .....	46

Setting.....	47
Participants .....	47
Procedures .....	48
Data Collection.....	48
Interviews .....	49
Data Analysis.....	52
Trustworthiness .....	54
Credibility .....	54
Dependability and Confirmability .....	54
Transferability .....	55
Ethical Considerations.....	55
Summary .....	57
CHAPTER FOUR: FINDINGS .....	58
Overview.....	58
Demographics .....	58
Description of Participants .....	60
P01 .....	60
P02 .....	61
P04 .....	61
P05 .....	62
P06 .....	63
P07 .....	63

P08.....	64
P09.....	64
P10.....	65
P11.....	66
P12.....	67
P13.....	67
P14.....	68
Results.....	69
Results of Data Analysis.....	69
Theme Protocol.....	69
Theme 1: Family Makeup About Participants.....	78
Subtheme 1.1: Growing Up in a Kinship Foster Care System.....	78
Subtheme 1.2: Growing Up with Siblings.....	79
Theme 2: Early Attachment to Primary Caregivers.....	81
Subtheme 2.1: Unsatisfactory Attachment to Biological Parent and Siblings.....	81
Subtheme 2.2: Satisfactory Attachment to Parents, Siblings, and Friends.....	82
Theme 3: Emotional Memories with Primary Caregivers.....	83
Subtheme 3.1: Born with a Health Defect.....	84
Subtheme 3.2: Child Abuse.....	84
Subtheme 3.3: Engaged in Drug or Alcohol Abuse.....	84
Subtheme 3.4: Feeling Abandoned and in Need of Love.....	85
Subtheme 3.5: Had an Alcoholic or Addicted Parent.....	85
Subtheme 3.6: Loss of Loved One.....	85

Subthemes 3.7: Sick Parent .....	86
Subtheme 3.8 Witnessed Parent Abuse .....	86
Subtheme 3.9: Effect of the Experiences.....	86
Theme 4: Engaged in Sexual Employment.....	92
Subtheme 4.1: Engaged in Sexual Employment .....	92
Theme 5: Current Life Relationships .....	94
Subtheme 5.1: Bad Experiences.....	95
Subtheme 5.2: Good and Positive Relationship .....	95
Subtheme 5.3: Perception of Self After Everything .....	95
Subtheme 5.4: Evolving .....	96
Theme 6: Issues with Trust .....	99
Subtheme 6.1: Finding It Hard to Trust.....	100
Subtheme 6.2: Having No Issue Trusting.....	100
Subtheme 6.3: Factors Contributing to Trust Issues.....	100
Research Questions .....	101
Summary .....	103
CHAPTER FIVE: CONCLUSION.....	106
Overview.....	106
Summary of Findings .....	106
Discussion .....	113
What Novel Contribution Does Your Study Add to the Field? .....	114

How Does This Research Study Extend or Shed New Light on the Theory Informing the Topic? .....	118
Implications.....	119
Christian Worldview.....	121
Limitations .....	123
Future Research.....	126
References.....	128

## List of Tables

Table.1 All Major Themes.....	74
Table 2. Theme 1: Family Makeup About Participants.....	79
Table 3. Theme 2: Early Attachment to the Primary Caregiver.....	82
Table 4. Theme 3: Emotional Memories with Primary Caregivers.....	88
Table 5. Theme 4: Sexual Employment.....	93
Table 6. Theme 5: Trust Issues.....	101

## List of Figures

Figure 1. Age of Participants.....	59
Figures 2. Ethnicity of Participcant.....	60
Figure 3. Family Makeup about Participants.....	78
Figure 4. Early Attachment to Primary Caregivers.....	80
Figure 5. Emotional Memories with Primary Caregiver .....	83
Figure 6. Engaged in Sexual Employment.....	92
Figure 7. Current Life Relationship.....	94
Figure 8. Issues with Trust .....	99

## CHAPTER ONE: INTRODUCTION

### Overview

According to Child Welfare's fiscal year 2017, approximately 17,500 children aged out of kinship care. Little was known about the relationship between early attachment to a primary caregiver and sexual employment in aged-out kinship care youth females (Brenner & Ben-Amitay, 2015). Kinship care or out-of-home care referred to the placement of a minor child who cannot reside with their natural family in the care of temporary caregivers. The state agency and the state-licensed kinship caregiver generally arrange kinship care placement. However, in the state of Illinois, a minor in kinship care does not need to be a ward of the state. They also do not require licenses for relatives and fictive kin (Illinois, 2020a; The Imprint News, 2018). Under the Fictive Kin Law, passed in 2015, Illinois expanded the definition of family to include individuals unrelated by birth or marriage who developed close ties to the child or the child's family. Those individuals included close family friends, godparents, step-relatives, or a relative's spouse or partner from a civil union (Illinois, 2020b). Most often, minors requiring placement go to residential facilities, group homes, private homes, or the home of family members (kinship care) (Mersky et al., 2015; United States Department of Health and Human Services Administration for Children and Families, Children's Bureau [DHHS], 2019a).

Annually, an estimated 4.2 million youth and young adults suffer homelessness and are not part of a family (National Conference of State Legislators (NCS, n.d.). Nightly, approximately 41,000 youth and young adults between the ages of 13-25 are homeless, and 33% have been part of the kinship care system (NCSL, 2020). In 2017,

DHHS reported statistics 500 children ran away from kinship care or other placements (United States Department of Health and Human Services [DHHS], 2019a). Homeless youth face vulnerability to multiple threats, such as sex trafficking, sexually transmitted diseases, inability to meet basic food and shelter needs, substance abuse, suicide, and physical victimization (Ahrens et al., 2013; Duke et al., 2017; Lloyd, 2011; National Sexual Violence Resource Center [NSVRC], 2020; Phelps & Warren, 2012). Eighty-two percent of homeless youth reported trading sex for money, 48% for food or a place to stay for the night, and 22% for drugs (Child Welfare Information Gateway, 2017; NCSL, n.d.; NSVRC, 2020). Children often enter kinship care with emotional and behavioral disturbances, which some kinship care parents are ill-equipped to understand (Mersky et al., 2015). Researchers studied childhood maltreatment in kinship care (Biehal, 2014; Katz et al., 2017; Mersky et al., 2015). and documented aged-out kinship care youth often have histories of sexual abuse, physical abuse, and neglect from the family of origin setting and while living in a kinship care placement (Katz et al., 2017).

According to Biehal (2014), over seven years in one state reported the victimization of 3000 children in kinship care placement through physical abuse, sexual abuse, or neglect. DHHS (2019) statistics documented during the years 2012-2017, children in kinship care experienced the following: 60.8% experienced neglect, 10.7% suffered regular physical abuse, 7.0% experienced sexual abuse, and 71.9% of children aged 14-17 were commercially trafficked. Alcohol and drug abuse impacted kinship care economics. Alcohol abuse by caregivers has been reported in 12.2%. Alcohol and drug abuse of caregivers is 30.7% (Child Welfare Information Gateway, 2019).

Among youth in and aged-out from kinship care, child maltreatment, particularly child sexual abuse, was a prominent risk factor for later aberrant sexual risk-taking (Abajobir et al., 2017; Leslie et al., 2010; McCormick et al., 2017). The term aging out refers to when a child left the kinship care system, either when they reached 18 years old or graduated from high school (Gray et al., 2018). When youth transition to adult life, multiple factors contributed to their success or lack thereof. Youth may face different challenges as they transition into adulthood (Miller et al., 2017). These can include not receiving an appropriate amount of support while in kinship, influences based on past experiences, and unrecognized personal strengths (Häggman-Laitila et al., 2018).

Legere-Branch (2017) identified four themes of aging out of kinship care. These were with youth 1) having problems with trust and dependence on others, 2) transitioning from independence to dependence, facing the unknown with trepidation; 3) difficulty in having and maintaining relationships; and 4) anger, promiscuity, and defiance. Aged-out kinship care youth may lack financial resources, struggle with homelessness, and attained lower education (Combs et al., 2018; Dworsky & Courtney, 2010; Forge et al., 2018; Kost et al., 2017; Lloyd, 2011; Phelps & Warren, 2012). Aged-out kinship care youth may lack employment skills, medical benefits, a high school diploma, and adequate living skills (Bender et al., 2015; Gyphen et al., 2017; Winter et al., 2016). Additionally, homelessness, unemployment, and inadequate education contributed to an increase in sexually transmitted diseases along with possible involvement with the criminal justice system (Brenner & Ben-Amitay, 2015; Duke et al., 2017; Dworsky & Courtney, 2010; Winter et al., 2016). Immediately after leaving kinship care, youth may face multiple challenges to potentially losing previous support (Bender et al., 2015; Duke et al., 2017).

They may face homelessness, health, and mental problems (Ahrens et al., 2013; Beal et al., 2019). They may also be unemployed, drop out of school, and experience poverty, substance abuse, and victimization (Bernedo et al., 2014; Braciszewski & Stout, 2012; Doyle & Aizer, 2018).

Aged-out kinship care youth reported higher rates of early sexual intercourse, higher numbers of sexual partners, more cases of sexually transmitted infections, and higher rates of sex for drugs or money (Berzenski & Yates, 2011; Busch-Armendariz et al., 2011; Dworsky & Courtney, 2010; Dworsky et al., 2013; Forge et al., 2018). Aged-out kinship care youth may also entail single parenting. Teenage pregnancy rates differed both racially and ethnically due to low parental education, socio-demographic factors, and familial disruptions (Brunovskis & Surtees, 2010; Combs et al., 2018; Dworsky et al., 2013; Garwood et al., 2015; Hambrick et al., 2016). Forty-six percent of youth aged out of kinship care end up homeless by age 26 (Dworsky et al., 2013; King, 2017; Svoboda et al., 2012). Many aged-out kinship care youth also lacked resources to live independently. Aged-out kinship care youth may even engage in transactional sex (Doyle & Aizer, 2018; Forge et al., 2018). Researchers defined transactional sex as non-marital, non-commercial interactions driven by the implicit notion that sex was exchanged for material support or other advantages, such as food, clothing, or shelter (Forge et al., 2018; Greeson et al., 2019; Gwadz et al., 2019; Roy et al., 2004).

In the limited research that does exist about aged-out kinship care youth and elevated sexual risk-taking behaviors, it is postulated child maltreatment aggrandized a fate of self-condemnation (Ahrens et al., 2013; Beal et al., 2019; Briere & Rickards, 2007; Gonzalez-Blanks & Yates, 2015; Oshri et al., 2011). Ensink et al. (2020). found a

relationship between the history of child sexual abuse and adults' self-report of externalization, sexualizing problems, and dissociation. Researchers suggested an association existed between child sexual abuse and less secure and more disorganized attachment upon entering adulthood (Briere & Rickards, 2007; Hom & Woods, 2013; Yates et al., 2016). Youth who experienced child sexual abuse may have a higher chance of having a disorganized and insecure attachment.

Insecure attachment in early childhood played a role in adult sexual risk behaviors (Busch-Armendariz et al., 2011; Forge et al., 2018; Latzman et al., 2019; Perry et al., 1995; Yates et al., 2016). Insecure attachment patterns developed during childhood can even predict adult relationships, with research showing a link between insecure childhood attachments and substandard relationships in adulthood (Bernedo et al., 2014; Brenner & Ben-Amitay, 2015; Oshri et al., 2011; Senn & Carey, 2010).

Even more specifically, maternal emotional abuse may be a critical factor in developing disturbed self-capacities for kinship care children (Beal et al., 2019; Bernedo et al., 2014; Berzenski & Yates, 2011; Briere & Rickards, 2007). The *Diagnostic and Statistical Manual of Mental Disorders* included diagnoses such as reactive attachment disorder and disinhibited social engagement disorder, which may influence inadequate social caregiving during childhood (5th ed.; DSM-5; American Psychiatric Association, 2013; Perry et al. 1995; Yates et al., 2016). Disinhibited social engagement behavior may also lead to aberrant sexual behavior or transactional sexual behavior for some runaways who might prefer to be homeless, which they believe is a better alternative than abusive care (Dworsky & Courtney, 2010; Forge et al., 2018; Greene et al., 1999; Greeson et al., 2019; Lloyd, 2011; Phelps & Warren, 2012;). Aged-out kinship care youth who

experienced such abuse during childhood reported feeling unworthy, undeserving, reprehensible, shameful, and despicable (Chu, 2011; Ferentz, 2015). Abused aged-out kinship care youth found closeness between the sexual partner a possible substitute for lack of attachment in the early years (Chu, 2011; Dworsky & Courtney, 2010; Ferentz, 2015). Such a path left abused aged-out kinship care youth maladaptively attached in adult relationships, feeling unwanted, and homeless (Forge et al., 2018; Greeson et al., 2019; Perry et al., 1995; Yates et al., 2016).

### **Precipitants of Attachment**

A child's attachment to a primary caregiver was essential and strengthened or diminished personality formation throughout adolescence and into adulthood (Bowlby, 1958; Caplan et al., 2014; Casanueva et al., 2014; Cicchetti et al., 1990). A child's attachment continued to transform and reintegrate as arousal levels, stress hormones, and brain chemicals adjusted and readjusted to change during maturation (Cicchetti et al., 1990; Uhernik, 2017; Van der Kolk, 2014; Zeanah et al., 2011). Scientific researchers demonstrated that from the time an infant is born, the brain is biologically formed to connect in relationships (Schoore, 2005; Thomas & Duszynski, 1974; Uhernik, 2017; Van der Kolk, 2014).

Self-organization of the developing brain begins in the final trimester of pregnancy and continues to approximately 24 months of age (Bernard et al., 2012; Perry et al., 1995; Phillips, 2013). Attachments begin to develop during the initial year of an infant's life: infants recognize the mother's sound and her voice, demonstrate eye-to-eye contact and express distress when separation from primary caregiver occurs (Blaisdell et al., 2019; Main & Solomon, 1990; Perry et al., 1995; Zeanah et al., 2011). Myelination

of the brain occurs rapidly that the brain resembled an adult's brain in appearance by the conclusion of the first year of the child (Bernard et al., 2012; Bick & Dozier, 2013; Perry et al., 1995). Accelerated growth of the brain occurred with experiences in relationships with another person (Chu, 2011; Perry et al., 1995; Schore, 2005; Schupp, 2015; Shrivastava et al., 2017; Uhernik, 2017; Van der Kolk, 2014).

### **Progression of Attitudes**

During the 1950s, there was common conformity to strict gender roles in both society and family, along with a fear of God (Schuman, 2017). Children were “seen not heard” and subject to all authority (Schuman, 2017). The father was viewed as the head of the household and had the final word over his wife and children (Bell, 2013; Hyatt-Burkhart & Levers, 2012). Rape, incest, domestic violence, and assault of children and women were oftentimes secretly kept in the family during the 1950s (Britz, 2017).

As a result of the Vietnam War, the decades of the 1960s and 1970s brought more of an awareness of post-traumatic stress disorder (PTSD) as the people who served in combat returned to the United States (Hyatt-Burkhart & Levers, 2012; Jacobs, 2013; Koenen et al., 2007). The former subjugation, domination, control, and abuse of women that had been underexposed for years was exposed after the war (Hyatt-Burkhart & Levers, 2012; Wolf et al., 2012). The decades of the 1960s and 1970s ushered in rebellion against the political establishment, family, and gender roles within society and ignored the horrific abuse of children at the hands of adults (Claybrook, 2016; Hall et al., 2016).

Prior to the 1990s, little research defined or outlined the differences between traumatic stressors in children and adults (Hyatt-Burkhart & Levers, 2012). In 1990, a

study conducted by the United States Department of Justice found that adolescents were 2.5 times more likely to be victims of a violent crime, particularly within the child's family system (Blaustein & Kinniburgh, 2010; Cohen et al., 2017). By the early 1990s, researchers and clinicians began to identify symptomatic patterns produced by child abuse, domestic violence, physical abuse, and child sexual abuse (Chu, 2011; Courtois & Ford, 2009; Russel, 1986; Steele & Malchiodi, 2012). Childhood sexual abuse has been linked with subsequent adult problems of depression, suicidality, intimacy, distrust of others, attachment issues, dissociation, and depersonalization (Blaisdell et al., 2019; Briere & Scott, 2015; Perry & Szalavitz, 2017; Shrivastava et al., 2017).

### **Problem Statement**

Little was known about the lived experiences between early attachment to a primary caregiver and sexual employment in aged-out kinship care youth females. For aged-out kinship care adolescents, previous incidences of trauma made them more prone to engage in risky sexual activities (Abajobir et al., 2017; Butler, 2013; McCormick et al., 2017; Winter et al., 2016). At 18 years of age, an aged-out kinship care youth may find themselves homeless; in fact, 20 % of youth in foster care who "age out" at 18 found themselves homeless (Corrigan et al., 2011; Mellon, 2018). Survival sex, including online sex, became a realistic option of employment for aged-out kinship care youth who required money for food, shelter, drugs, etc. (Gypen et al., 2017; Unrau et al., 2008; Wade & Dixon, 2006). Alarmingly, 25% of aged-out kinship care youth demonstrated PTSD (National Kinship Care Youth Institute, 2017; see Schupp, 2015). There was a possibility that some aged-out kinship care youths expressed feeling emotionally spent,

fragile, and lacking a desire to be attached to or trust anyone (Ahrens et al., 2013; Corrigan et al., 2011; Duke et al., 2017; Perry & Szalavitz, 2017).

### **Purpose Statement**

The purpose of this phenomenological research was to explore early attachment to a primary caregiver and sexual employment as perceived by aged-out kinship care females. Participants included 13 former kinship care women from the Women's Treatment Center on Chicago's west side. Chicago is one of the top five cities for sex trafficking and is approximately 93 miles from Milwaukee, Wisconsin, considered the Harvard of pimps and johns (Selah Freedom, 2020).

The theory guiding this study was Attachment Theory; according to Ainsworth and Bowlby (1991), a child's brain was wired to a caregiver in times of distress. If a child's emotional needs are not being met, the child has no regulation and soothing patterns necessary for healthy behavior. When emotional needs are not met, the child experiences fright and adapted to situations with different strategies. If a child has a lack of connection with a primary caregiver early in life, they may seek to fill this later by searching for attachment through sexual employment (Corrigan et al., 2011; Lind et al., 2017; Perry & Szalavitz, 2017; Shonkoff et al., 2012; Walls & Bell, 2011).

### **Significance of the Study**

The researcher sought to understand the lived experiences of adult women who (1) aged out of informal kinship foster care, (2) had a lack of healthy early attachment to a primary caregiver, and (3) engaged in sexual employment and/or commercial sex trafficking. Through examining the phenomenological perspectives of these participants, a better understanding can be provided regarding the effect of such variables on early

childhood and precipitating events later. By seeking such an understanding, helpers may be better able to mentor and understands this population (Miller, 2018; Restoration 61, 2020; Selah Freedom, 2020).

### **Research Questions**

The purpose of this phenomenological research was to explore early attachment to a primary caregiver and sexual employment as perceived by aged-out kinship care females. This study was guided by the following research questions:

RQ1: How do participants describe the role that early attachment to a primary caregiver played in the later sex employment?

RQ2: How do participants describe the role that an abusive attachment to a primary caregiver played in later aberrant behaviors?

RQ3: How do participants describe early trauma and its impact upon current trust issues?

### **Definitions**

1. Aged-out-kinship care youth – Individuals 18 years of age that no longer qualify to be under the jurisdiction of a state’s kinship care agency (Child Welfare Information Gateway, 2016; Family and Youth Services Bureau, 2019).
2. Attachment - An emotional bond with another person. Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continued throughout life. He suggested that the attachment also serves to keep the infant close to the mother, this improving the child’s chances of survival (Bowlby, 1958; Perry & Szalavitz, 2017; Yates et al., 2016).

3. Commercial sex act – a sex act of which something of value was given to or received by another person (105 Congress, 1997).
4. Kinship care – out-of-home placement generally arranged with the state in which the individual resides (Mersky et al., 2015). However, in the State of Illinois, a minor in kinship care does not need to be a ward of the state. Relatives and fictive kin in the state of Illinois are not required to be licensed (Illinois, 2020a; The Imprint News, 2018). Under the Fictive Kin Law, passed in 2015, Illinois expanded the definition of family to include individuals unrelated by birth or marriage who have developed close ties to the child or the child’s family. Those individuals included close family friends, godparents, step-relatives, or a relative’s spouse or partner from a civil union (Illinois, 2020b).
5. Survival sex– trading sex acts for food, shelter, clothing, support for a child; these acts include stripping, prostitution, online sex, and pornography (House, 2013).

## **Summary**

The goal of this research study was to explore early attachment to a primary caregiver and sexual employment as perceived by aged-out kinship care females. Various groups have addressed trauma symptoms concerning sex trafficking (Restoration 61, 2020; Salt & Light, 2021; Selah Freedom, 2020), but few have successfully conveyed the deprivation of early attachment in these individuals (Biehal, 2014; Yates et al., 2016). Through understanding the subjective realities of these participants, it will be easier to understand the impact of early attachment on subsequent life events.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

Approximately 23,000 children in the United States age out of kinship care every year (United States Department of Health and Human Services, 2019b). In most states, at the age of 18, 20% of aged-out kinship care youth will be homeless (Mellon, 2018). More statistics show that by the age of 24, former aged-out kinship care youth might be unemployed, and 25% might demonstrate PTSD symptoms (National Kinship Care Youth Institute, 2017; Schupp, 2015). Sixty percent of aged-out kinship care youth males will be legally convicted of a crime and 70% of aged-out kinship care youth females will become pregnant before 21 (Gypen et al., 2017). Survival sex, including online sex, becomes a realistic option of employment for aged-out kinship care youth who require money for food, shelter, drugs, and child support (Gypen et al., 2017; Unrau et al., 2008; Wade & Dixon, 2006).

### Theoretical Framework

Bowlby founded the notion of attachment. Attachment theory is based on the idea that early infancy ties between the newborn and caregiver significantly impact human development and how people subsequently build close relationships. Bowlby defined the attachment figure's 'availability as being physically present and emotionally receptive (Crittenden, 2017; Wallin & Ericksson, 2009). The purpose of attachment is to provide children with a sense of security, not just a distance monitoring system. According to Sroufe and Waters (1977), feeling security is a subjective state stemming from the child's internal experience—mood, physical conditions, or ideas. The caregiver's history of availability and the child's internal experience or perception can significantly influence

the child's sense of security. The child's impression of the caregiver's availability and the child's previous experience with the caregiver's availability are two crucial internal factors of attachment (Capaldo & Perrella, 2018). If the infant knows that the caregiver is trustworthy, this gives the infant a secure base for life (Phillips, 2013).

Attachment theory centers on connections and bonds between individuals, especially long-term connections between caregivers and children (Szalavitz & Perry, 2010).

### **Developmental Stages of Attachment**

The emotional quality of an infant's first attachment experience significantly affects human development (Siegel, 2011). Bowlby's most important contribution to attachment theory was identifying how a child's attachment to its caregiver is biologically rooted and necessary for life and evolution (Wallin & Erickson, 2009). Bowlby believed that we might explain human behavior by looking at the environment in which they were born and referred to this environment as the environment of adaptiveness (Crain, 2005). Infants have always needed to be close to their parents to survive.

### **Infancy**

A study conducted by Phillips (2013) found that when newborns were placed skin-to-skin with their mothers immediately after birth, they had a stronger respiratory rate, body temperature, glucose stability, and experienced a decrease in distressful crying. Phillips (2013) also indicated skin-to-skin contact with the mother protected the newborn from adverse effects of separation, supported optimal brain development, and facilitated attachment bonds, which increased the infant's self-regulation over time. The maternal practice of skin-to-skin contact between a mother and her infant results in improved

physiological and biological improvements. Researchers found longer periods of quiet sleep, alert wakefulness, accelerated maturation of the autonomic nervous system, and a more mature neurodevelopmental profile within the infant (Gao et al., 2015; Marvin et al., 2019; & Norholt, 2020). Early regulation in an infant occurs in the context of coregulation. The infant depends on the caregiver to soothe, comfort, and provide appropriate stimulation (Blaustein & Kinniburgh, 2010). If these needs are unmet, the infant's arousal increases rapidly, and their emotional experience becomes splintered; the infant will be calm or upset. A child who has not established an appropriate, secure, and loving attachment bond with a caregiver will be unstable in all their ways (Tabachnick et al., 2021)

The brain allows an individual to sense the external and internal environment, process the information, perceive and store elements of the sensations, and promote individual survival (Perry et al., 1995). Various brain areas develop, organize, and become fully functional at different stages of childhood development. The brain is 90% developed by age three, but the body is only 15% developed (Perry et al., 1995).

### **Early Childhood**

If a child experiences a safe foundational security attachment, this provides the child with a sense of security and belief that the mother is available, attentive, accessible, and loving (Schupp, 2015). A child who receives unpredictable and inadequate care might then be a victim of unsafe exploration of their environment. A child's cognition development is negatively impacted when environmental exploration is hindered (Blanco & Sloutsky, 2020; Hills et al., 2015).

The child who receives unpredictable or inadequate care experiences less control, a sense of helplessness, and a less predictable understanding of the world. Fear and arousal decrease when the child experiences an appropriate attachment bond (Goodwin & Attias, 1999). In establishing a secure attachment base, the child advances positively toward parental socialization goals while internalizing family values in early childhood. A child will accept the caregivers' rules (Goffin et al., 2018). An emotionally abusive primary attachment figure in infancy and early childhood develops an insecure attachment organization and impairs emotional regulation. As the child matures, these negative coping mechanisms interfere with social functioning, contributing to poor relationships in childhood and adolescence (Riggs, 2019).

Researchers demonstrated that the partnership between emotional maltreatment and unfavorable outcomes is vigorous. Emotional maltreatment includes the following, (1) verbal abuse that impedes a child's self-esteem, belittles, or blames; (2) intimidation of or threats to a child, pet, or sibling; (3) actions that prevent a child from developing age-appropriate autonomy (i.e., a five-year-old being placed in a locked crib); (4) demands that a child work within inappropriate roles or inappropriate levels of responsibility (i.e., a child having to miss school to care for an infant sibling); (5) child abandonment (i.e., the child arriving home and no one is there); and (6) exposure to violence (i.e., a child witnessing a homicide or other violence to a primary relation) (Taussig & Culhane, 2010). Developmental neuroimaging research confirmed that such childhood trauma's wide-ranging and complex structural, functional, behavioral, and cognitive effects on brain development (Perry & Szalavitz, 2017; Schupp, 2015).

## **School-Aged Children**

The loss of early appropriate exploration and failure of attachment bonding may impact a child's ability to perform and sustain academic performance within the school setting (Anthonysamy & Zimmer-Gembeck, 2007). The lack of secure attachment bonds in early development may influence the elementary and middle school child's sense of self and identity (Schierholz et al., 2016). Adolescence is a phase of rapid change, continuous self-assessment, self-critique compared to peers, and extremes of emotional experiences (Blaustein & Kinniburgh, 2010). There are strong emotions in adolescence, and traumatized youth, who did not experience suitable attachment bonds, are at a high risk of external methods of modulation, which may include substance abuse, cutting, sexual acting-out behaviors, and sensation-seeking behaviors (Ferentz, 2015). Even more specifically, aged-out kinship care youth experience significantly higher substance abuse rates, mental health concerns, and a greater inferior quality of life (Dworsky et al., 2013). Upon transition out of foster or kinship care, youth find themselves without the services that generally occur in kinship care. Medical services, social work support, education, food, shelter, and clothing are some of the services aged out foster or kinship care youth no longer receive (Gypen et al., 2017). Rates of mental health diagnosis, illicit substance use, physical and sexual abuse, and dependence become elevated among these individuals (Bender et al., 2015). Post-traumatic stress disorder (PTSD) is a serious mental health risk and researchers found 20% of abused children in foster or kinship care displayed signs of PTSD (Bartlett & Rushovich, 2018). Thirty percent of adults who were once aged-out foster care youth met lifetime diagnostic criteria for PTSD (Salazar et al., 2013).

## **Attachment**

Bowlby (1958) is the theorist behind attachment theory. According to the theory, attachment is defined as a relationship or tie between an individual and an attachment figure (Milberg & Friedricshsen, 2017). The bond is founded on safety, security, and protection, which are all crucial during childhood. For protection and survival, infants instinctively cling to their caregivers. The basic essence of attachment is a motivating structure that requires the infant to stay close to the caregiver to survive (Wallin & Ericksson, 2009). Having a loving primary caregiver is so important for early attachment development. Adults and their children benefit from solid pair connections in general, although these benefits are influenced by various factors (Zeifman, 2019). The formation of pair-bonding occurs in stages, the rate at which cultural and individual characteristics influence a couple's bonds. The newborn is born with the instinctual understanding that certain activities would result in specific outcomes. They are bringing their caretaker closer to them. Children have created or evolved the ABS due to their desire to live. In babies, the ABS is hardwired. There are three types of behaviors in the ABS. The first is to look for, monitor, and stay close to a protective attachment figure (Wallin & Ericksson, 2009). The youngster will demonstrate proximity security by weeping, clinging, yelling, and crawling to the caregiver. These actions are a technique for the child to remain close to their parent or caregiver. The second option is to use the attachment figure as a sturdy foundation. If the child's attachment figure is there, the child will feel free to explore the environment since they have a safe basis for protection and support. When a youngster is in a situation of real or imagined danger, the third behavior of the ABS is when they escape to their caregiver. When humans feel

endangered, they seek refuge in the company of a stronger and wiser individual (Crittenden, 2017). Darkness, loud noises, and unfamiliar environments are all potential risks to infants. Attachment behavior aims to provide safety from immediate danger and assurance of the caregiver's availability.

Bowlby believed the most specific bonds between children and their caregivers affect them throughout life. He proposed the connection between the infant and the caregiver enhances a child's chances of survival. Bowlby thought children are born with a natural feeling to connect with their caregivers. Throughout history, children who are physically close to their caregivers are more likely to survive adulthood. Bowlby illustrated how nurturance and responsiveness were the essential determinants of attachment (Bowlby, 1958). In the 1970s, Ainsworth extended greatly upon Bowlby's work. Ainsworth portrayed three major connection styles: secure connection, ambivalent-insecure connection, and avoidant insecure connection. These have shown that connection styles affect behaviors afterward in life (Perez, 2019).

### **Factors That Impact Attachment**

There are a few components that can impact how and when connections are created. One is the opportunity for connection. Children who do not have an essential care figure may fail to create the sense of belief required to create an attachment. A second one is the quality of caregiving. When caregivers react rapidly and reliably, children learn they can depend on the individuals who are dependable for their care, which is the fundamental establishment for connection, typically an imperative factor (Ainsworth & Bowlby, 1991; Bick & Dozier, 2013; Blaisdell et al., 2019; Capaldo & Perrella, 2018).

## **Designs of Attachment**

According to Ainsworth et al. (2015) and Gross et al. (2017), children's prosocial behavior is complicated, with multiple correlates and developmental pathways defining distinct prosocial actions. As mentioned previously, Ainsworth extended Bowlby's theory by describing attachment styles. There are four different ways to connect, the first, ambivalent connection, occurs when a parent leaves, causing the child distress. Irresolute connection fashion is unheard of, affecting an estimated 7–15% of children in the United States. These youngsters cannot rely on their critical caregivers when needed due to a lack of parental accessibility. The second, avoidant connection: Children with avoidant connections try to avoid their guardians or caretakers as if there is no relationship between a caregiver and a stranger. This pattern of attachment could be the outcome of abusive or inattentive caretakers. Children who are rebuked for relying on a caregiver will learn to keep a strategic distance from seeking help in the future. 3) Disorganized link: These youngsters exhibit perplexing conduct, appearing bewildered, disoriented, or perplexed. They may keep a strategic distance from the parent or defy them. Conflicting caregiver behavior is most likely to blame for the necessity for a simple connection design. 3) Secure attachment: When children are separated from their caretakers, they act distressed and joyful when reunited. Even if the youngster is upset, they are certain the caregiver will return. When they are distressed, children who are safely linked seek solace from their caretakers Ainsworth et al., (2015).

## **The Lasting Effect of Early Attachment**

Bowlby believed separation created anxiety and problems when children are isolated from their primary caregiver/s. When children are frightened, they will look to

their caregiver to get both care and comfort. Arousal might occur if the primary attachment figure is abusive, emotionally vacant, physically absent, or some type of perpetrator (Schupp, 2015). Disappointment to create secure connections early in life can affect a child's behavior after childhood and all through life. Hedenbro (2019) reported that while connection styles shown in adulthood are not fundamentally the same as those seen in the earliest stages, early connections can have a genuine effect on afterward connections.

Early childhood adverse experiences lead to substantial disruptions in cognitive, physiological, behavioral, and emotional development. Negative effects are exponentially increased for victims of intrafamilial child abuse (Chu, 2011). Children who do not feel safe and secure as infants may have mood regulation problems, emotional responses, a range of psychiatric problems, aggression, disengagement from others, and eventually physiological problems (Bick & Dozier, 2013; Perry et al., 1995; Schupp, 2015; Shrivastava et al., 2017; Van der Kolk, 2014; Warner et al., 2013; Uhernik, 2017).

### **Adverse Childhood Experiences**

A primary caregiver plays a critical role in children's development (Corrigan et al., 2011; Lind et al., 2017; Phillips, 2013; Shonkoff et al., 2012). Children require a clear understanding of rules and a certain degree of predictability in adult behavior and environmental response (Mersky et al., 2015). Children who were removed from their natural environment because of abusive behavior, taken from an incarcerated parent, or never knew their biological parents often suffer from attachment issues (Perry & Szalavitz, 2017). These children may not experience the safe attachment foundation of a healthy relationship indicative of emotional, psychological, and physiological well-being

(Ahrens et al., 2013; Duke et al., 2017; Lind et al., 2017). These experiences may have large effects on children, as the brain, developed at 90% by the age of three, has repressed memory, memory loss, and traumatic memory (Perry & Szalavitz, 2017; Schupp, 2015).

### **Overview of the Kinship Care System**

According to (U.S. Department of Health & Human Services Administration for Children & Families Select an ACF Office (2020), approximately 428,000 minors receive kinship care. The kinship care system is a temporary alternative for the placement of children aged birth through 18 to 21, depending upon the state (Child Welfare Information Gateway, 2016). Children are placed in the local court system when their current home is no longer safe (Illinois Department of Children and Family Services, 2020). However, informal kinship care in the State of Illinois does not require licensure nor does the child need to be a ward of the state (Illinois, 2020). State workers must work with the youth's family during the first 15 months of kinship care placement to reunify the family. Under the law, if a youth resides in kinship care for 15 of the most recent 22 months (Adoption and Safe Families Act of 1997, Public Law 105-89), then the child welfare agency is required to request the court terminate parental rights (Child Welfare Information Gateway, 2016).

Sometimes children may live with a relative (kinship care) or unrelated kinship care parents. Kinship care placements can also be in group homes (Lydia Home, 2020), residential care facilities (Mercy Home for Boys and Girls, n.d.), emergency shelters (SOS Children's Villages, n.d.), and supervised independent living facilities (Children's Home and Aid Society, n.d.). According to Marriott (2018), in 2015, 45% of youth were

placed in a nonrelative home, and 30% were placed in kinship care. Multiple kinship care placements put children at high risk of running away, living on the street, and engaging in survival sex (Gambon, 2020).

### **Child Maltreatment in Kinship Care**

Kinship care placement is supposed to be a safe alternative for children removed from their homes. However, in 2012, over three million incidents of child maltreatment were reported in kinship care, and of those cases, 679,000 were confirmed (National Kinship Care Youth Institute, 2017). Children in kinship care placement experience physical or sexual abuse, neglect, exposure to sexual activity and pornography, and inappropriate discipline (Biehal, 2014). In 2015, the profile of kinship caregivers showed that 61% of kinship care children were neglected, 32% experienced their parents' drug abuse, 14% resided with caretakers unable to cope, and 13% were physically abused (Marriott, 2018). Gewirtz-Meydan and Finkelhor (2020) studied children who had been placed in kinship care and found that 86% of the sample had been sexually victimized, and 77% had been physically abused. The abusive cycle continues for these children and appears to be unending. Children abused in their natural family and kinship care placement must learn to develop coping mechanisms and resiliency to survive. According to Van der Kolk (2017), developmental trauma disorder is defined as (1) multiple or chronic exposure to one or more forms of developmentally adverse interpersonal traumas; (2) a pattern of repeated dysregulation in response to trauma cues; (3) persistent alterations in attributions and expectancies; and (4) functional impairment relation to education, family, peers, law, and vocation. Children exposed to interpersonal violence and attachment-based traumas demonstrate significantly higher affective, physiological,

and behavioral dysregulation of functional impairment in adolescence (Van der Kolk, 2017).

### **Why Kinship Care Youth Leave Home**

• **Sexual Abuse.** Sexual abuse is associated with decreased psychological health, substance abuse, and poor quality of life (Felitti & Anda, 2010; Kisiel et al., 2013; Scott et al., 2013). In a study conducted by Beal et al. (2019), a survey of 204 young people ages 16-20, who were in protective custody for at least 12 months, all conveyed being victimized during their time in the child welfare placement system. Aged-out kinship care youth also demonstrated heightened acute and chronic health concerns (Rebbe et al., 2018). A research study of young adults with a history of childhood sexual abuse reported greater physical chronic pain, PTSD symptoms, and sleep disorders (Beal et al., 2019; Noel et al., 2016). According to Stott (2012), aged-out kinship care youth also have higher susceptibility to engage in risky sexual behaviors.

**Physical Abuse.** Early maltreatment may result in chronic fear responses that permanently disarrange the central nervous system's development, adversely affect the brain, and stunt the proper growth and neurodevelopmental processes (Perry & Szalavitz, 2017). According to Perry and Szalavitz (2017), the human brain develops due to genetic and environmental stimulation early in life. In Bremen et al., 2018, two-thirds of children in kinship care experienced family violence demonstrated by their close family members. The main forms of abuse included the child being pushed, grabbed, or shoved (Bremen et al., 2018; Font, 2015). Appropriate external activation must occur during critical periods of brain development; otherwise, neural systems within the brain will fail to develop correctly (Green et al., 2010; Szalavitz & Perry, 2010).

**Verbal Abuse.** Verbal abuse is considered a form of psychological or emotional abuse (Skaine, 2015). Belittling, denigrating, exploiting, terrorizing, or bullying a child to the point where their well-being is at risk is abusive behavior. Verbal abuse includes insulting the child, using sarcasm to belittle and mock the child (Skaine, 2015). Family members, peers, teachers, coaches, and caregivers are examples of perpetrators of verbal abuse. Children in kinship care experienced intimidation, threats to hurt other members of the child's family, and destruction of property that belongs to the child (Bremen et al., 2018; Font, 2015). Chronic, verbally abused children are at risk physiologically, behaviorally and possess deficiencies psychologically, behaviorally, and psychologically (Thomason, 2018). The physiological risks include obesity, irritable bowel syndrome, and eating disorders linked to stressful experiences in childhood (Miller, 2018). Teicher et al. (2010) Forster et al. (2018) stated in a study conducted with 1,662 young adults aged 18-25 found increased peer verbal abuse in childhood led to augmented drug use and raised psychiatric symptoms. Riggs (2019) addressed emotionally abusive parenting, which included strong rejection, intrusive or controlling, hostile, and frightening behavior. Overall, Riggs (2019) concluded emotional abuse in early caregiving relationships has an overwhelming effect on the adult victim's attachment relationships, sexual behavior, conflict resolution, aggression, caretaking and care-seeking behaviors, intimacy, and the individual's ability to cope with life.

**Domestic Abuse.** Children in kinship care sometimes witness domestic abuse between one person or another in an intimate relationship (Skaine, 2015). In kinship care, children are more likely to witness violence between the kinship caregiver and the child's biological parent (Brown & Sen, 2014). Domestic abuse can take many forms, such as

threats, verbal abuse, stalking, sexual and physical abuse. This problem appears to be more prevalent when a child is placed within kinship care (Brown & Sen, 2014; Roth & Lindley, 2012). Children exposed to domestic abuse are at risk for behavioral and emotional dysfunctions including PTSD, anxiety, and depression (Briggs-Gowan et al., 2010; Dorsey et al., 2012). Conduct problems, sexualized behavior, mental health disorders, mood disorders, and anxiety disorders follow children exposed to domestic abuse into adulthood (Havlicek & Courtney, 2016).

**Substance Abuse.** Substances can be ingested, inhaled, smoked, or injected. Tobacco, alcohol, over-the-counter (OTC) medications, prescriptions, painkillers, illegal stimulants, hallucinogens, inhalants, solvents, and anabolic steroids are considered addictive drugs (Skaine, 2015). Substance abuse is a dependency on a drug considered dangerous to an individual's health and well-being (Skaine, 2015). In 2012, approximately 23.9 million children aged 12 or older used an illicit drug or abused a psychotherapeutic medication in the past month (National Institute of Health (NIH), 2014). Braciszewski and Stout (2012) surveyed 1,259 adolescents in kinship care. The survey results indicated that 54% of youth in kinship care family homes used alcohol at least once in their life, and 41% used marijuana. 13.5% used hallucinogens, 12.1% stimulants, 9.8% non-street opiates, and 5.2% crack cocaine within their lifetime.

**Economic Difficulties.** Kinship care at one time was the only service available and eventually became known as the denigrated welfare system (Rymph, 2012). Thus, poverty and poverty-related neglected homes determined, which children would be placed in the stigmatized kinship care welfare system. The exigencies of aged-out kinship care youth place urgent demands upon the economic system. According to Geiger et al.

(2013), several factors influence whether an individual continues as a kinship caregiver. One factor that dominates the decision to continue as a kinship caregiver is the current economy's condition. Geiger et al. (2013) sampled 649 kinship care parents to determine what impacted their decision to stay on or terminate being a kinship care parent. Lowered reimbursement rates reduced the amount of quality care for the children and maneuvering through the kinship care system contributed to the final determination.

### **Kicked Out of the Kinship Care Home**

Thirty-nine percent of aged-out kinship care youth experienced unstable kinship care housing (Forge et al., 2018). Prentky et al. (2014) reported that placement instability in kinship care has been associated with children and youth's sexuality, oppositional defiant behavior, and aggression. Casanueva et al. (2014) investigated 1,196 of 5,501 kinship care children in a longitudinal study and found concerns about placement stability.

### **Witness to Homicide**

From 2003-to 2012, approximately 257 children lost a biological parent because of intimate partner homicide (Alisic et al., 2014). These children witnessed their biological father murdering their mother. Eighty-eight percent of the homicides had been committed with a cutting weapon (Alisic et al., 2014). Most of these children were placed in the kinship care system, and at least half of the children who witnessed the homicide had two or more kinship care placements.

In another study, Robinson et al. (2009) identified homicide data from Los Angeles County, California. High school dropout rates in Latino and African American kinship care youth aged 15-24 were considered in street gang recruitment within specific

zip code areas. According to Bonner et al. (2020), 90% of street gang homicides were attributed to African American and Latino youth in and out of kinship care.

### **Statistics of Homeless Youth**

The statistics for the number of homeless youths are astounding. In 12 months, one in 30, aged 13-17, were homeless, and one in ten young adults aged 18-25 (National Center for Homeless Education, n.d.). These statistics correspond to 4.2 million youth and young adults in the United States. These numbers are equivalent to the population of Los Angeles and the combined populations of Houston, Seattle, and Atlanta (Family and Youth Services Bureau, 2019).

### **Gender**

There are slightly more males than females in kinship care (Child Welfare Information Gateway, 2017). On September 30, 2017, of the estimated 442,995 children in kinship care, 52% were male, and 48% were female. According to Child Welfare Information Gateway (2017), the proportion of males to females remained the same from 2007 to 2017.

### **Ethnicity**

The Caucasian or non-Hispanic kinship care population placement was slightly higher in 2017: 46% compared to previous years (Child Welfare Information Gateway, 2017). African American or non-Hispanic kinship care placement was slightly lower for 2017: 21% compared to previous years. The Hispanic kinship care placement slightly increased for 2017: 21% from 19% in previous years. Lastly, other races and multiracial kinship care placement increased for 2017: 10% from 7% in previous years (Child Welfare Information Gateway, 2017).

### **Aged-out of Kinship Care Youth**

Youth are discharged from kinship care between the ages of 18 to 22 years, depending on the state in which they reside (Duke et al., 2017). Youth released from kinship care face a unique set of roadblocks transitioning from the child welfare system. These roadblocks may be related to their backgrounds and histories with the child welfare system. According to Curry and Abrams (2015), housing programs include the following (1) emergency services that are time-limited, drop-in-centers, and a one-time financial voucher; (2) transitional housing, which may be provided for one to two years, and which includes social service support; and (3) permanent housing and housing subsidies if the individual qualifies.

Aged-out kinship care youth oftentimes have low rates of high school education (Duke et al., 2017) and face educational and employment challenges (Dworsky et al., 2013). Familial support is often nonexistent, and mental health challenges that were not addressed in kinship care rise to the forefront. Less than 11% are reunited with their natural family (Duke et al., 2017). If an aged-out kinship care youth also has a sibling, son, or daughter to support, online and transactional sex may become their primary employment.

### **Federal Government Financial Implications**

According to the Adoption and Foster Care Analysis Reporting System (AFCARS), the fiscal year 2018 demonstrated a decrease in kinship care placement (United States Department of Health and Human Services, 2019b). According to the Children's Bureau, the primary focus is the prevention and support of children and their families to keep children out of kinship care (United States Department of Health and

Human Services, 2019b). Twenty-five million dollars will support community-based programs to help prevent child maltreatment, reduce entries into kinship care, and assist families before a crisis (United States Department of Health and Human Services, 2019a). The report does not mention any increased financial assistance for aged-out kinship care youth, leaving them at high risk for dangerous sexual behaviors and substance abuse (National Foster Care Youth Institute, 2017; Stott, 2012).

### **Survival Sex**

The terms prostitution, sex work, online sex, and survival sex are transactional sex or exchange sex for payment. Payment may be in money, housing, food, or some type of shelter. The sex exchange is not professional but due to the consequences of poverty and economic dependence, especially for homeless youth (Capaldo & Perrella, 2018). Children who enter kinship care characteristically possess attachment complications due to previous caregiving relationships and lack of attachment (Katz et al., 2017; Lind et al., 2017; Serbin et al., 2014; Sroufe, 1979). They oftentimes struggle with regulating their cognitions, emotions, behaviors, and physiology (Lind et al., 2017; Pears et al., 2010, 2016; Warner et al., 2013). Lack of attachment during childhood may be associated with other negative factors such as employment in the sex business (Capaldo & Perrella, 2018).

Aged-out kinship care youth employed in survival sex may demonstrate attachment anxiety and attachment avoidance (Ahrens et al., 2013; Brenner & Ben-Amitay, 2015). Attachment anxiety is the fear of interpersonal rejection or abandonment, demonstrated by an excessive need for approval from others and extreme distress when one's partner is unavailable or unresponsive. Attachment avoidance is defined as the fear

of dependence and interpersonal intimacy, which is demonstrated by an extreme need for self-reliance, isolation of self, disproportionate suspicion of others, and a vigilant reluctance to be transparent about oneself (Brenner & Ben-Amitay, 2015; Briggs-Gowan et al., 2010; Leslie et al., 2010; Wells & Mitchell, 2008). Aged-out kinship care youth s may experience more severe emotional, physical, verbal, behavioral, and educational effects than those who are not aged-out kinship care youth (Brenner & Ben-Amitay, 2015; Gonzalez-Blanks & Yates, 2015; Perry & Szalavitz, 2017; Skaine, 2015).

### **Aged-out Kinship Care Youth and Sexual Risk-Taking**

One hundred and fourteen aged-out kinship care females with a history of sexual abuse demonstrated elevated sexual risk-taking behaviors (Gonzalez-Blanks & Yates, 2015). These elevated sexual-risk taking behaviors were associated with dissociative symptoms, which is the essence of trauma (Gonzalez-Blanks & Yates; Van der Kolk, 2014). If the trauma is not resolved, as in the case of sexual abuse, the body secretes stress hormones to protect itself to keep circulating, and the defensive movements utilized in sexual abuse along with emotional responses may get replayed (Schupp, 2015; Uhernik, 2017; Van der Kolk, 2014). According to Finkelhor and Browne (1985), child sexual abuse can lead to four consequences, including (1) traumatic sexualization (2) adult betrayal and mistrust (3) adult shame (4) and powerlessness in sexual relationships (Ferentz, 2015; Finkelhor & Browne, 1985; Holcomb & Holcomb, 2011; Perry & Szalavitz, 2017; Russel, 1986).

### **Revictimization**

It is now well documented that there is a wide range of negative consequences of sexual trauma, including an increased risk of being sexually revictimized; Estimates

based on community samples show that child sexual abuse doubles or even triples the risk of sexual revictimization for adult women (Assink et al., 2019). Turner et al. (2019) found that being in unstable relationships also mediates the relation between child sexual abuse and sexual risk behavior in adulthood. Adverse experiences in childhood and adolescence, including physical and sexual abuse, family instability, poverty, associations with pimps and other exploiters, homelessness, and drug use, place aged-out kinship care youth at high-risk revictimization (McCarthy et al., 2014). If elements of the sexual abuse trauma are replayed repeatedly, the accompanying stress hormones engrave those memories ever more deeply in the mind (Brenner & Ben-Amitay, 2015; Filipas & Ullman, 2006; Van der Kolk, 2014).

### **Summary**

Proper loving attachment promotes healthy physiological and psychological development (Bowlby, 1958). Human infants depend on external mediated interactions by their primary attachment figures to regulate their arousal zone (Blaustein & Kinniburgh, 2010). Infants are born with a limited self-regulation capacity but rely predominately upon the external mediated primary caregiver (Corrigan et al., 2011). The window of tolerance is the optimal arousal zone, where an individual can endure states of relaxation or extreme emotions, in which emotions are tolerated and incoming information integrated into the brain. Infants removed from their biological mother experience repeated disturbances in their attachment relationships as kinship care placements change (Lind et al., 2017).

Appropriate attunement between a primary caregiver and an infant provides the infant with a feeling met and understood. A child's cognition development will be

negatively impacted when the individual receives inadequate care from a primary caregiver (Schupp, 2015). Research demonstrates that there exists an onerous relationship between emotional maltreatment and future unpropitious outcomes in children (Ahrens et al., 2013; Beal et al., 2019; Bernard et al., 2012; Brenner & Ben-Amitay, 2015; Briere & Scott, 2015; Briggs-Gowan et al., 2010; Cohen et al., 2017; Felitti & Anda, 2010; Havlicek & Courtney, 2016). Ainsworth et al. (2015) extended Bowlby's work when she identified three major attachment connection styles. Her attachment connections styles include secure connections, ambivalent-insecure connections, and avoidant-insecure connections. Insecure attachments early in life can sabotage an individual's behavior throughout life (Lind et al., 2017). Children removed from their biological parents because of abusive behavior, taken from an incarcerated parent, or never knew their biological parents often suffer from attachment issues (Perry & Szalavitz, 2017).

Kinship care children often lack early attachment to a primary caregiver. They may not even reside in their natural environment and often do not know their biological parents (Alisic et al., 2014; Bender et al., 2015; Bernedo et al., 2014; White et al., 2015). The kinship care system should be a temporary alternative for children. Nonetheless, children are relocated from one kinship care home to another. Transiency in kinship care puts children at high risk for running away, living on the street, and engaging in survival sex (Duke et al., 2017; Forge et al., 2018; Gonzalez-Blanks & Yates, 2015; Gypen et al., 2017). Approximately 23,000 children in the United States age out of kinship care every year (United States Department of Health and Human Services, 2019a).

Kinship care youth may be sexually victimized, experience physical abuse, verbal abuse, witness domestic violence, become victims of neglect or substance abuse, kicked

out of the home, and possibly be a witness to a homicide (Alisic et al., 2014; Beal et al., 2019; Forge et al., 2018; Perry & Szalavitz, 2017; Prentky et al., 2014; Rymph, 2012; Skaine, 2015; Thomason, 2018). When childhood trauma is not resolved for aged-out kinship care youth, elevated sexual risk-taking behaviors are demonstrated. Specifically, child sexual abuse is manifested in youth and adulthood as four consequences. These consequences can include traumatic sexualization, adult betrayal and trust, adult shame, and powerlessness in adult sexual relationships (Gonzalez-Blanks & Yates, 2015; Schupp, 2015; Uhernik, 2017; Van der Kolk, 2014). Survival sex, online sex, prostitution, and sex work are forms of transactional sex or exchange of sex for payment. Aged-out kinship care youth often exchange sex work for housing, food, money, or some type of shelter. This study aims to illuminate the lived experiences of aged-out kinship care youth, their early attachments, and their employment in survival and online sex.

## CHAPTER THREE: METHODS

### Overview

Aged-out kinship care youth often find themselves homeless and unemployed. The government system may no longer support them; many even lack a high school diploma (Duke et al., 2017; Dworsky et al., 2013; Pecora et al., 2006). Therefore, aged-out kinship care youth can become street prostitutes or profile themselves in online sex work (Gypen et al., 2017; Capaldo & Perrella, 2018). The maltreatment (sexual or physical abuse) that occurred before kinship care placement was often resurrected after leaving the placement (Bender et al., 2015). The purpose of this phenomenological research was to illuminate the lived experiences of aged-out kinship care youth, their early attachments, and their employment in survival and online sex. The participants in this study are aged-out kinship care youth females in the Chicago area.

### Design

Phenomenological research permits the researcher to explore the lived experiences of a person, highlighting their subjective experiences. Phenomenological research involved using observations, interviews to collect an individual's life history, through the participants' perspectives (Heppner et al., 2016; Roseth et al., 2013; Wertz, 2005).

### Research Questions

This study is guided by the following research questions:

RQ1: How do participants describe the role that early attachment to a primary caregiver played in the later sex employment?

RQ2: How do participants describe the role that an abusive attachment to a primary caregiver played in later aberrant behaviors?

RQ3: How do participants describe early trauma and its impact upon current trust issues?

### **Setting**

According to the Center for Impact Research in metropolitan Chicago, a major hub of human trafficking, 16,000 to 25,000 females are annually involved in the commercial sex trade (Griffin, 2012). Sixty-two percent of the women are a least 18 years of age. Women's Treatment Center was a national model for family-based, trauma-informed treatment in a community-based setting. Women received services and support for up to two years. These services and support are provided to women 18 years of age and older who struggle with substance abuse, poverty, homelessness, trauma, and mental disorders.

### **Participants**

The participants in this study consisted of 13 females, 18 years of age and older who self-report to be aged-out kinship care youth. The participants consisted of multiple ethnicities (Caucasian, African American, Biracial, and Hispanic). Purposive criterion-based sampling was used to select information-rich cases. Inclusion criteria were: (1) the participants must have experienced some type of kinship care, (2) participants must report having "aged out" of the kinship care system, and (3) participants must be able to articulate their lived experiences (Heppner et al., 2016). The director of WTC provided permission and access to interview the women at the facility. This facility housed approximately 40 – 50 women and up to 25 children.

## **Procedures**

When traumatized individuals agree to participate in a research study related to their past experiences, they may suffer re-traumatization. The researcher needs to be highly sensitive to the needs of the women being interviewed (Heppner & Heppner, 2004; Heppner et al., 2016; Patton, 2015; Seidman, 2019). Therefore, it was essential for the interviewer to be aware, informed, and trained on how to proceed with these victims in the aftermath. The interview was nonjudgmental, compassionate, unafraid, authentic, consistent, and trustworthy with this group of individuals. It was fundamental to be respectful, building trust and rapport at the entry stage (Patton, 2015).

## **Data Collection**

The protocol for data collection was carefully considered for this population of individuals. Confidentiality, sensitivity to time, written consent forms, ethical practices, and interview instrumentation needed careful consideration to keep the participants' emotional needs in mind. Additionally, protocols were brief, accommodations comfortable, and breaks taken when necessary (Heppner & Heppner, 2004; Heppner et al., 2016; Patton, 2015; Seidman, 2019). The Research Director of the Department of Community Care and Counseling was involved in the sampling (Appendix A). A flyer was posted at the site to recruit participants (Appendix D). An invitation was given to each potential participant to explain the study in more detail (Appendix E).

Open-ended questions were used in the interview process to avoid leading. Additionally, when a researcher inquired what a life experience was like for the participant, the conversation allowed the participant to reconstruct the event according to their sense (Seidman, 2019; Yow, 2005). The research questions were designed to

understand the life histories, the everyday experiences for the aged-out kinship care youth, and what those experiences meant to the individual (Creswell, 2007). The researcher took every step and used self-reflection to be unbiased, nonjudgmental, and authentic. According to Seidman (2019), the interviewer's goal is to maintain an I-thou relationship while leaning toward the relationship, so the interviewer slanted the interview toward a conversation while sustaining the interview boundary. However, the interviewer allows the interviewee enough distance and respect to independently fashion their responses to the questions.

### **Interviews**

Interviews provided the best opportunity to collect the necessary information in an open-ended way (Vogt et al., 2012; Yin, 2014). Developing an interview protocol increased research reliability (Yin, 2014). Additionally, Seidman (2019) indicated that a multiple interview protocol offers the researcher more significant opportunities to gather data efficiently. Seidman further asserted that conducting face-to-face interviews offered the researcher and the participant opportunities to establish rapport and create an environment that encourages a more in-depth disclosure of experiences. Yin (2014) advised that semi-structured interviews are best to facilitate a two-way exchange between the researcher and participant. Additionally, they offered greater opportunities to understand the phenomenon from a perspective that truly belongs to the participant. Semi-structured interviews included questions designed to collect data specific to the phenomenon.

The interview in this study lasted from 45-60 minutes and consisted of the following prompts and questions:

1. Would you mind telling me a bit of your life story? (Family history, siblings, step-siblings, and where you were born) (Brenner & Ben-Amitay, 2015)?
2. Talk to me about the earliest relationships that you can remember (Widom & Massey, 2015)?
3. As you recall your childhood years, what type of conditions come to mind (Surtees, 2017)?
4. What periods of your life seemed to be the most frustrating for you (Auslander et al., 2016; Dierkhising et al., 2020)?
5. Do you remember if anything occurred in your life that may have precipitated your choices later in life (Ahrens et al., 2013)? Would you be willing to share some of these experiences?
6. What was it like for you to trust others and allow them to get close to you (McCarthy et al., 2014)?
7. You experienced many hard things in your life. What were some of the ways you protected yourself (Countryman-Rusworm & DiLollo, 2017; Herrmann et al., 2011)?
8. If any, what did you feel is the single word or phrase that accurately describes or represents the current situation for you (Seidman, 2019)?
9. Is there anything else you would like to say?

Question number one addressed the personal, environmental, and interpersonal ingredients that were contributing to sexual revictimization in adulthood. This question allowed the participant to reflect upon past trauma that led them to sexual exploitation as an adult. This reflection upon the lack of a primary attachment caregiver facilitated discussion about childhood sexual abuse (Brenner & Ben-Amitay, 2015).

Questions two and three explored how childhood sexual abuse may have precipitated the participants' prostitution and sexual exploitation (Widom & Massey, 2015). These questions permitted the participants to discover initial introductions by individuals who may have introduced them into the lifestyle of sexual exploitation—both questions sanctioned where they lacked the importance of a primary caregiver. Question number four outlined the memories of the attachment and abuse that led the participant to kinship care and sexual exploitation. PTSD is often associated with childhood trauma, and this question may expose some of the consequences experienced by the trauma.

Question number five permitted the participant to revisit aspects of their kinship care placement. Participants who encountered physical, sexual abuse, and neglect in kinship care placement may discover problematic memories (Auslander et al., 2016). This question may allude to possible resilient factors acquired to cope with their impossible situations.

Question number six addressed the mental health components resulting from trauma. The participant may discuss familial, kinship care, and relationships with pimps and johns during exploitation. Mental health aspects of shame, guilt, depression, anxiety and dissociation may become apparent (McCart et al., 2006).

Question number seven described the participant's types of resilience in childhood trauma, kinship care, and sexual exploitation (Herrmann et al., 2011). This provided an opportunity to expound upon the various methods the participant used to maintain their survival. The participant expressed various coping mechanisms she found helpful to adapt to her circumstances.

Question number eight provided the participant an opportunity to tell her personal story. Participants discussed self-perception, feelings, and resiliency factors while experiencing the trauma (Countryman-Rusworm & DiLollo, 2017). This question presented an avenue for the participant to determine a more positive and forward direction in their life.

Question number nine permitted the participant to add any additional information. At this juncture of the interview, the participants may be ready to explore attitudes and opinions because of the personal information already shared in the interview. Participants may be emotionally ready to resolve their issues (Seidman, 2019).

### **Data Analysis**

The research was based on in-depth interviewing and was labor-intensive (Seidman, 2019). The process started with conceptualizing the study based on literature reviews. Researchers learned from hearing the stories of the participants. The researcher wrote the proposal and established access to the organization's gatekeepers and obtained permission. Participants were selected, and the interview was conducted.

As the interview commenced, the researcher worked with the material until data saturation was reached (Creswell, 2007). The researcher prepared ahead of time and eventually analyzed the data into themes and subthemes. As the interview proceeded, the

researcher processed the participant's information and moved the process forward, and addressed the research questions (Seidman, 2019).

Themes, words, and phrases stood out from the interviews (Seidman, 2019). After listening and transcribing the interviews, member checking occurred. Member checking occurred when the participants were given a copy of their answers which validated what they said and deleted anything they did not (Patton, 2015; Seidman, 2019). The researcher checked back with the participants and determined if what had been marked as necessary was of interest to them and kept the research questions in the forefront.

Discretion and judgment were necessary components during the transcription of the interviews. It was necessary to remember the purpose of the research question, so the material was analyzed and interpreted according to the research questions (Creswell, 2007; Heppner & Heppner, 2004; Patton, 2015; Seidman, 2019). Each participant had a profile of data. The data was categorized for the research question to make sense (Patton, 2015; Seidman, 2019). The categories were studied, and thematic connections were determined within and between individuals. The researcher used the participant's words for the research product (Creswell, 2007; Heppner & Heppner, 2004; Patton, 2015; Seidman, 2019). The profile in the words of the participant presented the participants in context, clarified their intentions, and conveyed a sense of process and time which encompassed all the central components of qualitative analysis (Cozby, 2009; Creswell, 2007; Heppner & Heppner, 2004; Heppner et al., 2016; Patton, 2015; Seidman, 2019). A profile was crafted from the participant's words which allowed the researcher to reflect upon the participant's inner thoughts.

**Trustworthiness**

The focus of validity was on how well the researcher has provided evidence that her descriptions and analysis represented the participants' situations and life stories (Bloomberg & Volpe, 2012; Seidman, 2019). Validity or trustworthiness was truthfully represented in the interview, the interview structure, and the interviewing process, which minimized the effect of the interviewer and the participant. Additionally, the interviewer was externally consistent with the participant throughout the interview. The interview structure, the internal and external consistency of the passages, syntax, diction, and nonverbal aspects reflected the authenticity of the participant's meaning-making of the interview (Bloomberg & Volpe, 2012; Patton, 2015; Seidman, 2019).

**Credibility**

Credibility referred to the extent that the researcher was believable and appropriate to the study's content. It showed a level of agreement between the researcher and the participants (Lincoln & Guba, 1986). Credibility was important because it helped establish trustworthiness in that the researcher made a clear connection to the study's findings to determine its truth.

**Dependability and Confirmability**

Dependability was the assurance that the evaluation, interpretations, and recommendations of the findings are supported. Dependability represented the stability of the findings over time (Sandelowski, 1986). Dependability also referred to the ability of other researchers to find the same conclusions. The research procedures are documents so that other researchers can use the same procedures in other places and times.

There was an assumption in phenomenological research that each researcher brings a unique perspective to the study. Confirmability was that others can confirm the results. Confirmability referred to the degree to which the results could be confirmed or corroborated by others, meaning the results are only derived from the data.

### **Transferability**

Transferability was the degree to which generalized or transferred study results can be used in other settings or contexts. This was accomplished because the researcher did due diligence and described the research context and described the study's assumptions. The person who wishes to research in another context was the one who was responsible for deciding how reasonable the transfer was.

### **Ethical Considerations**

Being ethical in collecting data was always at the forefront of the researcher's mind to create no psychological harm. There were ethical considerations that were addressed when researching humans. These were informed consent, honesty with professionals, protection from harm, and confidentiality. To ensure these ethical considerations were met, there was no data collected or contact made with the participant until approval was obtained from the Liberty University IRB and the head of the research site, WTC. Participants knew that their participation was voluntary, and they were able to stop their participation at any time.

The study participants were given enough information about the study and the purpose of the study to decide whether to participate. The participant was assured that they can withdraw or stop from the study whenever they wished without negative consequences. This information was given to each participant at the beginning of the

interview. Also, participants were encouraged to ask questions or voice any concerns. They were given the names, emails, and phone numbers to contact to ask additional questions once they had completed the interview.

An informed consent form (Appendix F) was given to each participant to sign at the commencement of the interview. This outlined the possible benefits and risks to the participant and included their right to withdraw, their degree of confidentiality, and the researcher's contact information to decrease the harm to all participants. Having a signed informed consent will provide protection for the participants.

The confidentiality of the participant was protected. Any information collected from the participants about who they are was destroyed as soon as an alphanumeric designation (P1, P2...) was given. Once this happened, all identifying information was destroyed. The following was done to ensure that the confidentiality of the participants was acknowledged, and the risk was minimum. Participants were given a date, time, and place to meet for the interview. The interview was conducted in a private space so that confidentiality and responses to questions were unknown to anyone but the researcher.

Before the interview started, the participant was also informed of her rights to withdraw without loss of benefits or penalties. Participants were told why they were taking part in the study based on participant selection criteria. The selection of participants did not place an extra burden on the participant, unfairly treated or discriminated against.

The only person who accessed the information was the researcher. The transcriptions of the interview were kept in the researcher's home in a locked filing cabinet or box while not being used. All electronic information was stored on a

password-protected computer. According to the IRB guidelines, all data specific to the study were destroyed at the end of the study. The study information was in aggregated form with no personal identifiers. All participants were 18 years of age or older. All data was securely stored for a minimum of five years.

### **Summary**

Every research method has its strengths and limitations. The strength of the in-depth interviewing process was understanding each participant's life journey from their perspective. The researcher entered the secret lives of the participants. When this occurred, the researcher understood the detailed intricacies of how someone's life interconnects and pervaded their life decisions. According to Seidman (2019), phenomenological research interviewing allowed the researcher to respect each participant and cherish their understanding.

## CHAPTER FOUR: FINDINGS

### Overview

The purpose of this phenomenological research was to illuminate the lived experiences of aged-out kinship care youth, their early attachments, and their employment in survival and online sex. Thirteen women from the Women's Treatment Center in Chicago were interviewed for this research. Purposive criterion sampling was used, and participants were chosen based on the following: (1) the participants must have experienced some type of kinship care, (2) participants must have reported having “aged out” of the foster care system, and (3) participants must have been able to articulate their lived experiences (Heppner et al., 2016). The female participants included African American (n = 7, 50%), Biracial (n = 2, 0.16%), Caucasian (n = 3, 0.2%), and Hispanic (n = 1, .07%). The women ranged in age from 38 to 61 years of age. All narratives contain excerpts that surrounded themes of lack of attachment to both biological and informal kinship caregivers.

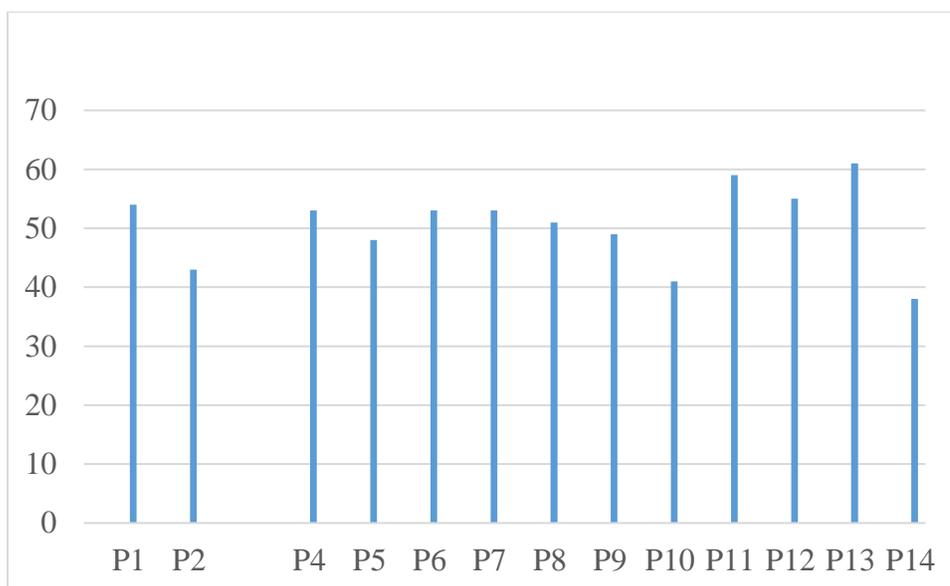
### Demographics

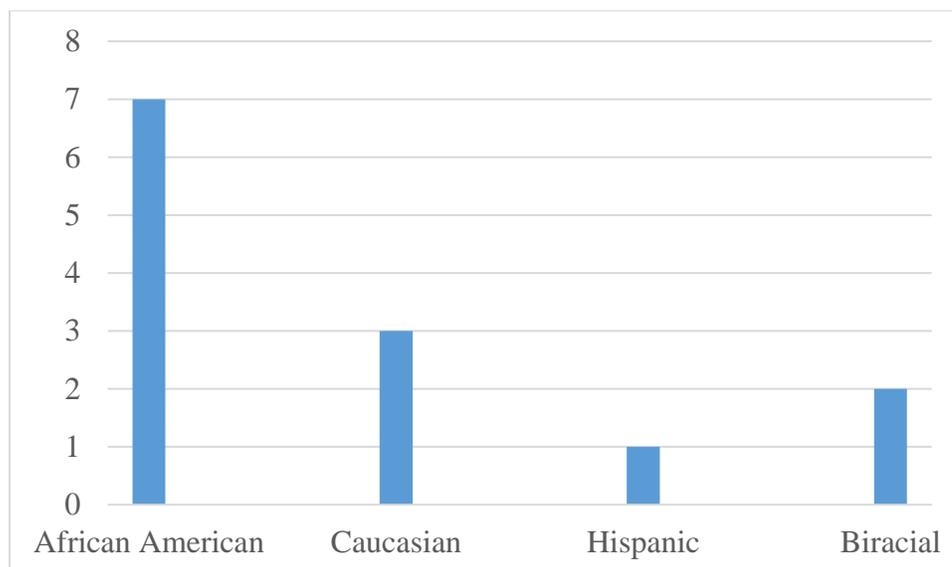
The following information provided basic demographic information about the 14 female participants that completed the interview. Seven females were African American, three females were Caucasian, two females were Biracial, and one female was Hispanic. One female participant was in the age range of 30 – 39. Four female participants were in the age range of 40 – 49. Seven female participants were in the age range of 50 – 59. One female participant was in the age range of 60 – 69. Of the thirteen women interviewed, eleven grew up in informal kinship care. These women either grew up in the informal kinship care of aunts, uncles, grandparents, or close friends of the family. The eleven

women aged out of informal kinship care between the ages of 13 – 18. Two female participants grew up with their biological mothers. Eight of the thirteen women engaged in some type of sexual employment.

**Figure 1**

*Age of Participants*



**Figure 2***Ethnicity of Participants***Description of Participants****P01**

P01 was a 54-year-old Caucasian female raised in a very strict Christian home. She was the fourth child in a family of five siblings. However, she experienced the death of her sister, who was considered the fifth child. Her father was an alcoholic who recklessly spent whatever money he made. Her mother was emotionally distant and suffered from depression upon the death of her fifth child. P01 was sexually abused at the age of five by her brother's friend. P01 stated that when you have been violated, you "sorta just don't trust anybody – nobody." At 11 years old, P01 started smoking marijuana. At 16, she ended up pregnant, started free-basing cocaine, and used heroin. She went to live with her aunt in relative placement/guardianship care beginning in her teenage years. P01 graduated high school with a baby and a baby on the way. According

to P01, everybody came to her apartment on the weekends. She was now aged out of informal kinship care. For several years, P01 ran a brothel disguised as a lingerie store where she prostituted young women. She experienced multiple partners. Later, she was kidnapped, drugged, and raped continuously for 93 days until she could escape.

## **P02**

P02 was a 43-year-old African American female raised by her aunt and uncle in Chicago. She is the youngest sibling with three older brothers. One of the brothers was murdered six months after she graduated high school. Her biological mother was a drug addict and had no relationship with her only daughter. She did not know her biological father. Up until the age of fifteen, P02 lived in informal kinship care with her aunt and uncle. At this time, P02 felt better about her mother and decided to go and live with her and take care of her biological mother. P02 subsequently graduated from high school and eventually found herself in prostitution on the city streets of Chicago.

Additionally, at nine years of age, she was sexually abused by her uncle. This sexual abuse continued for several years. P02 lashed out – “didn’t - wasn’t able to trust anybody.” Subsequently, she was involved with crack cocaine and prostituted herself on the city streets. In her prostitution, she found herself in a car with a john who attempted to rape her but failed. P02’s john believed she was withholding money from him.

## **P04**

P04 was a 53-year-old biracial female. Her grandmother raised her, she does not remember her mother, and rarely saw her biological father. P04 lived in informal kinship care with her grandmother. Later, she discovered her biological mother was a drug addict who prostituted herself on the streets. When her mother got pregnant, she would bring the

baby over to her to take care of the baby. When she was nine years old, her biological father died in a tragic accident on Lake Michigan. The childhood memories of living with her grandmother were as happy as could be expected. At 13 years old, she took on parental responsibilities. However, to ease the stress of parental responsibilities, she smoked marijuana laced with cocaine. Eventually, she prostituted on the streets, married, and continued her involvement in drugs, which now included heroin. P04 met George when she was 16 years old. She married George around the time she was 18 years old. At this time, P04 aged out of informal kinship care continued her involvement in drugs and prostituted herself on the streets of Chicago.

#### **P05**

P05 was a 48-year-old African American female. She did not know her biological mother or father and lived between her auntie, grandmother, and uncles. P05 lived in informal kinship care shuffled back and forth between her relatives. At a very early age, she started playing cards and drinking alcohol. When she finished the ninth grade, she was raped and became pregnant. By the time she was 17 years old, she had another child. At this time, P05 did not live with her relatives but moved in with her babies' father's mother. P05 was no longer in informal kinship care. She snorted heroin at the age of 17. She was convicted of armed robbery and dealing drugs. Beginning at the age of 25, she was in the penitentiary five different times. In the late 1990s, she was released only to find her mother dead in her bedroom. She started using drugs again to comfort her emotional pain. Eventually, she discovered her father had died of HIV. P05 stated that she "trusted people too easily and always ended up I trouble."

**P06**

P06 was a 53-year-old Caucasian female who grew up in an environment of sexual, physical, and emotional abuse. She became a drug addict at age 11. Initially, she smoked marijuana, drank alcohol, snorted cocaine, smoked crack cocaine, and lastly, heroin. She was sexually abused by multiple individuals beginning at five years old until 18. P06 expressed that she “didn’t have the trust in men from being sexually abused.” Her grandmother raised P06 from the time she was a baby. P06 was in informal kinship care very early on in her life. When P06 was 15 years old, she dropped out of high school because she was pregnant. P06 did not live with her grandmother anymore but lived with a 26-year-old man. P06 was not in informal kinship care any longer. Her mother was a drug addict, and her father an alcoholic. She went to jail several times for prostitution, drug possession, and car theft.

**P07**

P07 was a 53-year-old African American female who grew up in the Cabrini Green Projects of Chicago. She was emotionally unattached to her mother and spent time trying to locate her biological father. At the age of 13, P07 resided with her auntie. P07 lived with her auntie in informal kinship care until she turned 25 years of age. At that time, P07 went to live with her grandma because she became pregnant. Up until P07 turned 25, she lived with her auntie. She lived with her auntie, who introduced her to drugs. She spent many years prostituting herself on the streets of Chicago. While she engaged in prostitution, she became pregnant and had a son. His grandmother raised him. She did not finish school and now would like to have some time with her son.

**P08**

P08 was a 51-year-old African American female who grew up on the Westside of Chicago and lived with her grandmother from five years old. When she was eight or nine, a mentally challenged neighbor hit her in the head with a brick. Subsequently, she spent the following year in the hospital learning how to walk and talk again. Her father and his girlfriend's son sexually abused her from 10 until she was 14 years old. P08 resided with her biological father and his girlfriend for four years. Prior to the age of 10, P08 resided in informal kinship care with her grandmother. From five years old until 10 years old, P08 resided with her grandmother. At fourteen years of age, P08 was taken into kinship care custody by her grandmother. When P08 turned 19, she left kinship care and attended college. At 19 years of age, alcohol was her choice of comfort. She lost her gall bladder from drinking. She prostituted herself, got involved in a very abusive relationship, and became pregnant. She experienced some recovery but eventually relapsed back into drinking alcohol. P08 declared that she "just don't tell nobody nothin – I don't trust nobody- I don't have any trust."

**P09**

P09 was a 49-year-old Biracial female who grew up primarily in Chicago. She lived with her mother (a stripper) until five when her mother left her alone for two weeks. She would shoplift from the local grocery store so she could eat. At 5, she remembered that she had her mother's friend's (Sofonia) number and called her. Sofonia took P09 into informal kinship care when she was five years old until she turned 12.

When she turned 12 years old, she returned to her biological mother, hoping to have a relationship with her. Her biological mother physically abused her and allowed her

revolving door of boyfriends to sexually abuse her along with other family members. Unfortunately, her mother's boyfriend sexually abused her. P09 expressed that "men are full of shit – I think there are some good guys out there. I would like to trust somebody." Her mother blamed her and threw her things over the apartment balcony. When she was 12, her biological mother kicked her out of the house and told her not to return. Subsequently, she lived with a friend and her friend's mother until she turned 18. At 12 years of age, P09 lived in informal kinship care until she aged out of informal kinship care when she turned 18.

P09 experienced rape at gunpoint, prostitution, and drug addiction. She snorted cocaine in her teenage years and became pregnant at 16. In her 20s, she got involved in lesbian relationships. Now, she desires to have a normal life and hopefully get married someday.

### **P10**

P10 was a 41-year-old Hispanic female raised by a single mother who suffered from depression and anxiety. She was born with a heart condition and spent multiple times in and out of the hospital. Her biological mother physically and emotionally abused her when she was seven years old until she turned nine. Finally, she went to live with her aunt. When P10 turned nine years old, she went to live in informal kinship care until she turned 16. At that time, P10 resided with an older male.

At 16, she was involved in a very abusive relationship with a much older male. The man sexually assaulted her multiple times and physically and emotionally abused her while she was a teenager. Eventually, she escaped and found herself addicted to painkillers and heroin to deal with emotional pain. As a result of the many years of heroin

use, she damaged the tissue around her heart. P10 stated that her “abusive relationships with men affected her trust issues in future relationships.” Subsequently, she met a male who assisted her in both physical and emotional recovery.

### **P11**

P11 was a 59-year-old African American female whom her aunt and uncle raised from six months old. P11 grew up in informal kinship care. She grew up on the Southeast side of Chicago in an alcoholic family. Her aunt and uncle put alcohol in her baby bottle from six months old to quiet her down. Her biological mother was an alcoholic and was incapable of raising her. She did not know her biological father until she became 14, but as an adult, she discovered that her biological father would drive by the aunt’s house to see his daughter and check on her. As a result, she started drinking at the age of four or five. She cleaned up after the drinking parties and sipped whatever was left in the beer cans.

When she was 12 years old, she visited her biological mother on the Westside of Chicago. P11 lived in informal kinship care until she turned 12 years old when her biological mother would not allow her to return to the aunt’s house. The biological mother told her daughter that her aunt and uncle had kidnapped her. P11 felt threatened and afraid. She shut down and would sneak out to call her informal kinship care providers because she knew that her informal kinship providers did not kidnap her. P11 wanted to continue to live in informal kinship care but was frightened of her biological mother. When she turned 18 years old, she went to live with her biological father. She started smoking crack cocaine and stole her father’s gun when she was in her 20s. P11 declared

that her “lack of trust derived from her mother.” Even now, at almost 60 years old, she struggles with trusting people and protecting herself emotionally.

### **P12**

P12 was a 55-year-old African American female who was one of seven children who grew up on Chicago’s Southeast side. As young as 12, she started smoking marijuana and drank leftover whiskey from the shot glasses after her family partied. Every Friday night to Monday morning, her family had a gambling club at the house.

She recalled that she was always getting into trouble. Finally, she stopped going to school, prostituted herself, and became a drug addict. Her addictions included marijuana, heroin, PCP, and cocaine. When she became a teenager, she ended up in an alternative school and stayed with her oldest brother who provided an informal kinship care environment. However, this proved to be an unsafe environment for P12. At the age of 18, P12 became pregnant and moved out of informal kinship care with her oldest brother. He introduced her to smoking crack. Eventually, she was incarcerated two or three times for stealing her father’s gun and dealing with drugs. She was the mother of 14 children, one of whom died because of extreme child neglect. Eventually, she got tired of the Department of Children and Family Services (DCFS) taking her children, shooting dope, and going to the penitentiary.

### **P13**

P13 was a 61-year-old African American female who comes from a family of nine. She was sexually abused from six to seven years of age by her older brother. Subsequently, she did not feel comfortable in her skin. She started drinking at nine years old. She recalled initiating many fights to protect anyone from getting close to her. Her

mother was a drug addict, and her father left when she was 10. She took care of her two younger sisters, and they all lived with the oldest brother. P13 lived in informal kinship care with her oldest brother and two younger sisters. She stayed with him until she was 13 years old when P13 started living with various older men. P13 did not return to any informal kinship care. At 13, she experienced acid, pills, heroin, snorted cocaine, and prostituted herself with older men. She had her first child when she was 16 years old. P13 expressed that she “don’t trust people – especially after she was violated.” Now at 61, she considered her recovery relentless.

#### **P14**

P14 was a 38-year-old Caucasian female originally from Whiting, Indiana. Her grandmother raised her because her parents were alcoholics, and her mother was a victim of domestic violence. P14 was raised in informal kinship care along with her two brothers. At the age of 13, she was raped by an African American male in his early 30s. It was with this experience that she lost her virginity. P14 declared that after the rape, she did not “trust anyone.” Subsequently, she prostituted herself and trafficked herself online. Her drugs and prostitution came from the money she made from her first sexual experience. At 18-year-old, she became pregnant and married her daughter’s father, a substance abuser. When she married her daughter’s father, P14 aged out of informal kinship care. She trafficked herself on Craigslist and supported herself, her daughter, and her husband. Right now, she felt desperate but stated that she is sick and tired of being sick and tired.

## **Results**

### **Results of Data Analysis**

Six major themes were derived from the analysis of the responses obtained from the participants: 1) Family Makeup about Participants; 2) Early Attachment to the Primary Caregiver; 3) Emotional Memories with Primary Caregivers; 4) Sexual Employment; 5) Current Life and Relationship, and 6) Trust Issues.

### **Theme Protocol**

This phenomenological research study focused upon the lived experiences of thirteen women. The goal of these interviews was to apprehend an understanding of aged-out informal kinship care, attachment, and sexual employment. The women interviewed demonstrated an interrelated and interdependent personal world as exhibited in the various open-ended questions utilized for this research. NVivo is a qualitative data analysis software used in phenomenological research studies (Hilal & Alabri, 2013; Maher et al., 2018; Swygart-Hobaugh, 2019). This software was used to analyze the interview data, resulting in the identification of various themes. These questions evolved from the literature about foster care, attachment, and sexual employment.

Theme one – Family makeup (Informal kinship care) included the participants' family makeup. Family makeup consisted of growing up in informal kinship care, one adoption, growing up with siblings, and specific childhood conditions that included substance and sexual abuse. P06 stated, "my grandma raised me." P05 expressed, "I was always with my auntie, grandma, and my uncles," It is in direct response asked of the participants that required information about their family history, siblings, life story, early relationships, and childhood conditions. P12 declared, "...there were seven of us...had

three brothers and four girls.” Foster parents and siblings were two of the subthemes identified in the data analysis of the participants’ responses. Thirteen of the fourteen women had siblings, eleven of the fourteen women grew up in some sort of informal kinship care, and one was adopted.

The second theme from the participants’ answers included early attachments to a primary caregiver. Thirteen women responded twenty-two times they experienced unsatisfactory attachments to their biological parents and siblings. P09 indicated, “I (biological mother) don’t want her, keep her.” P05 reported, “I ain’t never got the chance to know who my father (biological) was.” P01 reported, “my brother’s friends molested me in our backyard clubhouse that my brother had built, so right then and there my brother’s and mine’s relationship went to shit.” P13 stated, “I come from a family of nine. I was sexually abused by my older brother (14-15 years old).” Five of the fourteen women stated fourteen times they had a satisfactory attachment with a parent (not a biological parent, but one they considered a parent in informal kinship care, siblings, and friends.) These informal kinship care attachments had been to grandmas, aunts, uncles, and friends. P11 expressed, “I put them (aunt and uncle) on a pedestal. I was gonna be just like them.” This theme was directly related to early relationships with their informal kinship care parent and friends. P09 stated, “I gravitated to her (Sofie -kinship provider) she was really good with kids, and she was really good to me.”

The third theme identified as emotional memories of the participants specifically targeted abuse as a child, engaged in drug or alcohol abuse, felt abandoned and in need of love, and lastly how the participants were affected by these experiences. P09 expressed, “I used to come home from school, and she would be behind the door with like a umm

broomstick or a umm extension cord or something. I would just get beat for I don't know why." P10 declared, "she would hit me a lot, scold me, punish me, yell at me." All fourteen participants stated 141 times that they were affected emotionally in numerous ways as an adult. P05 declared, "I always suffered from abandonment issues." P08 expressed, "I always felt like nobody no like me and nobody give a damn anyway." P07 stated, "I was bad growin up, hangin with the wrong people, lookin for my dad." Again, all fourteen women reported twenty-eight times that sexual, mental, and physical abuse occurred as a child. All fourteen participants engaged in alcohol, cocaine, heroin, and or marijuana use in childhood, as a youth, and lastly into adulthood. P08 said, ".it had got to the point where I looked, and I was drinkin 19 beers a day." P10 stated, "I thought it was crushed pills – like oxycodone or some other type of narcotic, but when I snorted it, in two minutes, it was the best feeling I ever had – it was heroin." P12 declared, "I started workin at 13. I smoked a lot of weed." P01 stated, "I was head over heels into drugs - started free-basing cocaine." The fourteen women interviewed stated they felt abandoned, never belonged, looked for a father figure, and kept to themselves. Fourteen out of fourteen women conveyed their inability to communicate and trust others.

Sexual employment was another theme that surfaced in the interviews with the thirteen participants. Eight of the thirteen women were involved in some type of sexual employment. According to these women, prostitution on the streets of Chicago was a way of life to support their drug habit and survive. P13 declared, "...went with older men at 13." Additionally, one of the nine women admitted to using Craigslist to advertise herself for prostitution. P14 declared, "...like when I was 19 early 20's umm there was Craigslist online where you could go, and you could catch dates that way – and I used to do that a

lot – a lot of care dates umm quick car dates and I made you know \$40 bucks - \$60 bucks.”

In this fifth theme, the women’s current life situation which included all thirteen reflected the bad experiences all of the women encountered growing up and into their adult years. Thirteen women out of thirteen stated they were bad parents, used alcohol and drugs as a method of easing their pain, lost custody of their children, lived in terrible conditions (homeless), raped, experienced early pregnancy, sold drugs to survive, and were involved in abusive relationships. P07 stated, “I was on the streets – prostituting – DCFS took my son from me, and my grandmother raised him.” P01 expressed, “I was 27-28 but I became pregnant by a gentleman that introduced me to heroin.” P04 declared, “I was 44, got pregnant and homeless.” P09 stated, “I was raped at gunpoint in my early 20’s.” P05 expressed, “As far as I went was to the ninth grade in high school. I ended up pregnant. I had two kids at the age of 17.” All the women stated that their childhood upbringing affected their life decisions.

Lastly, trust issues were the final theme all the women discussed in the interviews. Twelve of the thirteen women found it difficult to trust anyone. One woman stated she trusted too easily and found herself in regrettable situations. Eight of the women responded thirteen times that trust ended when the sexual abuse started. P06 declared, “I grew up with a lot of abuse, sexual, physical, mental. I always come across sexual abuse from probably 5 years old up until I was an adult. At a very young age, I didn’t trust people – especially men.” P11 stated, “I didn’t trust nobody. So even like with males and females – there was no trusting. I didn’t share nothing with nobody.” P09 expressed, “trust issues with males – I feel they’re all full of shit.”

## **Trustworthiness**

Credibility, transferability, dependability, and confirmability were all used to establish the trustworthiness of the data acquired throughout this study. When a reader has faith in the findings, it was said to be credible (Flick, 2018). Triangulation was one process by which trustworthiness was established. The employment of different data gathering methods for the same occurrence was referred to as method triangulation (Flick). The triangulation in this study consisted of the transcriptions, journaling during the interviews, member checking, and the use of an external auditor.

## **Triangulation**

Triangulation was the process of acquiring data from numerous sources and comparing it to see if the data is consistent (Abdalla et al., 2018). Interviews were done at one site for this study. Each participant shared their experiences of being in kinship care and the incidences after aging out. To verify correctness, the researcher returned the transcriptions to each participant. (Abdalla et al., 2018). They were given the choice to affirm or change any parts for clarification. In addition, journaling occurred. Journaling was the process of keeping track of what the researcher was learning from data collection including body language and tone of voice of the participant (McGrath, 2021). After the transcriptions were given to the participant to review, they were then given to an external auditor. The external auditor reviewed the entire research proposal, including the findings, analyses, and the process through which the findings were developed, namely interviews (Rose & Johnson, 2020). The auditor, in this case, a retired Ph.D. teacher from The University of Texas, reviewed the research study to determine if there was a completed, comprehensive, and rigorous study (Rose & Johnson, 2020).

**Table 1**

*Six Themes Derived from the Data Analysis: Family Makeup, Early Attachment to a Primary Caregiver, Emotional Memories with Primary Caregivers, Sexual Employment, Current Life and Relationship, and Issues with Trust*

Theme	Subtheme	Participant Statement
	1.1 Growing up in a kinship care system	P04: I was raised by my grandmother (kinship care)
	1.2 Growing up with siblings	P05: I'm the oldest child out of four. There's two girls, and there's two boys. I ain't never go the chance to know who my father was...
1. Early Attachment to the Primary Caregiver	2.1 Unsatisfactory attachment to biological parent and siblings	P06: I know my grandma loved me. I know my mom loved me. It wasn't shown like it should have been. It didn't make me feel like I was valued as a child.
	2.2 Satisfactory attachment to parent, siblings, and friends	P02: Me and my mom and two brothers that I have left living – we are very close now – I love my mom to death and my two brothers

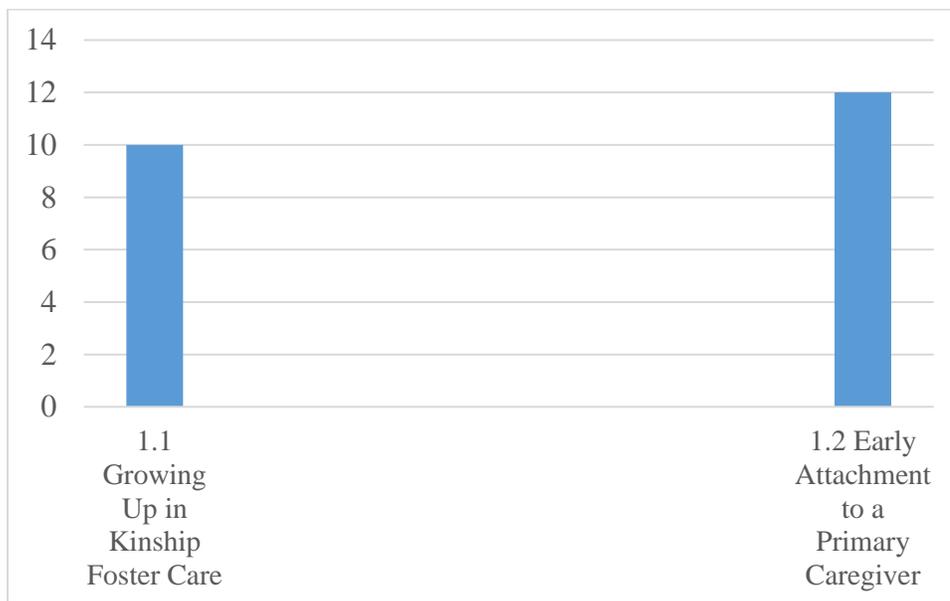
	2.3 Loss of loved one	P02: My brother was murdered six months after high school in 97
3. Emotional Memories with Primary Caregivers	3.1 Had an alcoholic or addicted parent	P09: I come from a single-family home. My mom was, uhh, an addict, drinker, and umm, drug abuser.
	3.2 Abused as a child	P06: I grew up with a lot of abuse: sexual, physical, and mental. Umm I became an addict at a very young age.
	3.3 Born with a health defect	P10: I was also born with a heart problem, so I was also in and out of the hospital.
4. Sexual Employment	4.1 Engaged in sexual employment	P02: I used to go out sellin my body (prostitution) to get what I needed, so I don't have to be sick.

		P05: As far as I went was to ninth grade in high school cause I started prostituting. I
	4.2 Perception of self	P01: I am more than a conqueror. I am more than a conqueror, and uhh, you can knock me down, but I get right back up. There's just so many things I could use, but I am more than a conqueror because I have overcome so many obstacles just to get here
5. Current Life and Relationship	5.1 Growing and brooding	P09: I'm nervous, obviously because of the way it was sprung on us, but I'm excited. You know it's time for me to, umm, spread my wings, so to speak .
	5.2 Good relationship	P02: I know it. I know he's faithful. I've been with him eight years. Out of the eight, we've been married three. He's a lovin. Let's put it this way, my first relationship I was in.
	5.3 Present State of Wellness	P05: I'm in a better place right now. I'm in a better place. I feel I feel more content. I'm

more happier. I just can't go nowhere but up now.

6. Issues with Trust	6.1 Finding it hard to trust	P01: Oh, God! Horrific, ever since I was five years old, I don't trust anybody.
	6.2 Have no issue trusting	P05: I trusted people very easily, and I always end up in trouble by trusting people so easily.
	6.3 Factors contribution to trust issues	P01: and then you know just when you've been violated, and you sorta just don't trust anybody, nobody, and I'm also the type once I get to know you.

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**Figure 3***Family Makeup About Participants***Theme 1: Family Makeup About Participants**

The first theme that emerged from the data analysis was Family Makeup about Participants. P04 stated, “I was raised by my grandmother. I don’t remember where my mother was. I was the oldest.” P02 expressed, “I’m the only girl my mother have. I have three brothers.” P06 declared, “my grandmother raised me. I always come across sexual abuse from probably 5 years old until I was an adult. I was in many different households – from my gramma to aunts and uncles.” The theme provided answers to the questions about the growing up and family makeup of the participants. The theme reflected two subthemes 1) Growing Up in a Kinship Care System and 2) Growing Up with Siblings.

**Subtheme 1.1: Growing Up in a Kinship Foster Care System**

The subtheme (1.1), Growing Up in a Kinship care System, revealed the participants' responses regarding whether they were growing up in the kinship care

system. The subtheme also revealed the age at which the participants were put in the kinship care system. Most of the participants reported being in family kinship care. It was either they were raised by a grandparent or an uncle and aunt. P13 stated, “I’m takin care of my little sisters all the time and my oldest brother takin care of me.” P14 expressed, “. We lived at grandma’s house all the time.”

P02 stated, "I was given up for adoption at two weeks of age. My biological mother didn't want me. I lived with a family when I was two weeks old and lived with that family till the present day. Umm, yeah."

### **Subtheme 1.2: Growing Up with Siblings**

The second subtheme (1.2), Growing Up with Siblings, answered whether participants had siblings while growing up. Twelve of the 13 (92%) participants pointed out that they had siblings while growing up, although their statements concerning the nature of the relationship with their siblings, and as expected, differed. Some were good, and some were bad.

P05 stated, “I’m the oldest out of four – there’s two girls and two boys.” P12 expressed, “there were seven of us – had three brothers and four girls.”

**Table 2**

#### *Growing Up in Kinship Care and Growing Up with Siblings*

Theme	Subtheme	Participant Statement
	Casual and not strict brought up experience	P04: I was raised by my grandmother). I wasn't raised necessarily in a strict household,

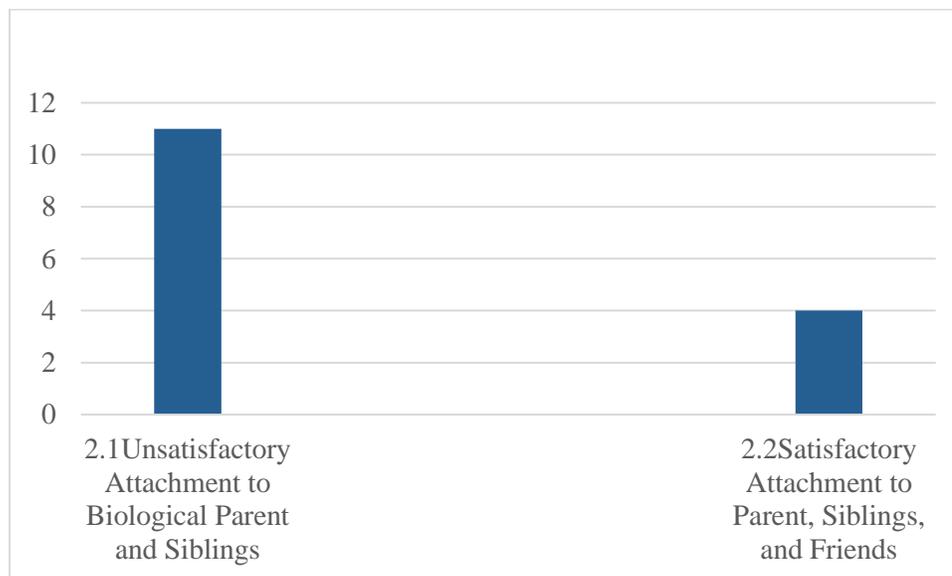
but one with a lot of structure, and I went to college. I was given all this freedom, and I had no idea what to do with it, so my upbringing and college kinda shaped who I...

## 1.2 Growing up with Siblings

P05: I'm the oldest child out of 4. there's two girls, and there's two boys. I ain't never got the chance to know who my father was.

**Figure 4**

### *Early Attachment to Primary Caregivers*



## **Theme 2: Early Attachment to Primary Caregivers**

The second theme that emerged was Early Attachment to the Primary Caregiver. This theme not only explored the attachment and relationship between the participants and their kinship care parents, friends, and siblings; it also revealed the relationship between the participants and their biological parents and siblings growing up. The theme had two subthemes, 1) unsatisfactory attachment to biological parents and siblings and 2) satisfactory attachment to parents, siblings, and friends. P12 stated, “my mom didn’t pay attention to me – I didn’t feel close to her.” P05 expressed, “I always suffered from abandonment issues. I always was with my auntie, my grandma, and my uncles.” P13 stated, “my mom was in dope. No real attachment to her.” P02 declared, “me and my mom and two brothers that I have left living – we are very close.”

### **Subtheme 2.1: Unsatisfactory Attachment to Biological Parent and Siblings**

The first subtheme, Unsatisfactory Attachment to Biological Parent and Siblings, dwelt on the participants' negative reports based on their relationship, occurrences, and experiences that constituted negative attachments to their caregivers while growing up. Twelve out of the thirteen (92%) respondents reported unsatisfactory attachment with their biological parents and siblings, or their kinship care parents and siblings. This unsatisfactory attachment stemmed from a lack of love and affection, not being valued, and a feeling of abandonment.

For example, in describing her relationship with her biological parent, P09 expressed, “My mom was uhh an addict, drinker, and drug abuser. She did heroin when she was pregnant with me.” Also, Participant 07, who grew up with her grandmother (family kinship care), stated, “I know my grandma loved me. I know my mom loved me.

It wasn't shown like it should have been. It didn't make me feel like I was valued as a child.”

P14 also stated, “I know my grandma loved me. I know my mom loved me. It wasn't shown like it should have been. It didn't make me feel like I was valued as a child.”

### **Subtheme 2.2: Satisfactory Attachment to Parents, Siblings, and Friends**

Satisfactory Attachment to Parents, Siblings, and Friends explored the respondents' satisfactory attachment reports. Five out of the thirteen women interviewed had a satisfactory attachment to parents, siblings, and friends. For example, P10 stated, “I think, like family's everything, and that's how it is with us, and umm, you don't go against the family. That's basically how it. We had an honor code. That's how I was brought up. I had a pretty good childhood, had everything I needed, wanted.”

P01 reported, “My dad would pick me up in the morning and dropped me off in front of the school, and I'd go to school, and he'd be there to pick me up, you know.”

### **Table 3**

#### *Early Attachment to a Primary Caregiver, Siblings, and Friends*

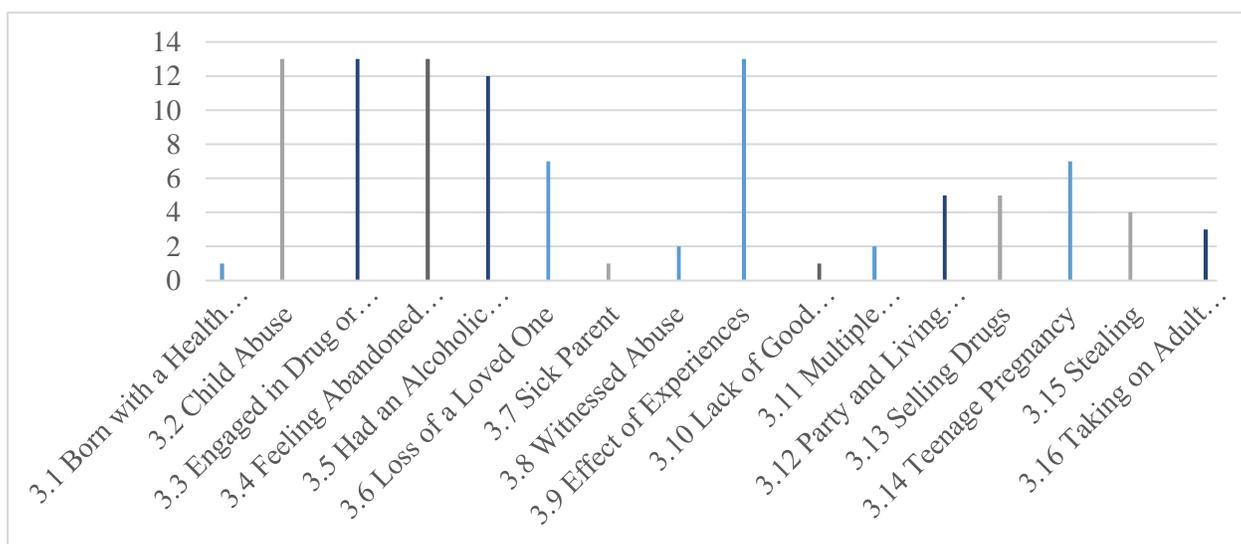
Theme	Subtheme	Participant Statement
1. Early attachment to the primary caregiver	2.1 Unsatisfactory attachment to biological parent and siblings	P06: I know my grandma loved me – I know my mom loved me – it wasn't shown like it should have been - it didn't make me feel like I was valued – as a child.

2.2 Satisfactory attachment P02: Me and my mom and two brothers that I  
to parent, siblings, and have left living – we are very close now – I  
friends love my mom to death and my two brothers.

### Theme 3: Emotional Memories with Primary Caregivers

**Figure 5**

*Emotional Memories with Primary Caregiver*



Emotional Memories with Primary Caregivers has nine subthemes, 1) negative relationship with friends and family, 2) positive growing up experience, and 3) effect of the experiences. Theme 3 investigated the various childhood experiences that each of the thirteen (100%) participants had, understanding how the occurrences affected their choices regarding their lives and how these experiences affected their lives after that.

**Subtheme 3.1: Born with a Health Defect**

Born with a Health Defect reflected the participant's experience with negative experiences resulting from health defects. P10 stated, 'I was also born with a heart problem, so I was also in and out of the hospital. I was on medication, and that was another stressor for her. Umm, I have a pacemaker now in my heart, so I got it in 2016, um, heart surgery at 16 years old. It was not 100% successful.'

**Subtheme 3.2: Child Abuse**

Child Abuse reflected the experiences of participants who were victims of sexual, physical, rape, and mental abuse and rape. Thirteen of the participants reported being abused growing up. P06 stated, 'I grew up with a lot of abuse, sexual, physical, and mental, umm, I became an addict at a very young age.' P08 mentioned, 'like my father was sexually abusing me when I was younger. I didn't know no better.' P09 stated, 'I remember would probably be around 2<sup>nd</sup> grade, I used to come home from school, and she would be behind the door with like a broomstick or a umm extension cord or something.' P08 expressed, 'I was about eight or nine and got hit up close and personal in my head with a brick.'

**Subtheme 3.3: Engaged in Drug or Alcohol Abuse**

Engaged in Drug or Alcohol Abuse reflected participants who engaged in abuse of drugs and alcohol when they were much younger.' P13 stated, 'I started drinking alcohol at the age of nine.' P05 expressed, 'I used to go to card games at a real early age, collect the beer cans and sip the beer out of the cans.' P12 declared, 'I started smokin weed. I was 12, 13 years old.' P10 stated, 'I thought it was crushed pills but when I snorted it –

in two minutes – it was the best feeling I ever had. I immediately was hooked. It was heroin.”

#### **Subtheme 3.4: Feeling Abandoned and in Need of Love**

Feeling Abandoned and in Need of Love reflected participants who had feelings of abandonment growing up. P08 stated, “I always felt that nobody, nobody to attach to. I wouldn’t open up to nobody or tell nobody how I felt cause I always felt like nobody no like me and nobody give a damn anyway (anger).” P05 expressed, “I always suffered from abandonment issues.”

#### **Subtheme 3.5: Had an Alcoholic or Addicted Parent**

Had an Alcoholic or Addicted Parent reflected the experiences of participants who witnessed their parents engaged in abuse of drugs and alcohol growing up. Twelve of the participants reported having either biological parents or informal kinship caregivers involved in alcohol or drug abuse. P09 revealed, “I come from a single-family home. My mom was uhh an addict, drinker, and umm drug abuser.” P14 stated, “.to this day my mom’s still an alcoholic – eventually that’s what caused my dad to die was his alcoholism.” P11 declared, “I grew up in an alcoholic family.”

#### **Subtheme 3.6: Loss of Loved One**

Loss of Loved One spoke to the participants' response who lost either a parent or a sibling while growing. Seven women expressed the loss of a loved one in their lives. Participant 01 stated, “I would be the fourth child. Umm. I did have a younger sister who died at the age of six months.” P02 expressed, “my brother was murdered six months after high school.” “Someone stabbed my uncle to death with an ice pick.” P04 declared, “...my father died when I was nine.” P05 stated, “I still see my momma lying dead in her

bedroom.” P08 expressed, “I was goin to school when my grandmother died.” P11 stated, “I was raised with them ever since I was six months old until I was 28 when they (aunt and uncle) both passed away.” P12 stated, “third child (son) six months old and my sister wakin me up while we all partyin – I looked over at my son and he was all purple, lyin in poo and pee all around him – turned out he died from SIDS.”

### **Subthemes 3.7: Sick Parent**

P02 stated, “By the I made the age of 15 – my mother was sick – she was goin back and forth to the hospital.” P04 declared, “When I got older and my grandmother when she got older and sickly, and my mom was sickly so I took care of them.” P10 expressed, “But my mother suffered real bad from depression and anxiety.”

### **Subtheme 3.8 Witnessed Parent Abuse**

Sick Parent and Witnessed Parent Abuse reflected on the experience of participants who witnessed their parents being sick and being physically and sexually abused. P06 stated, “I seen my mom abused bad. He was a police officer and got married and had a baby. He abused her bad.” P14 expressed, “They were both alcoholics and they would fight and argue all the time and my dad was abusive to my mom.”

### **Subtheme 3.9: Effect of the Experiences**

Effect of the Experiences reflected the various effects the positive and negative experiences had on the participants. For example, the effects included abuse making the body normalize sexually; P03 stated, “...like sex became something not so special to me; it opened the door for me to be a little too free with my body;” attempted suicide dropping out of school; P05 declared, “..as far as I went was to the ninth grade.” P06 stated, “well goin into high school, I barely went my first year of high school and by time

my second, I just stopped goin.” drugs damaging health P14 stated, “so being involved in the drugs you body so craves and it changes your brain.”, P10 declared, “but when I got involved with drugs that’s when I noticed I was constantly getting chest pains and umm because of the heroin use.” keeping to oneself P08 expressed, “I had to shut everybody out I didn’t wanna be around nobody.”, lack of good communication in the home P01 expressed, “I grew up in a house where we didn’t discuss things -things would blow up – then it was swept under the rug.”, looking for a father figure P14 stated, “any guy I ever dated in my entire life has always been like a minimum of like 12 years older than me – I guess I was just looking for a father figure.”, getting jailed P05 declared, “ I started goin to the penitentiary at the age of 25 – I’ve been there 5 times.” P06 declared, “I’ve been to the penitentiary quite a few times – I’ve been jailed quite a few times – for prostitution -it was a felony.”, negative response growing up P13 stated, ...from the ages of 6-7 – comein up I always didn’t like my own skin – it always felt weird to me – I didn’t like bein in my own skin.” P08 stated, “I always felt like nobody no like me and nobody give a damn anyway.” partying, and living recklessly, P12 declared, “now I am pregnant with my third child – had people comin over to the house partyin.” resentful relationship with a sibling, P07 expressed, “my mom had favoritism between me and my sister.”selling drugs to survive,P04 expressed, “ ..so he had a friend that was still up here – friend talkin about drugs and stuff cause he asked if you wanna do you wanna serve for me to supplement your income – livin off of disability – its’s not enough to cover everything.” working at an early age, P12 stated, “I started workin at 13 at Operation Push.”stealing, P05 stated, “me and my friend stuck up a J & J Fish restaurant and I ended up goin to the penitentiary for it.”taking on responsibilities at a young age P13 declared, “I had two

little sisters that I took care of all the time – caretaker was always stamped on mP08 stated, , teenage pregnancy, P05 expressed, “ I became a mom at a very young age – I had two kids at the age of 17.”and inability to keep friends. P08 stated, “I did everythin by myself – I played by myself – I use to read by myself- I really just did everythin by myself – I was a loner.”

**Table 4**

*Negative Relationship with Friends and Family*

Theme	Subtheme	Respondent Statement
Negative relationship with friends and family	3.1 Born with a health defect	P10: I was also born with a heart problem, so I was also in and out of the hospital – I was on medication, and that was another stressor for her. Umm, I have a pacemaker now in my heart. So, I got it in 2016, umm, heart surgery at 16 years old. It was not 100% successful.
	3.2 Child abuse	P06: “I grew up with a lot of abuse, sexual, physical, and mental, umm, I became an addict at a very young age.
	3.3 Engaged in drug or alcohol abuse	P05: I started usin heroin at the age of 17. I started goin to the penitentiary at the age of 25. I've been there five times.

- 3.4 Feeling abandoned and in need of love P08: I always felt that nobody. nobody to attach to – I wouldn't open up to nobody or tell nobody how I felt cause I always felt like nobody no like me and nobody give a damn anyway (anger).
- 3.5 Had an alcoholic or addicted parent P09: I come from a single-family home. My mom was, uhh, an addict, drinker, and umm, drug abuser.
- 3.6 Loss of a loved one P01: I would be the fourth child umm I did have a younger sister who died at the age of 6 months.
- 3.7 Sick parent P02: I had felt better about my mom – she was sick herself.
- 3.8 Witnessed parent abuse P06: I mean from being abused and watching my mother be abused in a household of abuse. It led me to be in my own abusive relationship.

- 3.9 Positive growing up experience P04: We had a good time. We were all able to do our own thing. We were very happy and stuff like that, you know. Nobody really got in trouble. There was no gang banging -even one of the kids on the block got a record deal.
- 3.10 Lack of good communication in the home P01: Also, I grew up in a house where we didn't discuss. Things would blow up. It was discussed then (a lot of background shouting by staff). Then it was swept under the rug, which is not a good thing. So, let's go over back to when I was five years old too, umm.
- 3.11 Rehab P05: I've been there five times. Umm, for armed robbery, and they gave me six years for that and umm a lot of drug cases, two years, one year. I was umm at umm like I said I did drugs at an early age.
- 3.12 Partying and living recklessly P13: I wanted to act crazy – I wanted more attention – I don't know why I did it – I used

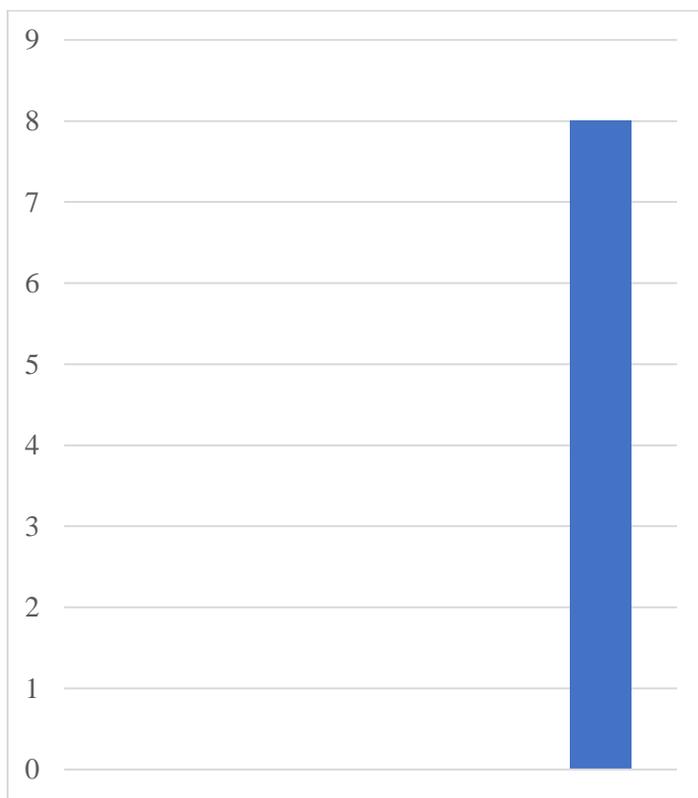
to get a whippin all the time – I did the craziest things – I started smokin weed –

- 3.13 Selling drugs to survive
- P04: sell bags of weed – sell bags of cocaine. It's more expensive down there, you know. You pay \$10 for a bag here. It's \$25 down there.
- 3.14 Teenage pregnancy
- P05: I was molested and got pregnant when I was about 13 -14 years old.
- 3.15 Stealing
- P13: Like a burning, became a little thief. Every time I went to the store, I would always put somethin in my pocket. I got punished for it, but I still didn't stop.
- 3.16 Taking on responsibilities at a young age
- P13: I'm takin care of my little sisters all the time, and my oldest brother takin care of me cause my mother was in dope, and my dad left so...
-

## Theme 4: Engaged in Sexual Employment

**Figure 6**

*Engaged in Sexual Employment*



### Subtheme 4.1: Engaged in Sexual Employment

The fourth main theme found in the analysis of the results is Sexual Employment. The theme examined the various topics surrounding sexual employment. The theme comprised a single subtheme, engaged in sexual employment, which attempts to review the number of participants involved in sexual employment and the age at which they got involved, at the same time, reviewing the participants' responses. Eight out of the thirteen

(62%) interviewed participants admitted to engaging in prostitution.

P02 admitted, “I used to go out sellin my body (prostitution) to get what I needed, so I don't have to be sick.’ P14 stated, “prostituting, I was trafficked for a while.” P06 declared, “I’ve been to jail a few time – prostitution.” P07 expressed, “I was prostituting myself to get money for uhh my drugs.”

### **Table 5**

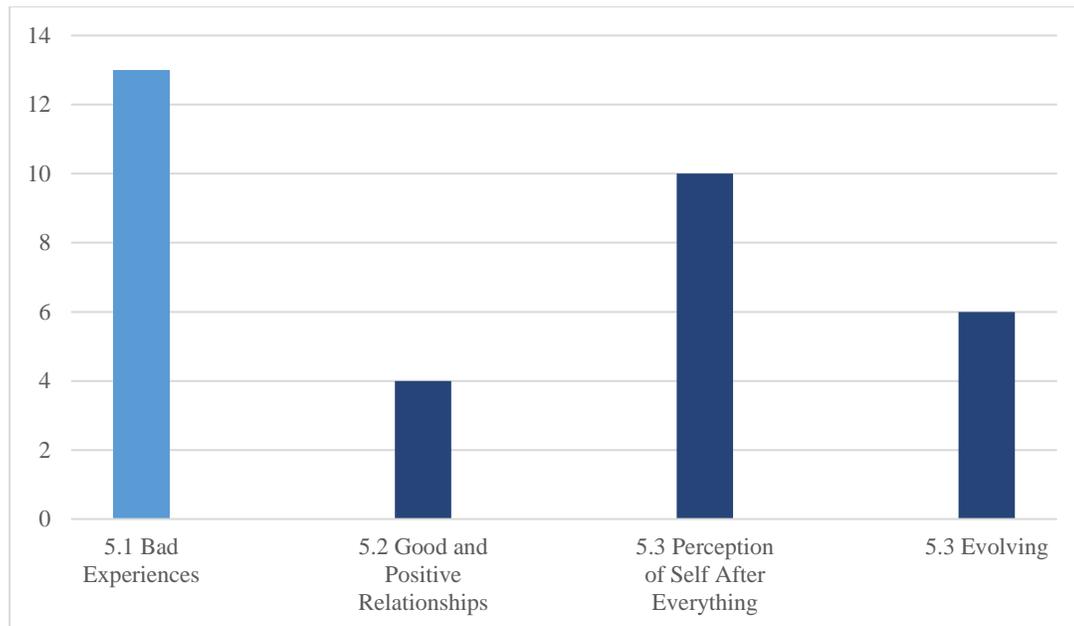
#### *Engaged in Sexual Employment*

Theme	Subtheme	Respondent Statement
Sexual Employment		<p>P13: Went with older men at 13 – men who were 27-28 years old – I changed clothes when I got out of house to be with older men</p> <p>P04: I lost my virginity. It was just a boy from my high school. I ended up actually contracting chlamydia. The first time when I lost my virginity when I lost my virginity, I got a STD, so that like also set the tone for life. It not being so special or anything so</p>

## Theme 5: Current Life Relationships

**Figure 7**

*Current Life Relationship*



The fifth main theme found in the analysis of this study was Current Life and Relationship. P14 stated, “I’m very needy right now because I’m like I don’t have anywhere to go as far as like I’m homeless. I’m a recovering addict I don’t have any like family support or outside support like friends or anything.” P02 declared, “I’m clean 17 days and that makes me feel so awesome.” P06 stated, “I started a process last November with Chicago Housing Authority (CHA) and the Renaissance House to get my own apartment.” The theme comprises four subthemes, namely, Bad Experiences (5.1), Good and Positive Relationships (5.2), Perception of Self After Everything (5.3), and Evolving (5.4). The theme revealed the various good or bad experiences and occurrences currently happening in the lives of each of the participants. Moreover, the theme also revealed the individual participants’ perception of self.

### **Subtheme 5.1: Bad Experiences**

Bad Experiences reflected the various negative experiences endured by the participants. Some of the experiences included being hostile, kids taking responsibilities, losing our home, terrible living environment, people using your pain against you, drugs as a way of alleviating pain, doing rehab the second time, being a bad parent. For example, the participants' responses can be seen below P04 stated, "My back is doin what it's doin and keepin me in a lot of pain. But if I took some heroin, I'm no longer in pain. Its block that pain, you know, so that's how I got started back doin it." P01 expressed, "I was kidnapped for 93 days, knocked out, drugged, and raped." P02 stated, "so a john wind up pullin over and I happened to get in the vehicle wit him. He had hit me, slap me, took my purse." P03 stated, "the first time I lost my virginity I got a STD."

### **Subtheme 5.2: Good and Positive Relationship**

This described the various positives associated with the current or recent lives of the participants, as reported by them. Good and Satisfying and Growing and Brooding. The participants responded by saying, P02, "Me and my mom and two brothers that I have left livin. We are very close now. I love my mom to death and my two brothers." P09 stated, "Also, I'm nervous, obviously because of the way it was sprung on us, but I'm excited. You know it's time for me to, umm, spread my wings, so to speak."

### **Subtheme 5.3: Perception of Self After Everything**

This subtheme reflected what the participants made of the whole situation. Here are the responses of each of the participants who commented regarding what they perceived. P01 reported, "Am more than a conqueror, I am more than a conqueror, and uhh, you can knock me down, but I get right back up. There's just so many things I could

use, but I am more than a conqueror because I have overcome so many obstacles just to get here. Just to do what I've had to do to get up in the morning is just that's a miracle itself. I'm more than a conqueror best describes me because it describes everything that I've been through and what I've overcome." P02: "I'll say blessed because I am clean today. I am clean 17 days today, and that makes me feel so AWESOME, and by the grace of God, I was able to do it."

P05: "I'm in a better place right no. I'm in a better place. I feel I feel more content. I'm more happier. I just can't go nowhere but up now all the downfall. I felt like I'd been through that already you know but even though I know goin through things is a part of life goin through things is what shape you and mold you to make you to continue to grow in life and continue to have you become the individual that you supposed to be."

P06: "Change, change, cause every day I'm changing. Everything around me is changing every day."

P07 added, "Tryin to be better, uhh a better mom, I done bad things in my life, uhh. I want to do better, get right."

P08: "Overcomer."

#### **Subtheme 5.4: Evolving**

P09 shared, "I am feel like kinda like a butterfly comin out of a cocoon. I feel like I'm just... because I've been high for so many years, and I'm just learning who I am. I don't know everything that I want, but I do know the things that I don't want. I've been through enough shit to know what I don't want, but I mean that I haven't been through so much that I know what I necessarily want either but umm, so I'm evolving. I'm learning me, learning who I am, and that's where it's most important to me right now. I can't be

good for my kids and grandkids if I'm not good for me or let alone a partner or husband. I just wanna be comfortable, and independent, and on my own and not depend on anybody and not have to ask anybody. I just want, and it's okay to depend and rely on people. I get that. I deal with what I can trust you and know that you are not going to hurt me or take my pain and use it against me, you know. I'll be okay to manipulate me. Yeah, I've had that happen. I've shared my life with people, and you know we get in an argument, and you use this shit against me (anger). It's like I don't want to open up now (anger).'

P10 stated, "Clean over a year, thankful. Very scared because the place is closing. I've been here at the WTC for 14-15 months. ...I am scared, nervous, sad. I feel like I'm all over the place. I feel anxious, everything. I don't know where I'm going to go. I am not ready to go back home. I still need work. Going home is not an option for me right now. I need to get back to a structured environment. I get up early."

P11 said, "I'm still protecting myself because nobody else can. I don't do a lot of sharing with people because they could be vicious with whatever you might say and turn around and make it come back at you but not in the right light. So, you know, I really find it hard to open up. I tell them certain things. I tell them, what I want them to know. That's it, cause it's gonna go through the family anyways. That's important thing, like goin through my chemo – my mother she was goin with me – so I'm not gonna take that away from her but at first when I told them I had to do chemo. They didn't believe me. They didn't. They thought I was lying – my cancer had came back, so that's the only reason they knew I wasn't lyin because I let my mother go with me. But they thought I was lyin. I might lie about certain little things or somethin but I'm not gonna lie about somethin like that. I'm talkin about my life now and you think I'm gonna play with it with cancer.

Come on now. That's enough. It, umm, I don't like that. So, my best friend, she knows everything that's goin on with me and she doesn't discuss it with my family. They try to go through her. She says 'Yes.' My mother will try to do that, and she says, 'uh uh.' Sharon (my best friend) will tell you that I don't know what to tell you cause she will not tell my mother nothin that I don't want her to know. She won't do it."

P12 reported, "At peace. I'm grateful, and it took for me ta really wanna hurt my sister, but I was on the methadone program, and I walked up there. My sister told me I had to get out. I was payin no rent. I went to my counselor at the methadone program, and I said, 'Can you find me somewhere to go. I can't do this no more.' Just before all that, I had to get a hip replacement. I'm tired of walkin the streets. Lord, I can't go on like this. They sent me to Kankakee. I started to gettin a piece of mind."

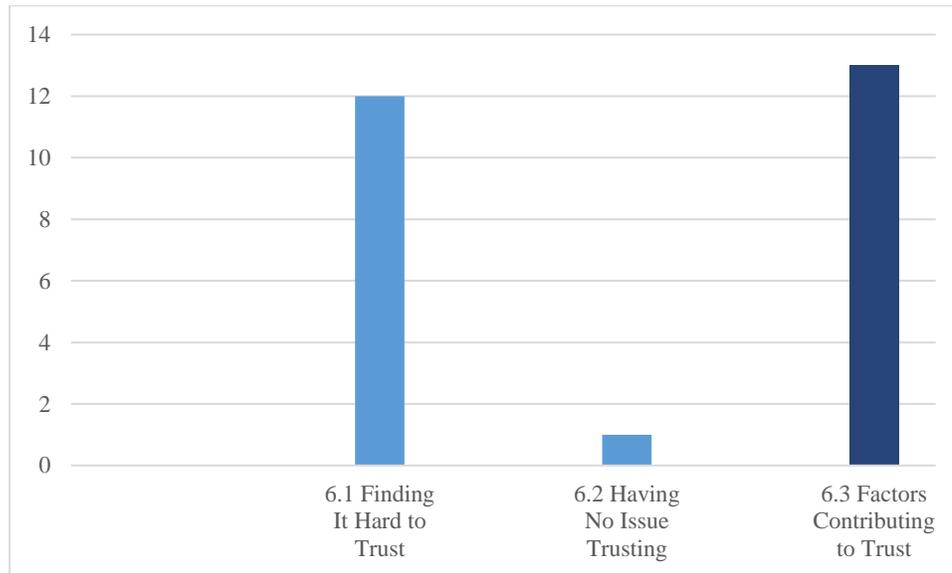
P13 was similar in saying, "Relentless, my recovery is relentless."

P14 added, "Kind of like just lost, helpless, umm very needy. I'm very needy right now because I'm like I don't have anywhere to go as far as like I'm homeless. I'm a recovering addict I don't have any like family support or outside support like friends or anything like that, umm and it-I've moved to a new area like they say you gotta change your people, places, and things. I've done all that, and I'm here, and it took me a really long time to get to where I'm at. I would say desperate really describes me right now cause I just want change so bad umm I'm just ready for it and then I came here. I finally got in this women's recovery home to find out that they're now closing down, so I was like. So, now I'm tryin to get you know with Kara to find housing. My roommate Sarah is the one helping me to get in contact. Told me that she's the one that I should get in contact with, cause she's deals with what I've been through and stuff like that."

## Theme 6: Issues with Trust

**Figure 8**

### *Issues with Trust*



The sixth and final main subtheme deduced from the analyses of the research was Trust Issues. P01 stated, “and then you know when you’ve been violated and you sorta don’t trust anybody, nobody.” P06 declared, “at a very young age I didn’t trust people. If men would get too close to me, I would be terrified and afraid.” The theme comprises three subthemes: Finding It Hard to Trust (6.1) Have No Issue Trusting (6.2); and Factors Contributing to Trust Issues (6.3). Finding It Hard to Trust reflects the participants who found it had to trust due to the previous experience and encounters. Seven of the thirteen (54%) participants reported having trouble trusting people. Nevertheless, themes surrounding trust and lack thereof were in each participant's response.

**Subtheme 6.1: Finding It Hard to Trust**

This can be seen in P01's response, "I forgive and forget. It's gone for me, but if I you do something and it's so bad there's no coming back. I, I, I, there's no getting back in my circle. I don't care how you try. You can't come back. I can't do it." P11 declared, "I didn't trust nobody but them – my aunt and uncle until they passed – so even like males and females there no trusting them."

**Subtheme 6.2: Having No Issue Trusting**

Have No issue Trusting reflects participants who do not have issues trusting people. According to P05, "I trusted people very easily, and I always end up in trouble by trusting people so easily."

**Subtheme 6.3: Factors Contributing to Trust Issues**

As reported by P01, "And then you know just when you've been violated and you sorta just don't trust anybody, nobody, and I'm also the type once I get to know you." P09 stated, "I've shared my life with people, and you know we get in an argument, and you use this shit against me – it's like I don't want to open up now." P06 declared, "from being sexually abused – and I believe it's even hard for me to think of being with a man in a relationship."

**Table 6***Factors Contributing to Trust Issues*

Theme	Subtheme	Respondent Statement
Trust Issues	Finding It Hard to Trust	P01: Oh, God! Horrific! Ever since I was five years old, I don't trust anybody.
	Have No Issue Trusting	P05: I trusted people very easily, and I always end up in trouble by trusting people so easily.
	Factors Contribution to Trust Issues	P01: "And then you know just when you've been violated and you sorta just don't trust anybody, nobody and I'm also the type once I get to know you."

**Research Questions**

RQ1: How do participants describe the role that early attachment to a primary caregiver played in the later sex employment?

Twelve of the thirteen participants stated twenty-two times that a unsatisfactory attachment existed with a primary caregiver. Four of the fourteen individuals declared six times that they felt abandoned and in need of love. Nine of the fourteen participants sold their bodies for prostitution. P02 admitted, "I sold my body for prostitution to get what I needed." P03 stated, "I started escorting when I was 18 then did for 11 years until I was 29, well till present day really."

RQ2: How do participants describe the role that an abusive attachment to a primary caregiver played in later aberrant behaviors?

As participants recollected emotional memories with a primary caregiver, fourteen out of the fourteen women disclosed 141 times that they were abused. Ten of the fourteen participants declared twenty-eight times that they were sexually, mentally, or physically abused. P06 stated, “I grew up with a lot of abuse, sexual, physical, and mental. I became an addict at a very young age.” Participant P08 voiced, “My father was sexually abusing me.” P06 expressed, “I mean from being abused and watching my mother be abused in a household of abuse. It led me to be in my own abusive relationship.”

RQ3: How do participants describe early trauma and its impact upon current trust issues?

In terms of trust issues, Ten of the thirteen women declared twenty-two times that they had trust issues. Eight of the thirteen participants stated that thirteen times they found it hard to trust anyone. P01 voiced, “And then you know just when you’ve been violated, and you sorta just don’t trust anybody, nobody.” Only one of the thirteen women remarked that they were able to trust easily. P05 stated, “I trusted people very easily, and I always end up in trouble by trusting people so easily.”

## Summary

A lack of early attachment to a primary caregiver contributes to aged-out (informal) kinship foster youth sexual employment (Bowlby, 1958). Bowlby put forth the idea of attachment-based upon the theory that early infancy ties between the newborn and a primary caregiver seriously impacted human development and succeeding relationships (Bowlby; Crittenden, 2017; Wallin & Ericksson, 2009).

Thirteen women ages 38-61 years from The Women's Treatment Center in Chicago's West Side were interviewed for this research study. Of the 13 women, seven were African American, two were biracial, three were Caucasian, and one was Hispanic. These women experienced unsatisfactory attachment to a biological parent and siblings in addition to primary caregivers within informal kinship care. This unsatisfactory attachment can stem from a lack of love and affection, not being valued, and having feelings of abandonment. A lack of attachment greatly influenced these women's lives in multiple areas. According to Gao et al. (2015), Marvin et al. (2019), and Norholt (2020), maternal skin contact with the child improved physiological and biological improvements. Without this kind of attachment has consequences. A child who has not established an appropriate, secure, and loving attachment bond with a caregiver will be unstable (Tabachnick et al., 2021).

Six themes emerged: 1) family makeup about the participants; 2) early attachment to the primary caregiver; 3) emotional memories with the primary caregiver; sexual employment; 4) engagement in sexual employment; and 5) current life relationships, and 6) factors contributing to trust issues. Theme 1 addressed the family makeup of the thirteen women. This family makeup included life history, siblings, and whether the

women grew up in informal kinship care. In theme 2, the women explored the attachment and relationship between the participants and their kinship care parents, friends, and siblings. It also revealed the relationship between the participants and their biological parents and siblings growing up. The women reported unsatisfactory and/or satisfactory attachments as they grew up. In theme 3, the participants recalled their emotional memories with their primary caregiver. Theme 4 spoke to their engagement in sexual employment. In theme 5, the participants talked about their current life and relationships.

Kinship care should be a positive alternative to court-mandated foster care. However, some children in kinship care placement experience physical or sexual abuse, neglect, exposure to sexual activity, pornography, and inappropriate discipline (Biehal, 2014; Marriott, 2018). Gewirtz-Meydan and Finkelhor (2020) studied children who had been placed in kinship care and found that 86% had been sexually victimized, and 77% had been physically abused. The abusive cycle continued for these children and appeared to be unending.

Statistics also have shown that 114 aged-out kinship care females with a history of sexual abuse demonstrate elevated sexual risk-taking behaviors (Gonzalez-Blanks & Yates, 2015). Situations such as these were also discovered in the lives of participants in this study. When P14 dated men 12 to 20 years older than her, she said she was probably looking for something in a man she never received from her father. She admitted to being trafficked both online and on the streets of Chicago. When she was in her 20s and 30s, she had car dates and made \$40 or \$60. P07 prostituted herself on the streets of Chicago to get money for her drugs. When P09 was in her early 20s, she prostituted herself with women. She was raped at gunpoint in her early 20s. P01 was kidnapped and gang-raped

for 93 days. Early regulation in an infant occurs in the context of coregulation (Buhler-Wassmann & Hibel, 2021).

Trust was a fundamental component in developing relationships beginning in infancy (Tabachnick et al., 2021). The infant depends on the caregiver to soothe, comfort, and provide appropriate stimulation (Blaustein & Kinniburgh, 2010). According to P09, males are “full of shit” when trusting them. She also declared that she could only deal with what she could trust about a person and know that they would not hurt her or take her pain using it against her. P05 trusted people too easily and found herself in very regrettable situations. P06 said that in her relationships with people, she was always suspicious. She did not trust people at a very young age, especially men. P01 told the researcher that she did not trust anybody since she was five years old.

In the beginning, these women did not have an opportunity to experience God’s design for the family. Participants incurred the consequences of their biological parent and primary caregiver. However, these women have found hope in their faith in God. They are evolving, learning, and grateful for the recovery they have attained in their journeys. The women are relentless in their recovery, desire to finish school, and want to become better mothers and grandmothers. Lastly, P05 communicated, “I know goin through things is a part of life goin through things is what shapes you and mold you to make you continue to grow in life and continue to have you become the individual you supposed to be.”

## CHAPTER FIVE: CONCLUSION

### Overview

The purpose of this phenomenological research illuminated the lived experiences of thirteen women at least 18 years old, aged-out kinship care youth, their early attachments, and their employment in survival and online sex. A discussion of the findings and the implications considering relevant literature and theory are included in this section. Appropriate suggestions for major stakeholders involved in residential treatment centers, drop-in centers, counselors, and ministries concerned with human trafficking will be provided in this chapter. Limitations will be addressed along with recommendations for future research.

### Summary of Findings

RQ1: How do participants describe the role that early attachment to a primary caregiver played in the later sex employment?

This theme of early attachment to a primary caregiver explored the attachment and relationship between the participants and their kinship care parents, friends, and siblings. It also revealed the relationship between the participants and their biological parents and siblings growing up. P10 stated, "My mother suffered real bad from depression and anxiety, so she used to take it out on me since I was a baby." P10 expressed, "When I was 16 years old, I was in an extremely abusive relationship, physically, emotionally, mentally, sexually assaulted. So, there was the issue with my mother. It was a lot for me, and I never got the help for any of it." The emotional quality of an infant's first attachment experience significantly impacted the development of these thirteen women (Siegel, 2011). Before the birth of a newborn, a caregiver adapts their

behaviors according to the newborn's responses; thus, parents shape the infant's relational responses that lead to the healthy development of stress response systems, regulated attention, and secure attachments (Nelson et al., 2019; Perry & Szalavitz, 2017).

However, these women experienced abandonment and rejection. Participant 07, who grew up with her grandmother (family kinship care), stated, "I know my grandma loved me. I know my mom loved me. It wasn't shown like it should have been. It didn't make me feel like I was valued as a child." P11 was raised in informal kinship care by her aunt and uncle from the time she was six months old. If P11 made a fuss as a baby, her informal kinship care providers poured alcohol in her formula bottle to quiet her.

A child who has not established an appropriate, secure, and loving attachment bond with a caregiver will be unstable in all their ways (Tabachnick et al., 2021; Van der Kolk, 2014, 2017b; Uhernik, 2017). P05 stated, "I ain't never got the chance to know who my father was. I always suffered from abandonment issues. I was always with my auntie, grandma, and uncles. I ended up gettin pregnant in the ninth grade. I had two kids before I was 17." P05 declared, "I always wanted to have a relationship with my mother. I feel like if I had the love that my other siblings got from my mom, I might not ended up down this road. I never knew who my dad was."

The child who received unpredictable or inadequate care experienced less control, a sense of helplessness, and a less predictable understanding of the world. Fear and arousal decrease when the child experiences an appropriate attachment bond (Goodwin & Attias, 1999; Dagan & Sagi-Schwartz, 2018). P13 communicated, "My mom was in dope. No real attachment to her. I went with older men at 13. I changed clothes when I got out of the house to be with older men. I prostituted myself. My dad left, so I was in

family foster care." P05 ended up pregnant with two children by the age of 17. She ended up in the penitentiary at the age of 25.

The lack of secure attachment bonds in early development influenced the elementary and middle school child's sense of self and identity (Ahnert & Schoppe-Sullivan, 2020; Schierholz et al., 2016). P14 proclaimed, "My family were never close. My mom and dad were alcoholics and always fighting, so we stayed with grandma. I've chosen the life of drugs, addicted to heroin, prostituted, and trafficked. I never had female friends from a young age. All my friends were guy friends. I don't know if I was lookin for something in a man that I never got from my dad maybe, so I was always around men and older men – 12 years older than me and up."

Many of these women were removed from their natural environment because of abusive behavior, taken from an incarcerated parent, or never knew their biological parents often suffered from attachment issues (Perry & Szalavitz, 2017). Several of these women who aged-out kinship care youth had low high school education rates (Duke et al., 2017) and faced educational and employment challenges (Dworsky et al., 2013). P05 stated, "I used to hang with my grandmother and grandfather – they used to drink alcohol, and when they had card games, I used to collect the beer cans and sip the beer out of the cans – and umm I started playin cards – as far as I went was to the ninth grade." Familial support is often nonexistent, and mental health challenges not addressed in kinship care rise to the forefront. Less than 11% are reunited with their natural family (Duke et al., 2017). Aged-out kinship care youth supported siblings, sons, or daughters through online and transactional sex. P14 stated, "when I was 19 early 20's, umm there was Craig's list online... because I was comin home with money."

The lack of attachment to an early primary caregiver had consequences later in their lives. One of the ways it manifested was through sex employment. Abusive relationships also added to undesirable behaviors. The participants mentioned how this happened in different ways and from different people. This leads to looking at the types of abuse, emotional development, and verbal abuse that add to this. Lack of attachment can also cause the child to replicate these patterns as an adult.

RQ2: How do participants describe the role that an abusive attachment to a primary caregiver played in later aberrant behaviors?

All thirteen of the participants interviewed expressed 141 times that abuse was a consistent part of their lives. The women were abused sexually, physically, and/or mentally. Kinship care placement is supposed to be a safe alternative for children removed from their homes. However, in 2012, over three million incidents of child maltreatment were reported in kinship care, and of those cases, 679,000 were confirmed (National Kinship care Youth Institute, 2017). Many of these women in kinship care placement experienced physical or sexual abuse, neglect, exposure to sexual activity and pornography, and inappropriate discipline (Biehal, 2014; Grady et al., 2017). P06 stated, "I grew up with a lot of abuse – sexual, physical, mental – umm I became an addict at a very early age – first marijuana, alcohol, cocaine, crack cocaine, heroin – my grandma raised me." An unhealthy emotional childhood environment contributed to subsequent impersonal, selfish, or adversarial relational problems in adulthood (Grady et al., Perry & Szalavitz, 2017). Negative caregiving experiences, including parental divorce and different types of childhood abuse, had been linked to insecure adult attachment (Bremen et al., 2018; Unger & De Luca, 2014). In a study conducted with 552 females and 294

males with a history of physical abuse and attachment, researchers found important and significant impacts on adult relationships (Unger & De Luca, 2014). P09 exclaimed, "My mom's boyfriend came into my room and started touching me and stuff. She (my mom) was sitting in the living room. When I came out and told her about what was going on, she came and packed my shit up and threw it in garbage bags, and it was raining outside, and she threw it over the second-floor balcony, and it was like, 'you gotta go.' I was 12 at the time. I just wanted her to love me. The reason I was a messed mom is because you know I had a rough childhood."

Chronic, verbally abused children are at risk for physiologically, behaviorally, and possess deficiencies (Thomason, 2018). The physiological risks included obesity, irritable bowel syndrome, and eating disorders linked to stressful experiences in childhood (Miller, 2018). P10 declared, "I got diagnosed with fibromyalgia when I was 25, and so I went on pain pills, but then my past started catching up with me, and I started have nightmares and started abusing the pills ...everything with my mom."

Kemmiss-Riggs et al., (2018) concluded that emotional abuse in early caregiving relationships had an overwhelming impact on the adult victim's attachment relationships, sexual behavior, conflict resolution, aggression, caretaking and care-seeking behaviors, intimacy, and the individual's ability to cope with life. P02 stated, "I had auntie, and I was just stayin down the street, and she was gettin high, and I was gettin high." P05 exclaimed, "I started goin to the penitentiary at the age of 25. I've been there five times, umm, for armed robbery. Like I said, I suffer from abandonment issues, and I always lookin for the motherly love, so you know whatever I thought I could get that."

Any of these types of abuse are traumatic for these women. The prevalence of substance abuse witnessed by the child and, at times, overlooked by the caregiver provides greater consequences for trust issues. They had seen behaviors and experienced them leading them to not trust. So, early abuse/trauma had an impact on trust.

RQ3: How do participants describe early trauma and its impact upon current trust issues?

Ten of the 13 (77%) women responded 22 times to the issue of trust. Eight women (62%) stated 13 times that it is difficult to trust anyone. Several women declared that when "you have been violated, you do not trust anyone." Only one woman of the 13 acknowledged she found it easy to trust, but that always got her into trouble. Early trauma can significantly alter a sense of trust that is likely to significantly impact later adult relationships (Bell et al., 2019; Stipp & Kilpatrick, 2021). P01 stated, "When I was five years old, my brother's friends molested me in our backyard in a clubhouse that my brother built. Ever since I was five years old, I don't trust anybody. The molestation started the not trusting anybody and then being kidnapped, and gang-raped repeatedly."

Negative experiences in the context of early attachment relationships (sibling in this case) can alter the capacity to trust significant others and the outside world (Garofalo & Bogaerts, 2019). P06 expressed, "at a very young age I didn't trust people – you know – especially men – if they would get too close to me, I would really be terrified and afraid...from being sexually abused, and I believe it's hard for me now to even think of being with a man in a relationship." Recent developments in attachment theory have emphasized that early attachment relationships play a crucial role in allowing children to develop a sense of epistemic trust, that is, genuine feelings of trust in the authenticity of

knowledge transmitted in interpersonal encounters (Fonagy & Allison, 2014; Garofalo & Bogaerts, 2019). P14 declared, "When I was 19, early '20s umm there was Craig's List online where you could go and you could catch dates that way – and I used to do that a lot, a lot of car dates umm quick car dates and I made you know \$40 - \$60. There was somethin wrong with that picture, too, also substance abuse. It's a hard thing to go through- so being involved in the drugs your body so craves and it changes you brain...now that I'm thinkin about it, I guess I was just lookin for a father figure." P14 stated, "Kind of like just lost, helpless, very needy now. I'm a recovering addict. I don't have any like family support or outside support – like friends."

P13 stated, "I have big-time trust issues. I don't trust people. When I do trust people, I get violated. I have a hard time forgiving my relationship with my daughter's father, not trusting him." Within the violation of a person in child sexual abuse, an insecure attachment may cause a person to develop feelings of distrust and personal safety (Bo et al., 2017; Perry & Szalavitz; Vander Kolk, 2014). P13 declared, "From ages six to seven, comin up I always didn't like my own skin. It always felt weird to me."

RQ1: How do participants describe the role that early attachment to a primary caregiver played in the later sex employment?

RQ2: How do participants describe the role that an abusive attachment to a primary caregiver played in later aberrant behaviors?

RQ3: How do participants describe early trauma and its impact upon current trust issues?

## Discussion

According to attachment theory, primary caregivers who are accessible and positively responsive to an infant's needs provide them with a sense of security and allows the infant to develop self-regulation capacity (Blaustein & Kinniburgh, 2010; Corrigan et al., 2011; Lind et al., 2017; Phillips, 2013; Uhernik, 2017). Participants in this study self-reported to have experienced living in kinship care. Kinship care is supposed to be a safer alternative. However, all thirteen women conveyed 141 times that abuse was a consistent part of their lives. Many of the women in this study were sexually, physically, emotionally, and verbally abused as a child in kinship care.

In adulthood, the women reported having abused drugs to comfort physical and mental pain. Often, the women isolated themselves from others because of fear and lack of trust. Multiple and chronic exposures in their developmental years, a pattern of repeated dysregulation in response to their trauma early on in life, and exposure to both interpersonal violence and attachment-based traumas may demonstrate significantly higher levels of affective, physiological, and behavioral dysfunction in adolescence and into their adult life (Dworsky et al., 2013; Ferentz, 2015; Mersky et al., 2015; Schupp, 2015).

While proper loving attachments promote healthy, physiological, and psychological development (Shonkoff et al., 2012; Szalavitz & Perry, 2010; Van der Kolk, 2014), adverse attachment in early childhood years may produce adults who struggle with emotional instability, social dysfunction, inability to cope with stress, cognitive disorganization, and disorientation (Bernedo et al., 2014; Goodwin & Attias, 1999; Perry et al., 1995). The women in this study manifested drug abuse, prostitution,

inability to maintain stable relationships, social outcasts, and disoriented in their life pursuits.

### **What Novel Contribution Does Your Study Add to the Field?**

This study contributed to the field of research about early attachment to a primary caregiver and sexual employment by listening to the participants' lived experiences. Little is known about the lived experiences between early attachment to a primary caregiver and sexual employment in aged-out informal kinship care youth females. This study added to the body of knowledge about aged-out informal kinship care adolescents and survival sex. More importantly, specific examples have been given from the participants about their taking place in sexual employment. This study showed that there needs to be a realistic option of employment for aged-out kinship care youth who require money for food, shelter, and drugs.

The theory guiding this study is Attachment Theory. According to Ainsworth and Bowlby (1991), a child's brain is wired to a caregiver in times of distress. If a child's emotional needs are not being met, the child has no regulation and soothing patterns necessary for healthy behavior. When emotional needs are not met, the child experiences fright and adapts to situations with different strategies. If a child has a lack of connection with a primary caregiver early in life, they may seek to fill this later by searching for attachment through sexual employment (Corrigan et al., 2011; Lind et al., 2017; Perry & Szalavitz, 2017; Shonkoff et al., 2012; Walls & Bell, 2011).

Research has demonstrated that the partnership between emotional maltreatment and unfavorable outcomes is vigorous. Emotional maltreatment includes the following, (1) verbal abuse that impedes a child's self-esteem, belittles, or blames; (2) intimidation

of or threats to a child, pet, or sibling; (3) actions that prevent a child from developing age-appropriate autonomy; (4) demands that a child work within inappropriate roles or inappropriate levels of responsibility); (5) child abandonment; and (6) exposure to violence. (Badr et al., 2018; Perry & Szalavitz, 2017; Taussig & Culhane, 2010).

According to Ainsworth et al. (2015) and Gross et al. (2017), children's prosocial behavior is complicated, with multiple correlates and developmental pathways defining distinct prosocial actions. As mentioned previously, Mary Ainsworth extended Bowlby's theory by describing attachment styles. There are four different ways to connect: 1) Ambivalent connection: When a parent leaves, these children are particularly distressed. Irresolute connection fashion is unheard of, affecting an estimated 7–15 % of children in the United States. These youth cannot rely on their critical caregivers when needed due to a lack of parental accessibility. P05 never knew her father or her mother. P05 said she always suffered from abandonment issues. She was passed from her grandparents to aunts and uncles. P05 had two children by 17, dropped out of the ninth grade, abused alcohol and heroin, and was incarcerated for armed robbery. 2) Avoidant connection: Children with avoidant connections try to avoid their guardians or caretakers as if there is no relationship between a caregiver and a stranger. P06 grew up with sexual, mental, and physical abuse. Her biological mother and father were substance abusers, so P06 grew up with her grandmother. From the age of five, P06 was sexually abused by someone in the family. P06 became a substance abuser, prostitute and served in the penitentiary. This pattern of attachment could be the outcome of abusive or inattentive caretakers. Children who are rebuked for relying on a caregiver will learn to keep a strategic distance from seeking help in the future. 3) Disorganized link: These youngsters exhibit perplexing

conduct, appearing bewildered, disoriented, or perplexed. P07 stated that she was the worst child in the world. She was unsure her mother loved her. She lived with her aunt, who introduced her to heroin and cocaine. P07 declared that she was always bad, hanging around the wrong people, looking for her father, and getting into fights. She said she was always on the street prostitution. They may keep a strategic distance from the parent or defy them. Conflicting caregiver behavior is most likely to blame for the necessity for a simple connection design. 3) Secure attachment: When children are separated from their caretakers, they act distressed and joyful when reunited. Even if the youngster is upset, they are certain that the caregiver will return. When they are distressed, children who are safely linked seek solace from their caretakers Ainsworth et al., (2015).

A significant gap that what filled in this study was the role the church can play. Although the Christian church today may financially support a sex-trafficked ministry, it needs to mentor and understands children, adolescents, and women's dearth of attachment issues for those who have left the sexual employment lifestyle (Miller, 2018; Restoration 61, 2020; Selah Freedom, 2020). This study sought to understand the lived experiences of adult women who (1) aged out of informal kinship care, (2) had a lack of healthy early attachment to a primary caregiver, and (3) engaged in sexual employment and/or commercial sex trafficking. By examining these participants' phenomenological perspectives, a better understanding can be provided regarding the impact of such variables on early childhood and precipitating events later. By seeking such an understanding, helpers may be better able to mentor and understands this population (Miller, 2018; Restoration 61, 2020; Selah Freedom, 2020).

Alarming, twenty-five percent of aged-out kinship care youth will even demonstrate PTSD (National Kinship Care Youth Institute, 2017; see Schupp, 2015). There is a possibility that some aged-out informal kinship care youth are emotionally spent, fragile, and do not desire to be attached to or trust anyone (Ahrens et al., 2013; Corrigan et al., 2011; Duke et al., 2017; Perry & Szalavitz, 2017). This study brought forth the reasons for sexual employment from the lived experiences of 13 women.

Twelve of the thirteen women interviewed had an unsatisfactory attachment to a primary caregiver. P01 was the fourth child in her family. She experienced the death of a younger sister who died at six months. Her mother picked up her biological father from the backyard, cleaned him up, and got him ready for work every weekend. At five years of age, P01 was sexually molested by her brother's friends. According to P01, nothing was ever discussed in the family. P01 did not tell anyone that she was sexually molested. P01 did not have an attachment to either biological parent, nor did she have an attachment to an informal kinship care provider (her aunt). P01 was a teenage mother, who used marijuana, cocaine, heroin and eventually opened a brothel where she sold cocaine to her girls

Kinship care was supposed to be a protected and safe alternative for these women. However, eight of the thirteen (62%) women engaged in sexual employment. Aunts introduced their nieces to drugs and alcohol, uncles molested their nieces, and grandmothers and grandfathers allowed the granddaughter to sip alcohol from beer cans prior to the age of 10.

Literature has documented childhood maltreatment in kinship care (Beal et al., 2019; Biehal, 2014; Katz et al., 2017; Mersky et al., 2015). Aged-out informal kinship

care youth often have histories of sexual abuse, physical abuse, and neglect from the family of origin setting and some from kinship care placement (Katz et al., 2017; Marriott, 2018). Without the proper attachment to a primary caregiver, nine of these women searched in all the wrong places. A primary caregiver plays a critical role in developing a child (Corrigan et al., 2011; Lind et al., 2017; Phillips, 2013; Shonkoff et al., 2012). Children require a clear understanding of rules and a certain degree of predictability in adult behavior and environmental response (Mersky et al., 2015). This study validated the necessity for a clear understanding of a stronger bond between the child and the caregiver.

### **How Does This Research Study Extend or Shed New Light on the Theory Informing the Topic?**

As stated earlier in the literature review of this dissertation, human infants depend upon external mediated appropriate loving interactions by their primary attachment caregivers to regulate their arousal zones (Perry & Szalavitz, 2017; Uhernik, 2017; Van der Kolk, 2014, 2017). Infants removed from their biological mother experience repeated disturbances in their attachment relationships as kinship care placements change (Lind et al., 2017). Appropriate attunement between a primary caregiver and an infant provides the infant with a feeling met and understood.

In this research study, 50% of the women were African American and placed in kinship care. Culturally speaking, historic oppression may have impacted the attachment relationship. The Bible tells us that iniquity, a bent toward a sin in a certain area, manifests within generations of families (*New King James Bible*, 1982/2021, Exodus 20:5; 34:7; Numbers 14:18). The effects of ancestral sin can be passed on as during

Daniel's time. Daniel was not guilty of his ancestor's sins. When he confessed sins their sins, Daniel gained the authority to intercede that God's judgment is broken off his generation (Heidler, 2010; *New King James Bible*, 1982/2021, Nehemiah 1:6-7; Daniel 9:4-12). Lastly, it is important to know that ancestors include the line of our natural family and our nation, race, church, and ethnicity. It is essential to allow God to show us where ancestral sin affects one's personal life, family, nation, race, and ethnicity (Heidler, 2010).

In this research study, two women were BiRacial, three Caucasian, and one declared herself Hispanic. Culturally speaking, Caucasian cultures lean toward maternal control, which leads to insecure attachment or avoidant attachment patterns. While Hispanic family's slant toward familial support and physical control. Hispanic physical control encourages insecure attachment, but only one woman in fourteen interviewed for this research study was Hispanic.

Therapeutic knowledge of multicultural-driven attachment considerations is vital for working with women formerly in kinship care and sexual employment. Attachment issues are not immediately resolved in adulthood but have resounding effects throughout personal life and relationships. Attachment bonds, or lack thereof, compose the inner core of an individual from the beginning (Briere & Scott, 2015; Brown et al., 2008; Perry & Szalavitz, 2017; Sue et al., 2014; Uhernik, 2017).

### **Implications**

The conclusions derived from the findings are known as research implications. These described how the findings may impact policy, practice, or theory. The implications in this study are supported by the responses of the participants. In this study,

one major implication can be made that addresses all three research questions: RQ1: What role does attachment to a primary caregiver play in the later sex employment of aged-out kinship care females? RQ2: What role does an abusive attachment to a primary caregiver play later in future aberrant behaviors of aged-out kinship care females? RQ3: How do participants describe early trauma and its impact upon trust issues?

Rehabilitation centers may not fully understand these lived experiences of women who have been in informal kinship care, prostitution (sexual employment), and substance abuse. This answers the research question one: What role does attachment to a primary caregiver play in the later sex employment of aged-out kinship care females?

From this implication, future studies should involve a more in-depth understanding of cultural issues of attachment that occurred in childhood for these women within informal kinship care. Specific knowledge of these women's lack of attachment primary caregivers and the consequences of such could aid in understanding more about this problem. This could aid in increased assistance in providing them with alternative opportunities for self-sufficiency.

A lack of attachment to a primary caregiver played a role in the lived experiences of these women. P12 stated, "My mom didn't pay attention to me. I didn't feel close to her." P05 expressed, "I always suffered from abandonment issues. I always was with my auntie, my gramma, and my uncles." P13 stated reiterated what P05 said, adding the problem of drug addiction to the lack of abandonment. "My mom was in dope. No real attachment to her." P02 declared, "Me and my mom and two brothers that I have left living. We are very close." From

a research perspective, future studies should be designed to increase the understanding of how child-level and family-level strengths interact to promote more positive outcomes of attachment within informal kinship care. Future research studies should emphasize informal kinship care, prostitution (sexual employment), and substance abuse in different ethnic and socio-economic populations. Further research should also include sexual abuse in informal kinship care and attachment issues that may impact future relationships.

Other research could consist of narrowing down the population to age group, specific types of abuse that occurred, in any, and the specific behaviors of the caregiver. By being more specific, a better understanding could be made that answers the research questions.

More research needs to be conducted with women who have been in sexual employment, brain development, and how trauma-bonding plays a part in these relationships.

Substance abuse played an important part in the lives of these women. Marijuana, cocaine, heroin, and alcohol occupied an appreciable part in these women's lives. More research should be carried out on the relationship between lack of attachment to a primary caregiver and substance abuse so that public or private organizations can be more knowledgeable about how to help this type of woman.

### **Christian Worldview**

Incorporating a Christian worldview for individuals suffering from a lack of attachment to an early primary caregiver had often shown greater recovery improvements. In a phenomenological study, researchers utilized three case examples to illustrate how spirituality and religion were positive resources for recovery. These researchers discovered various forms of trauma such as childhood sexual abuse and various childhood trauma intersected with multiple forms of mental illness. In addition,

they found that for many individuals, spirituality was a typical vehicle that provided a sense of coherence and meaning to life (Starnino & Sullivan, 2016).

One major implication is the lack of involvement of the Christian community in these broken families. African American misunderstandings, fear, and just a plain uninformed Christian community perhaps contributed to the shattered lives of these fourteen interviewed women. Parenting styles, educational backgrounds, and even cultural ensembles may have added to the absence of the Christian community's perception. A shortage of family support exacerbates an already ruptured family and kinship care system. The dearth in a familial base may create a domino effect in the family and the individual.

The Bible tells us that the Lord your God is God of Gods and Lord of Lords, the great God, mighty and awesome, who shows no partiality and accepts no bribes (*New King James Bible*, 1982/2021, Deuteronomy 10:17). Jesus read from the prophet Isaiah when he stood up in the temple (*New King James Bible*, 1982/2021, Luke 4: 18-21). Legalistic Christianity is unable to follow this prophetic mission statement of Jesus. Perhaps, that explains why African Americans were excluded from the Caucasian Christian community.

The healing cycle offers significant steps to individuals who experience trauma and pain (Hutchings, 2021). Grace is the first foundational step to Christian faith which God grants in His unconditional kindness and love. Secondly, this grace provides an atmosphere of safety in which confidentiality and boundaries dominate. Third, a pervading tone of acceptance promotes individuals' experience in emotional healing, growth, and transformation. Fourth, within the atmospheric context of grace and safety,

vulnerability and truth begin to prevail. Fifth, ownership and responsibility for the event(s) acknowledge one's contribution to the cause and maintenance of repetitive behaviors. Lastly, confession to God and others is a powerful step in breaking the cycle of strongholds (Appleby & Ohlschlager, 2013; Hutchings, 2021; Sutton, 2017; Van Hook, 2016; Worthington, 2019).

### **Limitations**

The first limitation was the small number of participants for this study. However, a phenomenological study of lived experiences does permit a minimum of six participants (Van Manen, 2014). The second limitation was that there was not an eclectic range of ethnicities. Each ethnicity exhibits its cultural distinctions. Culture shapes individuals' experiences of trauma and all the unspoken rites and rituals entrenched within each cultural ethnicity (Levers, 2012). The cultural norms and behaviors of the contexts in which each participant functioned are fundamental in understanding a comprehensive picture of her experiences (Burke-Maynard, 2016).

In this research study, two women were Biracial, three Caucasian, and one declared herself Hispanic. Culturally speaking, Caucasian cultures lean toward maternal control, which leads to insecure attachment or avoidant attachment patterns. While Hispanic family's slant toward familial support and physical control. Hispanic physical control encourages insecure attachment, but only one woman in fourteen interviewed for this research study was Hispanic.

Culturally, anyone can be affected by prostitution and child sexual abuse, evidence from multiple research studies, federally prosecuted cases, and reports from social service organizations suggest that African American/Black females are at the

highest risk (Gerassi, 2020; Martin & Pierce, 2014; Valandra et al., 2016; Walls & Bell, 2011). Black women perceive preferential treatment as being given to White women. Racial tensions between women accessing programs were identified, and a promising practice of intergroup dialogue groups addressed racism, privilege, and oppression (Britz, 2017; Cohen et al., 2017; Schuman, 2017).

The 13 women interviewed in this phenomenological study articulated issues surrounding violations of trust. The people from whom these women should have been able to seek comfort, safety, and trust (family, close friends, informal kinship care providers) seemed to have used these relationships in violation of trust. Sexual abuse, physical abuse, neglect, rape, kidnapped, alcohol abuse, and substance abuse were part of the lives of the women interviewed for this phenomenological study. Nevertheless, themes surrounding trust and lack thereof were in each participant's response.

Confirmation bias is defined as the unintentional human tendency only to look for evidence that confirms what one wants to believe (Nolan & Heinzen, 2016). For example, it would be a confirmation bias if all the women in informal kinship care for this phenomenological study were believed to have been in sexual employment. This was not the case for this phenomenological dissertation study. To verify correctness, the researcher returned the transcriptions to each participant. (Abdalla et al., 2018). They were given a choice to affirm or change any parts for clarification. Additionally, upon obtaining permission of each participant, the transcriptions were given to the director of the facility who determined the authenticity and verified the correctness of each transcription. Journaling also occurred. Journaling was the process of keeping track of what the researcher was learning from data collection, including the participant's body

language and tone of voice (McGrath, 2021). After the transcriptions were given to the participant to review, they were then given to an external auditor. The external auditor reviewed the entire research proposal, including the findings, analyses, and the process of developing the findings, namely interviews (Rose & Johnson, 2020). The auditor, in this case, a retired Ph.D. teacher from The University of Texas, reviewed the research study to determine if it was complete, comprehensive, and rigorous (Rose & Johnson, 2020).

For the analysis of the data, NVivo was used. NVivo is a qualitative data analysis software used in phenomenological research studies (Hilal & Alabri, 2013; Maher et al., 2018; Swygart-Hobaugh, 2019). This software was used to analyze the interview data, resulting in the identification of various themes. These questions evolved from the literature about kinship care, attachment, and sexual employment.

Another limitation included the understanding that each participant exists at a different level of recovery and utilization of the drug methadone. Several participants used heroin and methadone. A long-lasting synthetic opioid produces withdrawal symptoms less severe than heroin (Hart & Ksir, 2015).

Additionally, memory recall may have been affected because of the years of multiple substance abuse. In a study conducted with 18 opioid-dependent individuals, researchers examined psychomotor and cognitive performance in methadone maintenance clients and found impairment in psychomotor and working memory (Darke et al., 2012; Mintzer & Stitzer, 2002). Lastly, a limitation included the women's difficulty accessing because of the center's internal personnel changes and policies.

### **Future Research**

Recommendations for future research would include using multiple facilities, one ethnicity (African American), and utilizing an adult diagnostic tool to conduct pre-and post-data analysis for more in-depth attachment issues. Recommendations also include utilizing a larger number of interview participants and an awareness of the number of days each person has been on methadone treatment. Lastly, narrow the age range to determine a possible historical component with African American women, attachment, and sexual employment.

### **Summary**

Lack of attachment to a primary caregiver may have impacted these women's lives, affecting trust issues identified in their adult relationships. In this research study, one hundred percent of the women stated that they had abusive relationships with their primary caregiver. Trust played a significant role in the lived experiences of these fourteen women. Sexual abuse and sexual assault were significant issues because of a major violation of trust in relationships, particularly men. Ten participants remarked that they were sexually, physically, and mentally abused by a primary caregiver or someone they trusted and had difficulty trusting.

Abandonment by both the biological and the kinship caregiver significantly impacted the lived experiences of these fourteen women. Informal kinship care is a safe alternative to care outside of the biological family. However, twelve of the thirteen women interviewed for this research study had unsatisfactory attachments to their primary caregiver. These women were physically abused by their primary caregivers. It is interesting to note that thirteen out of thirteen (100%) women in this research study stated

141 times that they had abusive relationships with their primary caregiver. Ten participants remarked 47 times that they were sexually, physically, and mentally by a primary caregiver or someone they trusted. Sexual assault significantly impacts a women's ability to trust males and sometimes other women. According to the data analysis, nine out of fourteen women remarked thirteen times that it was hard to trust anyone, particularly males. Sexual assault, drug and alcohol abuse, and loss of a loved one were a part of the women's lived experiences who lacked an attachment to a biological primary caregiver but did not have an attachment to an informal kinship caregiver.

Sexual employment played a role in the lived experiences of several of these women. Sexual employment was an early part of their lives, either due to sexual abuse or a lack of attachment to a primary caregiver. Over and over, these women proclaimed their lack of attachment to a primary caregiver through their words or behaviors.

This research study exposed the lived experiences of thirteen women, eleven of the thirteen who grew up in informal kinship care. Because of a lack of attachment with a primary caregiver, these women stated that they were addicted to drug and alcohol abuse, sexually abused and/or assaulted, sexually employed, felt abandoned, and had significant trust issues. Lack of attachment to a primary caregiver may have impacted these women's lives, which in turn may have affected trust issues identified in their adult relationships.

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