

**EXPLORING TRAUMA: LIVED EXPERIENCES OF FOSTER
PARENTS IN THE FOSTER CARE SYSTEM**

by

Audrey Michelle Butler

Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education School of Behavioral Sciences

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ABSTRACT

This qualitative transcendental phenomenology study explored the lived experiences of foster parents who care for traumatized children. Children in the foster care system are often exposed to trauma before and after entering the foster care system. Therefore, the trauma that foster children experience can impact them emotionally, psychologically, and cognitively. Unfortunately, foster parents are often unequipped to deal with these issues when these children enter their homes. The gap this study aimed to address was that foster parents did not have opportunities to share their experiences on what it was like to provide care for traumatized foster children. Husserl's phenomenology theory guided this exploration and provided an in-depth, comprehensive description of foster parents' experience in the foster care system. The study's design and framework were used to address the research question, how does a foster parent describe their experience of providing care for children who have experienced trauma? In the rural region of Atlanta, Georgia, seven foster parents participated in semi-structured face-to-face interviews. The data were analyzed and coded. Four themes emerged: challenges in being a foster parent, the impact of fostering traumatized children, factors contributing to foster parents' resilience, and recommendations for supporting foster parents. The themes provided insight into what it was like to provide care for foster children in the foster care system and shed light on foster parents' challenges and needs in caring for traumatized children. The themes revealed that caring for traumatized children can be stressful. The foster parents did not receive sufficient communication about the children's trauma background or training in managing the children's trauma. Training and workshops were recommended because the foster parent can experience burnout without developing resiliency and support.

Keywords: trauma, foster care system, foster parent, phenomenology.

Copyright Page

Dedication

I want to dedicate this dissertation first to my Heavenly Father. We have had many days and nights of prayer together. You have given me the strength and endurance I needed to finish this journey. With You, all things are possible.

To my wonderful husband, Randy Butler, I do not know if I would have completed this journey without your support and strength. You have held my hand through many days and nights of emotional rollercoasters. Thank you for pitching in where it was needed, the nights of waiting for me to finish schoolwork, and getting me through statistics. WE DID IT, BABY!

For my beautiful children, Adam, Kaila, and Jarod. Thank you for understanding when I have had to dedicate time to finish assignments. Your support and love mean everything to me. You make me want to be a better person.

To my five unbelievable grandchildren, James, Abigail, Grant, Aria, and Lane, I never knew I could love anyone more than my own children, but God showed me differently. Your love inspires me to make this world a better place.

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List of Abbreviations

Adverse childhood experience (ACE)

Cognitive behavior therapy (CBT)

The Diagnostic and Statistical Manual of Mental Disorders (DSM 5)

Interpretative phenomenology analysis (IPA)

Institutional Review Board (IRB)

Posttraumatic stress disorder (PTSD)

Symptom Trauma Checklist (STL)

Trauma-focused cognitive behavior therapy (TFCBT)

Trust-based relational intervention (TBRI)

CHAPTER ONE: INTRODUCTION

Overview

Nearly 300 million children between the ages of 2 and 4 worldwide suffer from physical, psychological, or both types of abuse by their parents or caregivers, and foster children are exposed to trauma at a higher rate than other children (Salazar et al., 2011; World Health Organization, 2020). Trauma can result from experiences of childhood abuse or neglect, poverty conditions, substance abuse, or environmental and other factors. In the United States, 680,000 children were reported to have been placed in foster care in 2018 due to child abuse (Font & Gershoff, 2020). Trauma can have multiple impacts on an individual: emotionally, mentally, physically, and cognitively (Dye, 2018; Macdonald et al., 2016; Proctor & Dubowitz, 2014; Turney & Wildeman, 2016). These effects may harm the individual who experiences trauma and impact others. Those in the foster care system, such as foster parents, may have difficulty caring for such children because traumatized children frequently enter the foster care system with a range of mental health issues due to their traumatic exposure, including behavior problems and conduct issues (Shonkoff, 2012; Sullivan & Knutson, 2000; Taylor et al., 2009; Turney & Wildman, 2016; Zill & Bramlett, 2014). This qualitative transcendental phenomenology study aimed to gain a deeper understanding of trauma and its impact on the effects it may have on foster parents.

This chapter introduced the study, the background of the problem, the problem statement, the significance of the study, and the definitions of key terms used throughout the study. It also presented the study's research design and the research questions that guided the study. The chapter concluded with a summary.

Background

Screams, crashes, booms, and slaps are sounds that are often part of a traumatic event that someone has agonizingly endured. A child who hears these sounds could be a witness to domestic violence or a victim of child abuse. A traumatic event can occur through war, violence, sudden loss, disasters, serious illness, child abuse, or acts of sexual violence against adults and children (Kleber, 2019). It can include any eventuality that is devastating or detrimental to an individual. The definition of a traumatic event may include threats of death and actual or threatened severe injury (American Psychological Association [APA], 2013). Trauma can also take the form of silence, the empty sound of no one caring, whether someone is there or ignoring a person's wants or needs (Cohen, et al., 2017). Many forms of neglect are traumatic events that can often occur to a child.

Neglect can have a physical or emotional impact on an individual. Physically, neglectful behavior includes withholding food, clothing, shelter, personal hygiene, or medical care to the individual (APA, 2013). The most prevalent forms of physical and emotional neglect throughout the world are not meeting children's developmental or emotional needs and depriving them of nurturance or affection (Cohen et al., 2017; Proctor & Dubowitz, 2014).

Millions of children worldwide have been exposed to trauma or a traumatic event (Ponnamperuma & Nicolson, 2018). Traumatic events are experiences that can have a lasting impact on children mentally and physically, and their impact on well-being can last into and through adulthood (Brady & Back, 2012; Herman, 1992; Terr, 1992; van der Kolk et al., 2007). Therefore, it is important to address any past trauma history that children have experienced.

Historical Trauma Theory

Traumatic experiences must be understood. Trauma can have such a devastating impact on an individual, it is essential to understand the types of symptoms it can produce. Researchers have tried to understand trauma and its impacts better to help victims heal from traumatic events (van der Kolk et al., 2007). One way of understanding trauma is to look at historical trauma theory.

The term historical trauma is a relatively new phenomenon that did not emerge until World War II. Historically, the term applied to children who survived the Holocaust (Kellerman, 2001; Mohatt et al., 2014). Historical trauma is used as terminology to describe the maltreatment, exploitation, and enormous trauma exposure to an individual or groups of people (Baker & Gippenreiter, 1998; Campbell & Evans-Campbell, 2011; Daud et al., 2005; Karenian et al., 2011; Mohatt et al., 2014; Sotero, 2009; Wexler et al., 2009). These groups include those from various cultures or communities, such as survivors of prison camps, Indigenous groups, and children from Sweden whose parents were victims of torture.

Studying historical trauma theory gave researchers a glimpse into trauma's impact on individuals. Historical trauma theory seeks to understand three components, which make up the framework for the theory: (a) social and psychosocial aspects of mass trauma on a population, (b) societal or psychological symptom responses of the population, and (c) responses transmitted to successive generations by environmental, psychological factors, and prejudice and discrimination (Brown-Rice, 2013).

The three components of historical trauma theory were collective forms of trauma experienced over time by generations. Across generations, these individuals will share an identity, affiliation, or circumstance with one another (Brave Heart & DeBruyn, 1998; Crawford,

2013; Evans-Campbell, 2008; Gone, 2013; Mohatt et al., 2014). Researchers also observed the impacts of trauma on the symptomology of individuals in the generations that followed historical traumas.

Intergenerational Trauma

The effects of trauma can be transmitted to present and future generations.

Intergenerational trauma is a term used when succeeding generations are affected by trauma through intergenerational transmission. Intergenerational trauma is trauma that a parent transfers to children (O'Neill et al., 2016). Trauma can be transferred unconsciously to children; it need not be merely a child listening to tales of horror the parent endured. Unconscious trauma can even be passed onto fetuses in the womb (Yehuda & Lehrner, 2018). To understand intergenerational trauma, researchers studied Holocaust survivors.

Holocaust survivors were chosen because of the horrific experiences they endured during World War II as victims of genocide due to being Jewish. Without realizing it, they transferred their trauma onto their children, and the offspring were observed to suffer from secondhand or second-generation trauma (Yehuda & Lehrner, 2018). The second-generation trauma the children began to experience was so great that they often had symptoms of posttraumatic stress disorder (PTSD) along with the survivor. When children experience PTSD, behavioral difficulties and mental health issues emerge. Children with PTSD can develop problems with somatoform, cardiorespiratory, musculoskeletal, gastrointestinal, and immunological disorders (Bisson et al., 2020). Understanding intergenerational trauma can provide information on trauma's numerous effects and characteristics. It is important to note that in many cases, trauma is passed on to offspring, but there are situations in which parents who have been traumatized may not pass their trauma onto their child due to the resiliency of the parent and child in overcoming the traumatic

experience (O'Neill et al., 2016). Understanding intergenerational and historical trauma provided valuable information on a phenomenon's impact on individuals and future generations.

Therefore, psychoeducation information on coping strategies must be available to trauma survivors and their offspring. Traumatized children could access the interventions and family support needed to find healing through psychoeducation.

Interventions for Trauma

Specific interventions are needed for an individual to heal from a traumatic event. Carl Rogers, an American psychologist, spent his life studying humans' concept of self. One of the most damaging impacts of trauma is the survivor's sense of self (Herman, 1992). Rogers developed a therapeutic approach to help individuals develop a healthy sense of self (Joseph & Murphy, 2013). Through his postulated theory of self and personality, he developed a person-centered therapeutic approach.

The person-centered theory primarily focused on the self or an individual's self-concept (Joseph & Murphy, 2013). Rogers believed that an individual's personality is based on a real self and an ideal self. The real self is how an individual views themselves or their self-image. The ideal self consists of the goals or ambitions that an individual strives toward (Ismail & Tekke, 2015). These concepts show that individuals have the strength and desire to grow and change.

Rogers also believed there was a gap in the theory due to specific unattainable goals the individual might have. These ideas are derived from outside influences on the self, such as what others think they should be, shaping what people think they should be (Ismail & Tekke, 2015). Any consistent influence on a developing self is believed to become a permanent part of the individual's traits, which become part of the individual's personality.

These influences from outside influences can be a positive or negative part of the individual's personality (Ismail & Tekke, 2015). Therefore, a healthy environment is imperative for individuals to develop a healthy personality or a sense of themselves. Because not every individual is born or surrounded by a healthy environment, Carl Rogers developed a type of therapy to help individuals balance their real self and ideal self. This therapy is called person-centered therapy (Joseph & Murphy, 2013).

Person-centered therapy is a psychological approach that prompts the individual to grow and develop in a direction to become functional. This functionality could be achieved if the individual is in a healthy social environment (Joseph & Murphy, 2013). In contrast, an unhealthy social environment could negatively impact a person emotionally, physically, and psychologically. It is imperative to understand trauma and its impact, especially for foster parents who care for traumatized children. When foster care parents have a better understanding of trauma, they can meet the child's needs; information can be obtained through education and training.

Problem Statement

Trauma is an experience that overwhelmed a child's sense of self and was shown to have severe impacts on a child's well-being (van der Kolk et al., 2007). Trauma was found to be so devastating that it affects the traumatized child physically, cognitively, and their view of their inner self (Herman, 1992). The trauma experience also creates additional stress and mental health issues (Dye, 2018). Although some children were resilient and overcame their traumatic experiences, others could not do so.

Complex trauma is described as consecutive occurrences of trauma that occur to an individual. It is described as chronic interpersonal trauma consisting of multiple incidents, often

beginning early in an individual's life (van der Kolk et al., 2007) Children exposed to complex trauma in the form of child abuse or neglect, even if resilient, could develop a range of mental health issues due to their traumatic exposure, including behavior problems and conduct issues (Shonkoff, 2012; Sullivan & Knutson, 2000; Taylor et al., 2009; Turney & Wildman, 2016; Zill & Bramlett, 2014). The effects of children's trauma can also affect others around them.

Unfortunately, many children brought into the foster care system are more likely than other children to suffer from these traumatic experiences (Shonkoff, 2012; Sullivan & Knutson, 2000; Taylor et al., 2009; Turney & Wildman, 2016; Zill & Bramlett, 2014). These traumatic experiences are often due to the environment they lived in with parents or caregivers before entering foster care.

When children in the foster system suffer from various issues due to trauma, providing care for them can become difficult. Behavioral and mental health issues can be a significant undertaking for some individuals (Shonkoff, 2012; Sullivan & Knutson, 2000; Taylor et al., 2009; Turney & Wildman, 2016; Zill & Bramlett, 2014). Although various studies examined the impact of childhood trauma and its symptoms, there was limited literature on the impact caring for traumatized children has on foster parents. Individuals in the foster care system are not educated about trauma or trained on how to help trauma victims. Therefore, foster parents are not equipped to address specific trauma issues the foster child could experience. To qualify to become foster parents, individuals are required to attend formal training as foster parents; however, they do not receive any additional training or education on how to advocate or provide therapeutic services for these children. Foster parents may seek to train themselves through various methods, but some foster parents may not seek to be trained further (Solomon et al., 2017).

When foster parents did not seek further training, problems were created for the child and foster parents that neither was prepared to address. These issues can become overwhelming and create burnout. If foster parents are not prepared to provide care for these traumatized children, they can begin to experience stress, which can be a form of secondary trauma (Whitt-Woosley et al., 2020).

Due to the stress that caring for a traumatized child may bring to foster parents, foster parents must understand trauma, the impact trauma can have on a foster child, and the resources available to reduce trauma. The knowledge and resources to reduce trauma positively impact the foster child and the foster parent (Whitt-Woosley et al., 2020). However, there is a lack of information on foster parents' experiences caring for traumatized foster children.

Purpose Statement

The purpose of this transcendental phenomenological qualitative study was to explore foster parents' experiences of caring for traumatized children. Information obtained from the foster parents provided insight into what it was like to provide care for foster children. The findings of this study produced valuable information for the community and professionals involved in the foster care system. Foster children often come from backgrounds where they have suffered from complex trauma, ongoing trauma in child abuse, or neglect. Such trauma might have long-lasting effects on the children, who struggle with emotional, psychological, and behavioral issues. Individuals who provided care and services for the child were often unequipped to address these issues, creating stress or burnout for foster parents (Whitt-Woosley et al., 2020). Foster parents need support, education, and training to prepare them to provide care for the foster child. Such education and training can reduce their stress and prevent burnout.

Seven foster parents who experienced caring for foster children participated in this study. The research design used in this study was a qualitative phenomenology method. Qualitative phenomenology methods aim to provide insight into an individual's phenomenon experience. When an individual shared their experience of a phenomenon that occurred in their lives, it allowed researchers to learn from others' experiences (Neubauer et al., 2019).

Significance of the Study

Throughout the United States, millions of children and adolescents have been exposed to trauma (Greeson et al., 2014). Children and adolescents in the foster care system were exposed to trauma more often than other children (Salazar et al., 2011). The level of trauma experienced was often due to their trauma before entering the child welfare system.

Children can have severe consequences if their traumatic experiences are not addressed (De Bellis & Zisk, 2014). Children in the child welfare system need help to address these traumatic experiences through therapeutic services. These findings informed the foster care community of the typical challenges foster parents face, their impact, the type of training, and what they may need to prepare them to care for traumatized children.

An integral significance of this study was that there had not been a previous study like this one. Foster parents have experienced immense emotional, psychological, and physical issues when attempting to care for foster children; yet no study has explored foster parents' lived experiences. There were vast amounts of information on trauma, effects of trauma, and the impact of trauma; but how this pertained to foster parents remained unclear. Exploring foster parents' lived experiences can give researchers and mental health providers a better understanding of what it is like to provide care for foster children. It thus informed the design of

training about strengthening foster parents' resilience and enabling them to care for traumatized children.

Research Questions

RQ1: How did foster parents describe their experience of caring for children who have been traumatized? Sub questions are:

RQ2: How has providing care for foster children impacted you and your family?

RQ3: What helps foster parents to be resilient in the face of their caring for children who have been traumatized?

Definitions

1. *Adverse childhood experience*- An experience that often has traumatic effects on children (Bethell et al., 2017).
2. *Child abuse*- The physical, emotional, sexual, or neglectful maltreatment of a child (Abbasi et al., 2015; APA, 2013).
3. *Childhood trauma*- Childhood maltreatment in sexual abuse, physical abuse, or neglect can contribute to childhood trauma (APA, 2013). It may also include direct exposure, witness, or learning of trauma, such as a witness to domestic violence (APA, 2013; De Bellis & Zisk, 2014).
4. *Interventions*- Therapeutic approaches to heal wounds of the self; maltreated children often need such interventions (Macdonald et al., 2016).
5. *Semi-structured interviews*- In qualitative research, semi-structured interviewing, which asks open-ended questions, is the most widely used form of data collection (Jamshed, 2014).

6. *Questionnaires*- Questionnaires are a method of data collection. Questionnaires are a series of items that reflect the aim of the research. They can be administered by someone or self-administered by an individual or a group (Ponto, 2015).
7. *Symptoms*- Symptoms are signs and repercussions due to wounding or illness, including physical, mental, and emotional manifestations. This study's symptoms are associated with childhood trauma (Dye, 2018).
8. *Traumatic events*- Traumatic events include exposure to or threat of death or severe injury or sexual violence (APA, 2013). The individual can be exposed to traumatic events through witnessing, experiencing, or second-hand knowledge (Lancaster et al., 2016).

Summary

Although there were numerous studies on trauma and its impact on children and adults, previous research conducted on the impact of caring for traumatized children on foster parents was limited. This research paper aimed to explore the lived experiences of foster parents who care for traumatized children. This was an essential subject because foster parents were often exposed to trauma through the foster care children they care for, and research had not yet examined the impact of secondary trauma on foster parents. The findings were helpful to researchers and mental health professionals who provided prevention and intervention strategies regarding the impact of secondary trauma on foster parents. Such interventions could provide psychoeducation to foster parents on the effects of trauma and self-care strategies. In addition, knowledge of trauma could be beneficial in enabling foster parents to better support the traumatized children under their care. The next chapter provided a more in-depth background on this research topic, including trauma and the impact it can have on foster parents. The chapter provided an overview of phenomenology theory, which supported this study.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this study was to explore the lived experiences of foster parents who provided care for traumatized children. This chapter further discussed the literature that supported this study. A presentation of the theoretical framework helped to guide the study, which was a transcendental phenomenological framework.

A review of the literature revealed that foster children were exposed to trauma more often than other children in the population, and their traumatic encounters often preceded their entrance into the child welfare system (Salazar et al., 2011). Children are impacted by trauma exposure on multiple levels: emotionally, physically, and cognitively (McLaughlin & Lambert, 2017). Suffering ongoing trauma in the form of child abuse and neglect creates significant psychological distress for them. Those adopted through the foster care system were found to have more issues than children adopted outside of the system. Furthermore, foster children who were not adopted displayed more severe issues than other adopted children (Doubledee, 2015; Simmel et al., 2001; Zill & Bramlett, 2014). These included psychological, cognitive, socioemotional, and physical issues.

A child's age and how long they have been in foster care also determined the severity of their mental health issues. Moreover, adolescents who had been in care for extended periods tended to suffer more from mental health issues (Hussey et al., 2012). These issues often stem from the trauma experienced before, during, and after placement in foster care. Some of these issues were due to the emotional, psychological, physical, and sexual abuse they suffered. Sexual abuse was devastating to the victim. The victim may be forced to keep silent and not divulge any

information. When the victim was not allowed to speak of their trauma, it created mental health issues (Caprioli & Crenshaw, 2015).

When children who had experienced trauma were placed in foster families, the foster parents were often unequipped to understand or deal with them. However, foster parents did not typically receive extra training on managing traumatized children (Shonkoff, 2012; Sullivan & Knutson, 2000; Taylor et al., 2009; Turney & Wildman, 2016; Zill & Bramlett, 2014). Foster parents were often negatively affected by caring for traumatized foster children. Exploring foster parents' experiences caring for traumatized children provided insight into how these traumatized children influenced them. Although numerous studies examined the impact of trauma, there was little research on how trauma impacted foster parents in the foster care system.

The theoretical framework guided the approach to exploring trauma and the experience of foster parents. The theoretical framework was followed by information on the relevant literature on childhood trauma and the different types of abuse with significant traumatic effects on children. Literature on the effects of trauma on children was also presented. The chapter then identified the research gap that this study addressed, followed by a summary.

Theoretical Framework

The theories used to guide this study were Husserl's phenomenology theory and Heidegger's existentialism theory (Neubauer et al., 2019). These two theories offered guidance for understanding lived experiences to increase researchers' knowledge. When individuals share their experiences of a phenomenon, it allows others to learn from that experience. The theories that guided this research were rooted in phenomenology.

Husserl's Phenomenology Theory

The theorist Edmund Husserl was the founding father of phenomenology. He believed that individuals could not separate themselves from what they experienced in the world (Davidsen, 2013). He further believed that individuals are potential sources of knowledge. His transcendental phenomenology concept was intended to understand better the phenomena that the person experienced. With this concept, Husserl's transcendental phenomenology provides greater insight into how an individual may experience trauma.

Heidegger's Existentialist Theory

Another theorist, Martin Heidegger, contributed to both phenomenology and existentialism. His contribution to phenomenology is highly regarded. As a phenomenological theorist, he believed that the fundamental part of life experience was being present (Quay, 2016). The most crucial part of the experience was the account of the individual's experience. A being's experience cannot occur without the environmental experience; thus, one cannot work without the other.

Heidegger's research contributed to methods that could bring a great deal of insight into qualitative research. As a student of Husserl, Heidegger challenged some of Husserl's thoughts on phenomenology, such as the idea that have their existence in the world and are not separated by themselves and the world (Horrigan-Kelly et al., 2016). Heidegger's thoughts on phenomenology differed somewhat from Husserl's concepts.

Husserl focused on understanding human beings and how phenomena affect them as humans. When individuals have a traumatic experience or phenomenon, it impacts them and others. The theory served to explore how traumatic experiences affected foster parents.

Related Literature

Childhood Trauma

Many individuals could be exposed to some form of trauma at some point in their lives. Trauma is an emotional or physical response to accidents, physical threats, injuries, or sexual assault. In the United States, approximately 80% of individuals experience traumatic exposure, whereas 70% experience it worldwide (Lewis et al., 2020). Being exposed to a natural disaster can also produce trauma in an individual, which could be disturbing or troubling for an individual. The individual might have difficulty coping with the traumatic event (Silver et al., 2018). Children's trauma exposure was often due to abuse in their homes.

Traumatic events could combine different traumas (Schilling et al., 2016). Various forms of abuse are described as emotional, psychological, physical, and sexual. Neglect is also considered another form of abuse (APA, 2013). Nearly 300 million children worldwide suffer from physical or psychological abuse by their parents or caregivers, they are often between the ages of two and four (WHO, 2020).

Psychological Abuse

Psychological abuse is a term used interchangeably with emotional abuse; however, the DSM-5 classified this form of abuse as psychological abuse (APA, 2013). Psychological abuse was defined as “nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child” (APA, 2013, p. 719). It is often described as a form of abuse that is degrading, terrorizing, or leaving one feeling isolated and alone. It may include threatening, berating, disparaging, or abandoning the child. Psychological abuse includes degradation, and both have a uniquely negative impact on development and mental health (Arslan, 2017; Brown et al., 2016; Gross & Keller, 1992).

Physical Abuse

Physical abuse is involving physical harm to a child. Physical abuse was described as “nonaccidental physical injury to a child,” and it can range from “minor bruises to severe fractures or death” (APA, 2013, p. 717). Physical abuse might be due to throwing, hitting, kicking, shaking, choking, or other physical harm to a parent or caregiver inflicts on the child. Regardless, if the caregiver intends to inflict harm on the child, it is considered abuse. Physical abuse can have long-lasting impacts on a child’s health, dignity, development, and survival (Norman et al., 2012). The developmental areas affected include social, emotional, and physical. Physical abuse can also lead to severe injury or death (Appleton & Stanley, 2011). Because of its ramifications, it can harm an individual’s mental health and increases the chances of engaging in alcohol abuse in adulthood.

Sexual Abuse

Sexual abuse, including physical touch or nonphysical touch, can happen to a child or an adult. This can include sexual attempts or completed sexual acts that happen to an individual through force or without their consent. This type of force is described as rape, harassment, or incest (Murray et al., 2014). When sexual abuse involves a child, it is considered child sexual abuse. Child sexual abuse was described as an interaction between an adult and a child when the child was exploited for the adult’s sexual gratification (APA, 2013). It included exploiting children through pornography, involving them in sexual acts, or profiting from any form of sexual exploitation (Murray et al., 2014). Children who suffer sexual abuse are often abused by a family member, an acquaintance, or a stranger. The abusers could be from different sexual orientations, socioeconomic classes, or cultural backgrounds; and the sexual abuse could be in

the form of attempted or completed forms of sexual acts. These sexual acts could include the exploitation or penetration of a child.

Neglect

The Health and Human Services reported that in 2020 approximately 124,360 children will receive foster care services after having been victimized by abuse (Font & Gershoff, 2020). An average of 62% of these children were placed in foster care due to another form of abuse called neglect. Neglect is often the primary reason children are placed in foster care (Font & Gershoff, 2020).

Child neglect is a caregiver failing to provide food, clothing, or shelter for the child (APA, 2013). Neglect was also defined as “any confirmed or suspected egregious act or omission by a child’s parent or other caregivers that deprives the child of basic age-appropriate needs and thereby results or has reasonable potential to result, in psychical or psychological harm” (APA, 2013, p. 718). Neglect can harm children’s health, safety, and well-being (Center for Disease Control and Prevention, 2021). It impacted their language, behavioral, and cognitive development (Spratt et al., 2012). Thus, it failed to meet their medical, developmental, or emotional needs.

When individuals suffer from a traumatic event, they often have difficulty adjusting. Children often have more difficulty healing after trauma than adults do. The types of trauma children experience tend to be complex and ongoing, such as abuse and neglect, which negatively affect their physical and mental health (Currie & Widom, 2010). Complex trauma is described as ongoing abuse with multiple incidents; an example would be any child abuse with continual incidents so that the child never was safe from the abuse if they were in an abusive environment (van der Kolk et al., 2007). Complex trauma, such as child abuse, impacts an

individual's emotions, behaviors, and personal relationships. Such trauma also impacted children physically and cognitively (Cook et al., 2005; Greeson et al., 2011).

Children who suffer severe and prolonged maltreatment can be impacted tremendously. Children younger than two years old were found to have suffered the most significant impact because trauma has a lasting impact on their brain development (Schoore, 2001; Weinberg, 2010). The corticolimbic function, serotonin, and growth hormone-releasing systems could also be affected. Due to the severity of the maltreatment, children develop reactive attachment disorder and neurobiological and neuropsychological effects (Lehmann et al., 2013). Because of growing up in and being removed from abusive environments, foster children were vulnerable to developing a range of mental health issues, including emotional, behavioral, attachment disorders, and attention deficit hyper disorder.

Impact of Trauma on Foster Children

Children are placed into foster care due to one or more forms of maltreatment (Oswald et al., 2010). Whereas approximately 50% of these children rotated through foster homes, 10% to 20% remained in foster homes for one to three years (Forkey & Szilagyi, 2014). Longevity in foster care could have a devastating impact on children; trauma might result from the disruption of going from one placement to another. Due to these circumstances and removal from the original home, approximately 80% of children who enter foster care tend to have mental health issues, behavior disorders, and trust issues; complex trauma results from the combination of various forms of trauma (Gonzalez, 2014).

Complex Trauma

Complex trauma is chronic or ongoing trauma consisting of multiple consecutive interpersonal occurrences often beginning early in an individual's life (van der Kolk et al., 2007).

Complex trauma is associated with child abuse, and such trauma exposure can result in more severe impacts than those associated with PTSD (van der Kolk et al., 2007; Wamser-Nanney, 2016). Complex trauma might impact a child on multiple levels. Herman (1992) listed the following potential areas of impact: emotional regulation, including a tendency toward self-harm; either explosive or inhibited anger; or impeded systems of meaning, including a lack of faith and optimism. Finally, a child's sense of self and others can be negatively impacted.

Impact on Self and Relationships

Symptoms of complex trauma involve distortions in cognition and alterations in self-perception, which include feeling “shame, guilt, and self-blame” (Herman, 1992, p. 121). A child might feel a sense of helplessness and that they are vastly different from others, such that they are unique or completely alone, with the idea that no one can understand them. The effect of complex trauma on one's relationships with others is most pertinent to foster care parents and their experience caring for foster children. These include “isolation and withdrawal, disruption in intimate relationships, repeated search for rescuer (may alternate with isolation and withdrawal), persistent distrust, and repeated failures of self-protection” (Herman, 1992, p. 121). Physical problems are also associated with complex trauma, causing negative results for the individual (Beilharz et al., 2019).

Physical Impacts

Complex trauma influences children's autoimmune system, serotonin, and cortisol levels (De Bellis & Zisk, 2014). The impact of trauma on these areas impacts children's cognitive functioning. The physical problems often associated with complex trauma include physical development and sleep disturbance (Beilharz et al., 2019).

Impact on Cognitive Functioning

Foster children's cognition can be affected when cortisol levels are elevated. Parts of the brain are affected by increased cortisol levels, which are stress hormones. These levels primarily affect the cerebral hemisphere where the hippocampus and the prefrontal cortex are located (Carrion & Wong, 2012). The hippocampus and the prefrontal cortex are where memory is processed, and executive functioning occurs. If increased cortisol levels flood these two areas, it affects children's learning process, making it difficult for them to learn, and can have social implications and mental health implications.

Mental Health Issues

Child abuse in any form severely affects children's mental health. Due to complex trauma, children's mental health issues might include anxiety, depression, and behavioral issues, such as oppositional defiance disorder (McLaughlin & Lambert, 2017). All forms of abuse can have children often try to develop ways of coping with their traumatic experiences. Consequently, those who have suffered these forms of abuse might have suicidal tendencies. Repeated abuse by a family member increases the likelihood that the individual will attempt suicide later in life (Lopez-Castroman et al., 2013). This mental health issue was found to be genuinely concerning for those who suffered from abuse. Individuals who endured childhood abuse would develop different coping strategies, which could change their cognition and behaviors. They might use the coping strategies of trying to forget or praying. Children also may develop risky behaviors and self-harm behaviors as coping strategies; they may also look for outside support (Cherewick et al., 2015).

Research Gap Regarding Experience of Foster Parents in the Foster Care System

As noted previously, the research on trauma and its impact are robust. There was also an abundance of research on the impact of childhood trauma on foster children. However, there is no research on the experiences of foster parents who care for these traumatized children.

McFadden et al. (2015) studied the burnout of foster parents' experience due to caring for foster children. Burnout was described as physical, emotional, and mental exhaustion and was frequently associated with emotionally demanding occupations.

Burnout can occur in numerous ways among those involved in the foster care system. Foster parents might experience burnout through the stress of providing care for the foster children. The foster parents may experience stress because they cannot meet the foster child's needs emotionally or cannot manage the foster child's behavior and relationship issues (Murray et al., 2010; Solomon et al., 2017). Other stressors associated with caring for foster children include managing children with trauma. When children were brought into foster care, they typically experienced various forms of trauma; consequently, they brought those traumatic experiences into the foster home (Schilling et al., 2016; Whitt-Woosley et al., 2020).

Therefore, the foster parent is exposed to the foster child's trauma. This trauma would cause additional strain on the foster parents. Foster parents might experience stress in the form of secondhand trauma. Secondhand trauma is described as stress derived from providing care for those traumatized (Greinacher et al., 2019). The symptoms they might experience could be post-traumatic stress syndrome, which includes depression, anxiety, intrusive memories, and avoidance.

When foster parents do not receive education or training on preventing secondhand trauma, they might become overwhelmed and experience burnout, creating emotional and

physical problems for the individual (Whitt-Woosley et al., 2020). Therefore, foster parents must receive support to manage to care for traumatized children. However, research was needed to inform the support foster parents might need. Because there was limited information on the experiences of foster parents, it was vital to provide as much information as possible. This study aimed to fill that gap and learn from parents in the foster care system caring for traumatized children.

Summary

There has been much research on trauma and its impact; most of that research was focused on defining trauma, examining the various forms of trauma, and conceptualizing its effects on individuals. There were also numerous studies on trauma associated with foster children. However, there was limited research on the lived experiences, stressors, impact of trauma, and coping techniques of foster parents. Therefore, research was needed to explore the lived experiences of foster parents.

This qualitative transcendental phenomenology research inquired into the experiences of foster parents to provide information on how they manage caring for traumatized children. More research was needed on the experiences of foster parents dealing with this trauma. Throughout the years, trauma was explored in the foster care system. However, it was necessary to ask whether there was a need for more information on the foster parents' experiences of trauma. Research has shown a positive answer to that question. When individuals shared their experiences, it provided insight into the challenges they might face and gave a perspective on what their experiences were like for them. This qualitative phenomenology methodology provided an in-depth understanding of the experiences of foster parents. The information derived

from this study was valuable in informing how to best increase the support, education, and training for foster care parents.

This chapter reviewed the literature on this topic and illuminated the gap in the literature. The next chapter presented the methodology by which the study was conducted. The chapter presented details regarding the research design and the data collection and analysis procedures.

CHAPTER THREE: METHODS

Overview

This transcendental phenomenology study aimed to explore the lived experiences of foster parents caring for traumatized children. Children in the foster care system are exposed to more traumatic experiences than the average child (Salazar et al., 2011). These experiences significantly impact their current and future mental health (Dovran et al., 2019). The study was designed to explore foster parents' various emotional experiences, level of community support, and management of the challenges faced. The foster parents were recruited from a rural area near Atlanta, Georgia. The findings of this research benefited future researchers, foster parents, and professionals in the foster care system.

This chapter included the research design and research questions. Additionally, the participants, procedure, and researcher's role were elaborated on within this chapter. This section included the data collection instruments and the method of data collection and analysis procedures. Qualitative methods ensuring the study's validity and accuracy were presented with ethical considerations.

Design

This qualitative study aimed to gain an in-depth understanding of the lived experience of foster parents caring for traumatized children. This section provided the transcendental phenomenological research design to explore these experiences. It described the phenomenological method and compared the transcendental and hermeneutic methods.

Phenomenology

The theorist Edmund Husserl is considered the founding father of phenomenology. His concept of transcendental phenomenology was to better understand the individuals' experiences

as a source of knowledge. He believed individuals could not separate themselves from what they experienced in the world and that an individual's intuition should lead them to the source of all knowledge. With this concept, psychologists have used Husserl's method to understand the experience of humans (Davidsen, 2013). In this study, Husserl's transcendental phenomenology provided greater insight into how an individual might experience trauma.

Martin Heidegger, a theorist, also contributed to phenomenology and existentialism, his contribution to phenomenology is highly regarded. Heidegger's research brought tremendous methodological insight into qualitative research. As a student of Husserl, Heidegger challenged some of Husserl's thoughts on phenomenology. Whereas Heidegger's thoughts on phenomenology were that humans had their existence in the world and were not separate from the world, Husserl focused on understanding human beings and how phenomena impacted humans (Horrigan-Kelly et al., 2016). Both theorists discussed how humanity influenced its environment and how the environment impacted humanity. Therefore, choosing a phenomenological approach for this study design supported the research questions with an in-depth insight into the lives of foster parents.

Phenomenological Methods

There are two approaches to phenomenology, transcendental and hermeneutic. The first approach is transcendental phenomenology, which identifies a phenomenon and analyzes it, categorizes the individual's experience, and collects the data from all participants who have experienced the phenomenon (Creswell & Poth, 2018). The information collected from the data is then created into themes. After creating the themes, the researcher develops textural and structural descriptions from the participants' experiences. The researcher then combines these descriptions to reveal the essence of the experience.

The hermeneutical phenomenological approach is the second approach. Hermeneutical phenomenology describes an approach aligned with lived experiences and interpretation of those experiences (Creswell & Poth, 2018). When using this approach, the researcher must recognize their understanding and previous experiences when interpreting the study's results. The researcher must be mindful during the data and analysis process to remain openly subjective when sharing, contributing to, and reflecting on this process (Bynum & Varpio, 2018).

Transcendental Phenomenology

After evaluating both phenomenological approaches, the researcher chose a transcendental approach for this study. A transcendental approach allows the researcher to utilize precise methods, as described by Moustakas, for data collection and analysis (Creswell & Poth, 2018). This approach was most compatible with the study's purpose of sharing the experiences of foster parents who were exposed to trauma through providing care for foster children. This qualitative research approach was appropriate in its ability to yield data that allowed the researcher to accurately describe the experiences of being a foster parent caring for traumatized children by capturing participants' sentiments and experiences. Sharing sentiments and experiences from foster parents delivered awareness to future researchers and those in the foster care system. It also enhanced awareness of support and resources necessary for foster parents.

The researcher used semi-structured interviews to collect information needed to address the research questions. Semi-structured interviews allowed for gathering information depicting the true essence of what it was like to be a foster parent. Open-ended questions invited participants to talk about their experiences as foster parents. The data gathered was derived from the participants' individual and shared experiences (Creswell & Poth, 2018).

During the data gathering and analysis processes, the researcher must remember to be openly subjective when listening to, recording, and reflecting on participants' responses (Bynum & Varpio, 2018). This researcher recognized her understanding and previous experiences so the results could be interpreted without the influence of her biases or previous conceptions. Creswell and Poth (2018) advised that researchers be aware that ethical issues might arise during the study that may need to be addressed. The researcher kept these issues in mind throughout the study.

A transcendental approach with bracketing allowed the participants to share their experiences while the researcher set aside any personal biases (Chan et al., 2013). Bracketing was the ability to set aside prejudgments about phenomena. The researcher was then able to contribute information without any biases or prejudgments. The elimination of interfering influences was crucial; these influences were described as knowledge, values, perceptions, any interest, or thoughts by the researcher.

This researcher used journals and recorded sessions with each participant to prevent biases from influencing the research process. Using a reflective diary brought awareness to any discernments or sentiments (Chan et al., 2013). It was important that the researcher's experience as a foster parent not influence information obtained from the participants in this study. By allowing them to share their experiences, researchers and those in the foster care system can gain an in-depth understanding of what it was like to be a foster parent.

Research Questions

Research questions were used in qualitative phenomenological research studies to show clearly what the researcher was trying to discover about the phenomena and address the research problem. The research questions were the central focus and guide of the research and provided essential information about the thesis for future inspectors (Kivunja, 2016). The research

questions provided a complete understanding of the experiences the foster parents have endured. Research questions were addressed through individual interviews. Foster parents articulated the various emotions and mental complexities of caring for foster children by answering the researcher's individual interview questions.

A central question and several sub-questions were utilized to provide important information about the study (Creswell & Poth, 2018).

The three questions for foster parents were as follows:

RQ1: How did foster parents describe their experiences caring for children who have experienced trauma?

RQ2: How has providing care for foster children impacted you and your family?

RQ3: What helps foster parents to be resilient in the face of their caring for children who have been traumatized?

Participants

The researcher recruited seven foster parents via purposeful sampling based on the individual's knowledge of the phenomenon they experienced (Palinkas et al., 2015). To meet the eligibility requirements for this study, participants needed to be over the age of 18, have been foster parents for at least six months, and if they had suffered previous trauma to have been treated for it or in treatment for it. The trauma's criteria were to gather data on parents who were either not traumatized prior to caring for foster children or in the process of addressing their trauma issues. The researcher chose six months to be a sufficient timeframe for foster parents to talk about their experiences.

Procedures

The first step was to gain approval from the Institutional Review Board (IRB) to conduct the study. The IRB was used to protect participants in biomedical and behavioral research. The IRB ensured that the research was ethically acceptable, checked for potential biases, and complied with laws protecting human rights (Grady, 2015).

The next step was to recruit participants and obtain their consent to participate in the research study. The researcher recruited foster parents through local foster parents' support groups. The leaders of these support groups gave the researcher's information to anyone interested in the study, and the potential participants contacted the researcher for more information about the study.

When potential participants contacted the researcher, who sent them a recruitment email (Appendix A) and a screening questionnaire (Appendix B). Once the participants agreed to be part of the study and positively answered all three screening questions, indicating they met the criteria for inclusion, they were emailed a consent form electronically from DocuSign. Once the consent form (Appendix C) was sent to the researcher by DocuSign, an appointment was scheduled via email for the interview. Before the interview, the researcher sent each participant a listing of the interview questions (Appendix D) for review. Before the interview began, the researcher asked the participants if they had any questions. Interviews were conducted via Zoom.

Setting

The researcher recruited foster families residing in a rural area of Georgia. Each participant was interviewed from their home, office, or location of personal choice. The interviews were approximately an hour and were recorded through Otter.ai for accuracy. The

interviews took place on a Zoom platform. Participants were allowed adequate time to answer each question and contribute as much information as possible.

Researcher's Role

The researcher's role in qualitative research was to retrieve information from the participants regarding their thoughts and feelings about the experience that the researcher was examining. The participants may have a challenging time discussing their individual experiences. Therefore, as a researcher, it was vital to ensure those interested in participating that all their information would be protected (Sutton & Austin, 2015).

As a previous foster parent, this researcher could relate to the emotional and mental issues associated with caring for a foster child. Providing care for foster children can be challenging. The challenge of providing care for foster children was often due to the trauma the child had experienced before and after entering the foster care system. Providing care for the foster child affected the researcher and the rest of her family. As new foster parents, challenges were experienced regarding meeting the foster child's needs. The training required for foster parents provided only a small amount of information on meeting foster children's needs. The challenge of meeting foster children's needs was evident with other foster families in the county.

The daily experiences that foster parents face inspired this researcher to undertake this study. Moreover, when this researcher was a foster parent, it was sometimes challenging to provide care for the foster child. Therefore, it was essential to inquire how foster parents make time for themselves.

This researcher was aware that her personal experiences with the phenomenon could constitute potential biases that could influence the study results. The researcher, therefore, needed to ensure that she reduced any biases they might have about this phenomenon. Primarily,

the researcher must be aware of, acknowledge, and bracket out any firsthand experiences with the phenomenon to avoid influencing the study. This was done by documenting the researcher's personal experiences and by using bracketing or epoche, which means that once the researcher was aware of their biases, putting them aside as a way of preventing bias from interfering with data collection, analysis, and interpretation (Neubauer et al., 2019). There were various methods of preventing bias in gathering data. The first reduction stage in transcendental phenomenology stated that the researcher did not allow bias to interfere with the data analysis or interpretations. Other methods, besides bracketing, include interviewing participants with recording devices for accuracy. The researcher used recording devices, journaling, and faithfully following the interview protocol to reduce the effect of bias on data collection, data analysis, and interpretation of results.

Data Collection

All interviews were recorded and lasted approximately one hour. The researcher utilized open-ended questions and took notes on each participant's facial expressions and body language during the interview process. The researcher was aware that some interview questions could be sensitive and challenging for the participants and was also cognizant of protecting the participants' well-being during the interview. The researcher allowed the participants to take breaks, decline to answer any questions, and the right to withdraw from the study without negative consequences.

Interviews

The interviews consisted of open-ended interview questions. In qualitative research, open-ended questions explain the participants' experiences (Creswell & Poth, 2018). Each participant was asked the questions provided by the researcher.

Interview Structure

Introduction

1. Please provide your name for the research.
2. How long have you provided care for foster children?
3. What type of training did you receive to become a foster parent?

Experiences

4. Describe your experiences as a foster parent?
5. What feelings or emotions have you experienced in providing care for foster children?
6. What was the most challenging part of being a foster parent?
7. What was the most rewarding part of being a foster parent?
8. What was it like to care for traumatized children?

Background

9. What type of training have you had in trauma?
10. What prior education have you received to provide care for traumatized children?
11. What type of training or education do you feel you could benefit from?

Self-Care

12. What type of self-care do you incorporate into your life?
13. How would you describe the benefits of self-care?

Support System

14. How would you describe your support system?
15. What other support systems do you feel would be beneficial to foster parents?

Family Dynamics:

16. How has providing care for foster children affected your marriage?
17. What type of things do you do to keep your marriage healthy?
18. How has fostering children affected your children?
19. What type of things do you do to maintain a healthy relationship with your biological children?
20. Describe how fostering children has affected the family as a whole?
21. What type of support or services would you like to see that would strengthen your family?

Before finishing the interviews with the foster parents, this researcher asked the participants to contribute any additional information that they felt was important to the research. They were allowed adequate time to answer all the questions and contribute any additional information. All information obtained from the foster parents needed to be documented so that future researchers would have detailed information about their experiences.

Questions one through three were asked to establish a relationship between the participant and the researcher. Establishing a relationship with participants at the beginning of an interview is essential. Establishing a rapport with participants helped them feel they were in safe hands, and the researcher would hold their information in strict confidence. When there was a good rapport between the participants and the researcher, the participants were relaxed, a sense of comfort was created, and the discussion flowed effortlessly (Bell et al., 2016).

Questions four through eight were intended to allow participants to talk about their experiences as foster parents. Asking such open-ended questions was meant to elicit detailed information about their experiences and provide insight into the foster parents' emotions and

thoughts on providing care for foster children. The researcher created textural and structured descriptions to provide crucial information on the participants' lived experiences. Combining these descriptions would accurately represent the foster parent's experience (Creswell & Poth, 2018). These three questions addressed the overarching research question, RQ1: How did foster parents describe their experience of caring for children who have experienced trauma? These questions also addressed the challenges and rewards of caring for traumatized children, which addressed RQ2: How has providing care for foster children impacted you and your family?

Questions 9 through 11 were asked to explain how foster parents were prepared to provide care for foster children. Children who enter the foster care system suffer trauma before and after entering the foster care system (Dorsey et al., 2017). Providing care for foster children can be difficult; therefore, foster parents must receive further training, education, and support.

Questions 12 and 13 were asked to help provide information on how foster parents attended to their self-care to address RQ3: What helps foster parents be resilient in the face of caring for children who have been traumatized. Providing care for traumatized children can be difficult. Although further training, education, and support were valuable resources for foster parents, self-care was also important.

Questions 14 and 15 were designed to explore foster parents' support and what they may need. Support was a part of self-care. Asking for help from others or knowing when to ask for help can be difficult for some individuals. Support from others can be beneficial when feeling overwhelmed with caring for a foster child. Foster parents could find support within their family, church, community, or foster parents' support group. Information regarding the types of support needed by foster parents will inform policymakers and psychologists.

Questions 16-21 pertained to the family's dynamics. Besides addressing the central research question, RQ1, these interview questions were intended to address RQ3: What helps foster parents to be resilient in the face of their caring for children who have been traumatized. When foster children are traumatized, it could impact their emotional, psychological, and mental health. They could display externalizing, internalizing, and problematic behaviors (Lindhiem & Dozier, 2007). These behavior issues impact the foster child and the foster family. Providing care for foster children could strain the immediate foster family. Understanding the impact this can have on the foster family was essential for this research.

Data Analysis

The researcher analyzed the data and interpreted it using an interpretive phenomenological research method to provide an accurate, detailed glimpse into the foster parent's lived experience (Smith & Osborn, 2015). The data analysis procedures first involved verbatim transcription of the information obtained from recorded interviews. The researcher recorded each interview with the Otter.ai (2022) software, generating a written transcript of the recordings. Next, the researcher immersed herself in the data by listening to the recordings multiple times, first to verify the transcripts' accuracy and then listening to the responses and thinking about patterns in the data. The researcher reviewed the information and corrected any errors in the interviews. After the researcher corrected the errors in the transcripts, the researcher began to analyze the data for themes.

The researcher reviewed each transcript with the research questions to begin this process. Any statement or passage that addressed the research questions was highlighted. Then, the researcher began coding the data by labeling and creating themes. Coding identified relevant words, sentences, or phrases in the data (Creswell & Poth, 2018).

The statements were grouped and labeled when participants expressed ideas like other participants. A theme was created when the statements of three or more participants concurred. After the themes emerged, the researcher looked for more significant categories within which some of the themes could be grouped.

The remaining data were coded, and themes continued to emerge and were placed under categories (Sutton & Austin, 2015). Themes grouped within more significant themes were subthemes. Themes required at least three participants mentioning to be considered a theme. The researcher expected that not all data gathered would be translated into themes (Braun & Clarke, 2006).

After the data were thoroughly analyzed, it was essential to determine how they would be presented and what information was relevant to the research (Braun & Clark, 2006). Then, the themes were written up in the final report (Sutton & Austin, 2015). In the planning and writing of the report, the researcher was mindful of any ethical issues, such as researcher's bias, that might arise.

Trustworthiness

It is vital to have quality aspects in phenomenology qualitative research. Quality is ensured by credible, transferable, dependable, confirmable, and authentic data. The methods used by the researcher are listed below.

Credibility

Credibility is the extent to which results accurately reflect the phenomenon under study. This transcendental phenomenological study was accurate, and the interviews were audio-recorded. The researcher remained faithful in documenting the participants' verbal data. The researcher ensured she did not allow bias to interfere with the data analysis or interpretations

(Neubauer et al., 2019). There were various methods of preventing bias in gathering data. Recording devices and journals were used in this study so that there was no room for biases to influence the interpretation of the data. Morrow (2005) advised that credibility can be assured with thorough thick and rich descriptions. This researcher used this type of description when reporting results. The data gathered represented and described the participants' experiences.

Dependability and Confirmability

Dependability and confirmability are concepts in qualitative research that show how reliable the research was. These qualities ensure the study could be reliably conducted again with similar outcomes, given what was known about the participants' geographical location and the context of their lives. The researcher used textural and structured descriptions to provide crucial information on the participants' lived experiences, enhancing dependability and confirmability. These descriptions, when combined, were aimed to give an accurate representation of the foster parent's experience (Creswell & Poth, 2018).

Transferability

Transferability refers to how readily the study's findings could be applied to another context. If the researcher as an instrument, the participants, procedures, and relationship between the researcher and participants are accurately described, other researchers or the reader could determine whether they apply to a similar context (Morrow, 2005). In this study, the researcher described participants and their demographics as accurately as possible.

Ethical Considerations

Ethical consideration of participants involves being sensitive to the needs of participants, sites, and stakeholders in the research. Names or identification of participants were not revealed or identifiable in the analysis process or the final report (Creswell & Poth, 2018). The potential

participants were given options on whether they wanted to participate in the research. Once the participant decided to contribute to the research study, details of the research were discussed before the participants signed consent forms.

The researcher gave the participants consent forms after the IRB approved the study. The IRB is a review board that approves the study and reviews any ethical issues related to the participants' welfare and justice. The review board ensured there were no risks involved for the participants and that participants' privacy would be respected (Creswell & Poth, 2018). The American Psychological Association also advised that disclosed information cannot harm participants in the present or future, the report should be clear and concise, and the report should be free of plagiarism. Information in the study was shared with all participants and stakeholders.

This researcher abided by these guidelines and policies to avoid ethical issues. She also ensured that the study was free from biases when gathering data from participants and interpreting them. Biases could develop if there was limited information and experiences were distorted. These biases could lead to inaccurate developments (Heppner et al., 2015). Therefore, to avoid bias in this research, the researcher thoroughly understood the different types of bias and their meaning. The collected data were structured, they had reliable and accurate results, and the results were not manipulated (Pannucci & Wilkins, 2010).

Summary

The purpose of this study was to provide detailed information on the lived experience of the foster parents and how trauma has impacted them. Children exposed to trauma early in their childhood are often affected tremendously. When children enter foster care, they bring the impact of traumatic experiences with them. Therefore, traumatic experience affects foster children and their foster parents. Previous research has examined trauma and its impact;

however, there is no research on the lived experiences of foster parents caring for foster children. Further information on the lived experiences of foster parents can provide important insights to clinicians and contribute to this body of research on how foster parents cope with caring for traumatized children in the foster care system. It was purposed that sharing details of foster parents' experiences would provide support, education, and necessary training.

This chapter presented the methods by which this study was conducted. A transcendental qualitative phenomenological study was used to share the foster parents' lived experiences. Methods used in this study were face-to-face semi-structured interviews consisting of open-ended questions.

CHAPTER FOUR: RESULTS

Overview

This transcendental phenomenological study aimed to explore foster parents' experiences caring for traumatized children in the foster care system. The researcher gathered data from participants through semi-structured interviews with open-ended questions. Seven volunteer participants were recruited for this study from the rural areas of Atlanta, Georgia. The research question that drove this study was how foster parents in rural Georgia describe their experience of providing care for foster children. Sub-questions were utilized to describe their struggles, emotions, difficulties, and the rewards of being a foster parent. In addition, the study used Husserl's phenomenology framework to provide insight into the lived experiences of foster parents. Husserl believed that individuals' intuition was a source of knowledge. He conceptualized transcendental phenomenology to understand the phenomena better in an individual's experience (Davidsen, 2013). This chapter reported the results of the study. It began with presenting participants' backgrounds, theme development, and how the themes were used to address the research questions. A summary concluded the chapter.

Participants

Participants' Demographic Characteristics

The researcher purposefully selected seven participants for this study. Inclusion criteria were 18 years of age or older and had been a foster parent for six months or longer. Participants were recruited by local foster parent support groups and given pseudonyms to protect their identities. Participants included three males and four females. They ranged in age from 40-51, with an average age of 43 years. In terms of years of providing care, this ranged from three to five years, with an average of 4.28 years. Only two participants had biological children at the

time of the study. All participants lived in Georgia, and the researcher purposely recruited them from different areas within a 25-mile radius of Atlanta to reduce the likelihood that they would know one another. Table 1 provided the demographics of each participant, including pseudonym, age, marital status, area of residence, and how many years they were a foster parent. The letters designating areas were just to demonstrate they come from different areas.

Table 1

Characteristics of Participants

Participants	Gender	Marital status	Age	Number of biological children	Years providing foster care	Area of residence
Tom	Male	Married	40	0	5	C
Jamin	Male	Single	46	2	4	D
Michael	Male	Married	50	0	3	C
Karen	Female	Married	51	0	5	A
Marian	Female	Married	39	2	4	A
Irene	Female	Married	36	0	4	B
Tracy	Female	Married	38	0	5	C

Participant Profiles

The participants' profiles were presented to place the themes and help convey the lived experience of foster parents. The actual name of each participant has been changed. Participants were given a pseudonym to protect their identity.

Tom

At the time of the study, Tom was 40 years old. He is a married Caucasian male, and he and his wife had no biological children together. Although they did not have any biological children, they were parenting two adopted children. They had been fostering children for over four years. Tom described some of the stressors related to fostering traumatized children:

It can be exhausting mentally and spiritually, just absolutely draining. Because you know this tiny person that's making your life miserable is doing it because of something that happened to them. That was not their fault. They had no control over it. But now, they see everything in their world through double jaded glasses. So, they react in certain ways. He further discussed his frustrations over the bureaucracy. He noted that sometimes they do not budge:

Even if it's the worst thing possible for the child, they can come up with another solution or do something else. So many people will just buzz the rules. While it doesn't matter if the child's safety is directly in harm's way, the rules say I must.

He also described some of the rewards of being a foster parent. He stated, "The most rewarding part is a four-year-old little girl dancing around saying daddy come play with me or daddy come to do this."

Jamin

Jamin is a 40-year-old married Caucasian male. He resided in Georgia with his wife and two biological daughters during the study. He and his wife had been fostering children for over four years. He described the challenges and rewards of being a foster parent. As to the challenges, he stated:

The two things that are probably the most difficult are dealing with the adults in the bureaucracy within the system...and the other one is when you get children that their traumas are deeper than you are prepared for.

He continued:

This child shows up, and they show so much deeper trauma than what was told to you in the very beginning. So, it's just these children are not just children; they have deeper,

deep traumas. These traumas haven't been reported yet, nobody's talking, or they have never said anything to anybody. So, nobody knows what's going on.

He also described some of the rewards:

My wife and I both kinds of take away from it are very similar. One of the reasons and one of the things that we do is we only take in one or two children. It is because we want to have, we truly want to have an impact on one or two children's lives.

He also shared:

Being able to expose them to different kinds of experiences. That's where I get a lot of benefits from being a foster parent. It is exposing them to the wonders of the world that they might not otherwise be exposed to.

Michael

At the time of the study, Michael was a single 50-year-old African American male residing in Georgia. He had no biological children, and he cared for foster children for about four years. He described his difficulties as being a foster parent as “worrying about their future if you made an impact enough for them in their future to be successful. The unknown, on whether you've done enough to make a change.” Although he described difficulties, he also discussed the rewards of being a foster parent. He describes his rewards as “the ability to sense that this child is happy with me, that someone does care, and they can make a change.” He said the memories remained with him even though he is no longer a foster parent.

Karen

At the time of the interview, Karen was a married 51-year-old Caucasian female also residing in Georgia. She had no biological children, but she did have two stepchildren from her

husband's previous marriage. She and her husband had recently adopted two of their foster children. Karen and her husband had fostered children for over five years.

When Karen was asked what her difficulties were as a foster parent, her response was:

There are a lot of difficult parts. Not always being in the loop on things or partnering with others. I think that's been very hard on some cases. I mean, we've been lucky and have been able to have relationships with the bio families.

She talked about the difficulties when "we've had the bio parents want absolutely nothing to do with us." She talked about the importance of "joint parenting to make it an easier transition when they go home. That's like it with our case right now, but the parents just don't want to be involved with us."

Although there were difficulties that Karen had experienced as a foster parent, she saw the rewards of being a foster parent. She shared:

Watching them hit their milestones. I mean, we've had some that have been behind on things, and getting the treatment and the resources they need has always been rewarding. I've always felt thankful and grateful that we've been able to get them further. My goal always is when they leave our home, that they are in the best position they're in or that we can help them get to.

Marian

At the time of the interview, Marian was a married 39-year-old Caucasian female who resided in Georgia with her husband and two biological children. She and her husband had fostered children for four years. They adopted one of their foster children. They were currently fostering three children of varying ethnicities. She stated that being a teacher previously prepared her for helping children with different backgrounds and issues.

Marian described the difficulties of foster children, which especially involved working with biological parents. Working closely with the birth parent could be difficult. She shared a conversation that she previously had with one of the birth parents:

One of the struggles I have is being angry that they [her babies] were hurt. But then the parents were hurt as well that caused it. And then also, like, trying to have a positive relationship with them despite that. The way that I've overcome that is to just be honest. [I said,] 'Sometimes, I hate you so much, and sometimes, I really love you, and I struggle.' The birth parent responded, 'Well, sometimes, I hate myself.'

She stated, "I struggled early on when the kids could have gone home." The birth mother was supposed to be working on her plan. "I was like I'm really scared that you're going to work on your plan. We've taped these kids back together, and then you're just going to let them fall apart again." Marian shared that the birth parent was honest as well, "She's like, 'I'm also scared about that.'" Marian concluded, "So having those frank conversations helped a lot."

Marian described the difficulties in being a foster parent, and she also spoke of rewards. Marian described her rewards as:

When they call you mom, or they call you and come to you tell you about their day. My 13-year-old, he'll come and talk to me about girlfriends and drama at school. Or getting his reports from school. He's used to failing. When he first came to us, he had failed third grade. He was held back in third grade. He could barely read; he was just a mess. Now, his milestone scores are just as good as our biological kids. He didn't know how to act. When you have everything terrible against you, and you're on par with the girls, who have had everything given to them, it's insane. Like there's no reason you should be doing so good. But you are. That's crazy.

She continued discussing the rewards:

Then the little girl that came into our home was not verbal. She had major developmental delays in every single area. Now she's like passing your hearing test. Yesterday she passed her hearing test, and she has grown some since January. We're like you have grown a centimeter, that's insane. She ate an entire hamburger. You have grown; you're growing. So, seeing the changes in their development, too.

Irene

Irene was a married 36-year-old Caucasian female residing in Georgia at the time of the interview. She has no biological children. Irene has a stepson with her husband and two foster children they previously adopted. She and her husband had fostered children for a little over four years. Fostering children led her to establish her nonprofit organization to help other foster parents in the community. Irene shared her various experiences in fostering children. She described being a foster parent as both challenging and rewarding. She shared her mixed emotions; "I would say all of them all feelings and emotions, from happy to sad to mad to confused. The most common one is I don't know. I don't know. Like I say, 'I don't know a lot.'" The most challenging part of being a foster parent was "lack of communication from the state.... There's no sense of community."

She also found that being a foster parent had its rewards, "Seeing the parents succeed and overcome, get their kids back. Seeing that they're overcome, reunify with their kids, and feed their kids. Having that visit last week and seeing that mom be so thankful that she got to visit." She stated, "As sad as we were, knowing what the future might hold...to see a family be able to come back together was most rewarding." She added, "We're able to love on these kids while

she's getting off drugs. You don't wish that anyone to be addicted to drugs their whole life. I wouldn't want that personally. So that's the most rewarding thing.”

Tracey

Tracey is a married 38-year-old Caucasian female with three stepchildren from her husband’s previous marriage. They had been fostering children for over five years. She stated that her former profession as a special education teacher helped her parent children who had suffered trauma. She expressed:

We took a lot of training on how to handle children and their outbursts. How to handle children basically that tear apart a room. Which you don't do anything with you unless they want to hurt themselves or others. So that kind of helps me as an individual to know that it's more trauma than just being a typical four-year-old or five-year-old or a two-year-old.

Although Tracey has previous education in working with children, there are difficulties in fostering children. She shared her difficulties as well as the rewards of fostering. The difficulties that she sometimes faced included the different emotions she encountered daily.

Tracey shared that raising traumatized children was challenging, “Some days are rough, some days you want to give up because the state doesn't help you. You can't get the therapy you need. You can't get anything, so to me, I'm frustrated. I get very frustrated.”

She stated her frustrations “with the system,” but that there are “days that are high highs where they're learning, you know, which makes me as a mom super happy.” She stated the most rewarding parts are “seeing these children blossom and grow. Learn what a stable home is, learning what a safe home is, and just becoming an individual themselves” This learning process contributed to why she and her husband continued being foster parents.

Results

This section presented the categories and themes that emerged from the data analysis process. Four categories of themes emerged from the data analysis. In the first category, there were two themes and four subthemes. Four themes emerged from the second category, and three themes emerged from the third category. The fourth category had four themes. Each category's themes and subthemes were individually described.

Theme Development

In the data analysis process, the researcher reviewed the research questions, highlighted relevant passages, and placed these statements together under appropriate labels for those questions. Themes need at least three participants' mentioning to be considered a theme. Table 2 presents the categories, themes, subthemes, and the number of participants who mentioned them in the study.

Table 2*Study's Categories, Themes, Subthemes, and Number of Participants*

Category	Theme Subtheme	Number of participants
1. Challenges of being a foster parent		7
	Working with the department	7
	Lack of support	7
	Lack of communication	5
	Lack of training on trauma, behavioral issues, and meeting the child's needs	7
	Not enough support from the community	7
2. Impact of caring for traumatized children		7
	Stressful	7
	Impact on marriage	6
	Impact on biological children	2
	Rewards of being a foster parent	7
	Watching them heal and grow	7
	What we can do for the children	7
	Family reunification	7
	When they call you Mom/Daddy	2
3. Factors that contribute to foster parents' resilience		7
	Routines and schedules	3
	Self-care	7
	Making sure marriage is resilient	6
4. Recommendations for how to support foster parents		7
	Childcare	7
	Grief therapy	3
	Relationship with biological parents	5
	Support from the community	7
	Training on trauma	7

Category 1: Challenges in Being a Foster Parent

The first category of themes that emerged when analyzing the data were the challenges of being a foster parent. The participants described several challenges in providing care for traumatized foster children. Two main themes emerged, and the first main theme had several subthemes. The first subtheme was working with the Department of Family and Children Services, and the second was not enough to support from the community.

Working with the Department of Family and Children Services. All seven participants agreed there was a lack of support, lack of communication, and lack of training from the Department of Family and Children Services (DFCS). Each subtheme is described individually. The subthemes included comments from each participant.

Lack of Support. The first subtheme was lack of support. All seven participants stated that they did not feel supported by the Department of Family and Children Services. For example, Tracey shared, “The case manager support, supervisor support, just from DFCS. The most we get out of DFCS is what we're doing wrong, not what we're doing right.” Karen shared, “It's frustrating too with DFCS. I don't feel like DFCS gives any kind of support.” Marian also shared the following about the lack of support:

The intervention should happen much sooner, and they shouldn't have to go through so much trauma and neglect, and abuse before they come into foster care. I think if it happened sooner, you wouldn't see so many severe behaviors from the impact of trauma.

The same with medical neglect; it's obvious when kids are being neglected medically. Lack of supporting the children meant the foster parents had to carry a more significant load in caring for them.

Lack of Communication Between Caseworkers and Foster Parents. Five of the seven participants stated a lack of communication between the caseworkers and the department regarding the foster children in their care. Participants provided their thoughts on this subtheme. For example, Jamin shared:

There's a lot of frustration, a lot of frustrations. We're here to help, and we want to help, but when foster parents are not given the full information of the child that's coming into their home, they can't provide service to its fullest extent.

He stated, "The foster system and the case managers don't want to divulge all the information." He continued, "When you're talking to these case managers and things like that, you're getting surface-level knowledge about the child." This lack of support sometimes left him unprepared to manage the trauma the children suffered. Irene stated, "The most difficult part of being a foster parent, I would say, is the lack of communication from the department." She also shared that the information they received was not always accurate, "You're given kind of a rundown by the state of—you know—what they've been through and where they come from. That's not always necessarily true." Tracey also stated that lack of communication did not prepare foster parents [for] the actuality of caring for foster children, "I don't think DFCS prepares you at all for real-life experiences."

Lack of Training on Trauma, Behavior Issues, and Meeting the Child's Needs. When participants were asked if they had received any training or education about trauma before becoming foster parents, all seven participants stated they had not received any training or education about trauma. They only received the state-required foster parent training before becoming a foster parent.

Tom, who has been a foster parent for over four years, stated, “Before getting into fostering, the short answer being, no.” He said, “The state requires 20 hours [of] in-person training per year. But now with COVID, that has jumbled everything up.” Michael stated, “I received none. They had a curriculum that you must go by, and then you have annual training.” Marian shared, “I’ve read a lot of books and articles about trauma and helping children through trauma,” but she expressed that she did not receive trauma training through the department. Tracey stated, “We had to go to 24 hours training; they gave us a book.” Karen shared, “We had to do foundations training through our agency,” which she stated did not include training in dealing with trauma.

Jamin also shared, “The state of Georgia requires...a specific training that’s called Impact Training.” This training did not include trauma-related information. Irene referred to this as “a home study provided by the state of Georgia, an impact training class provided by the state of Georgia.”

Due to the lack of trauma training, five of the participants stated they did not feel prepared to address behaviors associated with their foster children who had been exposed to trauma. Two participants stated that due to their education in special needs, they felt equipped to address some of the behavior issues traumatized children presented. Tracey, a special needs teacher, stated:

We took a lot of training on how to handle children. It was on outbursts, how to handle children basically that tear apart a room which you don't do anything with you unless they want to hurt themselves or others. That kind of helps me as an individual know that it's more about trauma than just being a typical four-year-old or five-year-old or two-year-old.

Marian, a special needs teacher, stated, “I have a master's degree in special education. [That gave me] a lot of training in how traumas impact children's education.”

Not Enough Support from the Community. All seven participants stated there was insufficient support from the community to help with the foster children. They stated they felt this support could come from the church, family, focus groups, or community volunteers. For example, Michael stated that he believed a focus group would help:

A specific small focus group with foster parents in local areas [or ones for] single foster parents and married foster parents focus groups... are different [types of] focus groups that I think will be beneficial, so [that] these individuals could be more intimate with one another in a smaller group opposed to having a big foster parent gathering and expect[ing] people to ask questions and learn. People are not going to if they don't feel comfortable; they're not going to ask or share; with sharing, you can learn—so smaller focus groups.

Irene stated the church's support would be helpful:

I feel like the church thinks that if it's not big, they just kind of do away with it...I think the church is one and then family. Family is the next one. Like right now, our only big support system is friends.

Marian suggested that it would be helpful to have more people in the child's life:

Have several people assigned to their family. Not as surrogate foster parents but almost like grandparents like what you would expect a grandparent to be like, hey, show up to their kid. Be a mentor for the family and a mentor for the kids.

Category 2: Impact of Caring for Traumatized Children

All seven participants stated that caring for traumatized children has affected them mentally and physically. They also shared its impact on their marriage and their biological children, and they discussed the rewards of being foster parents.

Stressful. All the participants discussed how caring for traumatized children was stressful. Tracey stated, “As for me, some days are rough. It’s not for the weak mind... Some days you want to give up.” She shared that she experienced highs and lows, “I’ve had high highs and low lows. It’s an emotional roller coaster.” Tom stated that caring for traumatized children was “exhausting mentally and spiritually, just absolutely draining.” He went on to state that the trauma caused them to act out behaviorally and make others’ lives “miserable.” He stated:

Because you know this tiny person that's making your life miserable is doing it because of something that happened to them. That was not their fault. They had no control over it. But their world is now, is they look through everything with double jaded glasses. So, they react in certain ways because of that.

Karen stated, “I have felt...a heightened level of stress since I've been a foster parent all the time.” She shared an insight on her challenges, stating, “It's been challenging, it's been hard. A lot of it's been kind of unexpected.” She also stated, “I didn't know what to expect.” She added that it was hard to know how to deal with the impact of trauma on children. She expressed, “It’s when the children come into your home you may not know how to help them.” Regarding the trauma, she added:

When they come into your home, there's so much that comes with them...It's been hard because you don't know what they've been through. You can be told some things, but I don't think you really understand it.

Michael, a former foster parent, shared that fostering traumatized children was “challenging.” Jamin also shared, “It can be difficult, more difficult than another when you get children whose traumas are deeper than you are prepared for.” Michael added, “There's a lot of frustration.” He also shared, “You're dealing with children that you have had zero interaction with. You have no idea what the rules are. You don't know what their rules and regulations were from the house they came from originally.” Therefore, he stated:

So, you don't know how they're gonna react to your rules, your structure, your scheduling, and everything else. You must work through that as well as dealing with their trauma as well as dealing with their medications. So, it's not easy.

Marian stated that the stress she felt in caring for traumatized children was in the form of worry for them, anxiety when the kids went home, and worry that their mother would relapse. She stated, “I think about and worry for the children that I don't have in my care... I worry for their mothers, aunts, and their cousins.” She continued, “I want to help them more, to be able to fix problems...[but] I can't because addiction and poverty are bigger than something I can just fix.”

Marian recounted, “When I first became a foster parent, I had a lot of anxiety about my three kids going home. I worried constantly that their momma would relapse.” She hoped and believed that “my husband and I would provide their best future; we loved those kids.” She said that her doctor prescribed Zoloft, which decreased her anxiety. She recalled, “My doctor upped my Zoloft from 25 mg. to 100 mg; this helped decrease my anxiety.” Irene shared the range of emotions she experienced in caring for traumatized kids, including not knowing. She stated she felt “all feelings and emotions, from happy to sad, to mad, [and] to confused. The most common one is I don't know.” She added, “I say, ‘I don't know a lot.’”

Impact on Marriage. Six out of seven participants stated that providing care for foster children had affected their marriages negatively at some point. One foster parent was single when they provided care for foster children. Tom stated, “You know for sure in your heart that you are called to be a foster parent; that is going to be your mission.” He added, “It can ruin marriages, it can destroy stuff because there's so much of a nightmare.”

Impact on Biological Children. Providing care for foster children might impact an individual and their marriage, but it could also impact their biological children. Five of the seven participants did not have biological children. The two foster parents who had biological children stated that having foster children in their home affected their biological children somehow. For example, Jamin stated:

It impacted my oldest because she became this mediator between the two sisters. The older sister was just mean and bullied the little sister. So, my oldest daughter kind of became a mediator just to kind of keep the peace between the two sisters. My youngest daughter got the brunt of the effects from it. As the youngest, she usually ends up sharing her room, so she must give up her space.

Rewards for Providing Care for Foster Children. Although providing care for foster children can harm foster parents and their families, participants stated that it was also rewarding. All seven participants agreed that they found rewards in being a foster parent. The four subthemes of this theme include the following: watching them heal and grow, what we can do for the children, family reunification, and when they call you mom/dad.

Watching Them Heal and Grow. All seven participants agreed that watching the foster children grow and heal was rewarding. Each participant felt that it gave meaning to them as foster parents and inspired them to continue providing care for foster children. For example,

Marian stated, “We get to watch children grow and heal and improve in every area of development since we’ve had them.” Tracey also said it was rewarding “seeing these children blossom and grow.” She added that she enjoyed having them “learn what a stable home is, learn what a safe home is, and just becoming an individual themselves.” Karen found that her rewards were:

Watching them hit their milestones. I mean, we've had some that have been behind on things, and getting in the treatment and the resources they need has always been [rewarding]. I've always felt thankful and grateful that we've been able to get them further. My goal is always when they leave our home to let them be in the best position, they're in or that we can help them get to.

Michael also described the rewards of being a foster parent as “the ability to sense that this child is happy with me, that someone does care, and they can make a change.” He talked about having had a boy aged eight who “was with me until his grandmom could take custody of him.” He stated, “Today, he [is] all grown up and joined the Navy.... It touched my heart when he told me that he joined the Navy.”

What We Can Do for the Children. The seven participants shared that they decided to become foster parents to help foster children. They wanted to make a difference in a child’s life. This desire to help was why they continued to be foster parents. As Jamin stated, “We truly want to have an impact on one or two children's lives.” Irene found joy when “parents succeed and overcome and get their kids back.” She added, “It's made me a better person. It's made me a better caregiver. It's made me more aware of those needs when they come to my home.”

Family Reunification. Reunification, if possible, was essential to all seven participants. Although three participants stated that they had adopted their foster children, they continued to

work with the families for reunification. For example, Marian said, “The three children that we had were reunified. Getting to see their families back together and become like a source of strength and supporting one another.”

When They Call You Mom/Dad. Developing a close relationship with the foster children was crucial to all seven participants. They wanted their foster children to bond with them and their families. Two foster parents said it was rewarding to be called mom and dad. When asked about the rewards of being a foster parent, Marian responded, “When they call you mom, and they call you and come to you and tell you about their day.” Tom stated, “The most rewarding part is a four-year-old little girl dancing around saying, ‘Daddy come play with me’ or ‘Daddy come to do this,’ because you know she has had—she was able to be pulled from horrible people.”

Category 3: Factors that Contribute to Foster Parents’ Resilience

Three subthemes emerged in this category, including routines and schedules, self-care, and making sure marriage is resilient. Each participant shared their individual self-care. Even though some participants' self-care is similar there are some differences as well. All the participants agreed that self-care is important.

Routines and Schedules. Three out of seven participants stated that having routines and schedules helped themselves and the foster children. Irene shared, “We have a very strict schedule that we keep the kids on. So, what that means [is that] bedtime is 7 pm, [so at] 7 pm it is time go to bed.” Schedules for Marian were, “this chalkboard; this is my daily schedule.” Jamin shared, “stick to the structure that we follow, stick to the same plan that we follow, and the children adapt very well. Then we adjust as needed based on the different child’s trauma. A lot of it is just scheduling.”

Self-Care. All seven participants stated they believed that self-care was essential to their lives as foster parents. Forms of self-care varied. Michael, Jamin, and Marian found exercising helped them mentally. Marian shared, “I usually lift weights in the morning. I have planned out the types of meals that I'll eat that are healthy, like protein, green, and some fruit...I walk on a treadmill while I'm working.”

Tracey's idea of self-care was having her nails done. Karen stated she sought therapy when she needed it. She stated, “I have gone...and talked to counselors and stuff...to process it [the trauma] and understand it...[and] I have come to peace with a lot more things, that's helped.” Irene said she took bubble baths as part of her self-care. Tom stated he rode his motorcycle whenever the weather permitted. Although each participant agreed that self-care was necessary, making time for their marriage was also important.

Making Sure the Marriage is Resilient. Six out of seven of the participants were married at the time of the study. All six married participants agreed that making quality time for their spouses was important. Making quality time meant date nights and alone time for the couples. Jamin shared, “we have date night, periodically. It's usually about once a week or once every other week. There are times that we have them, especially on the weekends because we both work as well.” Tom stated, “we try to have date nights, and a couple [of] times a year, we get somebody to watch the munchkins. We will rent a cabin or something in the mountains and just have our time.” He added, “doing a date night is where we drop the kids off, and we can at least have a meal in quiet.” Tracey also shared, “We go on date nights.”

Although date nights could be difficult due to childcare, Karen shared, “we try to spend alone time; we try to do date nights but doing that is hard because it's hard to get a babysitter for the children we have.” Date nights for Jamin were, “my wife and I travel after Christmas, the

holidays, and New Year's. We usually take a couple of days for ourselves, just ourselves as a couple, without the children." Irene shared how essential date night is for her and her husband, "we do make date nights a priority. We try to go once every four to six weeks on a date." Marian shared, "We've really gotten a lot accomplished, and then we go on walks on the trail together."

Category 4: Recommendations for How to Support Foster Parents

Five subthemes emerged in this category of themes, including childcare, grief therapy, relationships with biological families, support from the community, and training on trauma. Participants felt that recommendations are needed. Recommendations are outlined below:

Childcare. Five of the seven participants stated that they needed childcare help. Childcare is important for each participant, so they can address their needs. Finding childcare can be difficult for the foster parents. For example, Karen shared, "because these children have suffered trauma, finding someone who is familiar with trauma children is difficult."

Grief Therapy. Three of the seven participants recommended grief therapy for the family. Tracey shared, "I think the hardest thing is when children go home, and we must grieve as a family." When foster children return home to their biological families, the foster parents grieve, especially if they did not have a relationship with the biological family.

Relationship with Biological Families. Five out of the seven participants saw the benefits of co-parenting with the biological family if they were able. Karen shared:

I look at it more as we should do joint parenting to make it an easier transition when they go home. We've been lucky to have been able to have relationships with the bio families. Then there are other cases we've had where the bio parents want absolutely nothing to do with us. You get the whole family and the biological people that come with it...I just really believe in...trying to co-parent.

Support From the Community. Support from the community was something that all seven participants agreed was needed. They talked about small support groups for foster parents so that they can connect more on a mentoring or resource level. Jamin recommended getting “people that were engaged at the state level locally with the foster parent.” He also mentioned, “local churches are a good resource for support systems.” He talked about Facebook groups; “there is a Georgia Foster or adoption Facebook group that's out there for the state of Georgia that you can join.” He added:

You can also reach out and ask your case manager as well. Any kind of support system around, sometimes local community colleges will have one. Hospitals may have one as well for people in the foster-adopt scenario. Contacting Children’s Health Care of Atlanta and [the] children's health care plan would be a good resource. Any kind of support groups for [the] foster parent; the groups are out there.

Michael shared the need for support groups:

I believe a focus group—a specific small focus group with foster parents in local areas. Single foster parents and married foster parents focus groups. These are different focus groups that I think will be beneficial so these individuals could be more intimate with one another in a smaller group [as] opposed to having a big foster parent gathering and expect[ing] people to ask questions and learn. People are not going to if they don't feel comfortable; they're not going to ask or share.

Training on Trauma. All seven participants stated that they had not received any training on trauma before becoming foster parents. Although two of the foster parents had attended trauma training, they stated they could benefit from more training on how to help traumatized children. Tracey shared, “more training in general, more trauma-based training

commands, you can never have enough...But then there's so many other things that you don't know. DFCS does not do a good job with training, especially trauma-based training.”

Research Question Responses

This section addressed how the themes addressed each research question. Each research question is discussed along with the themes. Participants’ responses are included in each research question and theme. Information provided in this section described participants' experiences.

RQ1

The first research question asked how foster parents describe their experiences caring for children who have experienced trauma. The theme to address this question was the challenges of being a foster parent. Each participant shared that there are many challenges they face in providing care for foster children who have been traumatized. Two major subthemes were in this category, including working with the Department of Family and Children Services and not enough support from the community. The participants talked about challenges related to lack of support, communication, and training from the department that they felt they needed. They also talked about how they could receive more support from community members in fostering children. They mentioned the church or someone willing to be part of the children’s lives, in a role a grandmother might play.

RQ2

The second research question explored, how has providing care for foster children impacted you and your family? Each participant agreed that they were impacted along with their family in providing care for foster children who are traumatized. The category of themes that addressed this research question was the impact of caring for traumatized children, which had three subthemes: the impact on the foster parent, their marriage, and their biological children.

The participants discussed the difficulties of providing care for traumatized children. These difficulties ranged from being stressful, mentally, and physically exhausting, worrying, and not knowing what to expect. There were discussions of wanting to give up and not knowing how to provide care for traumatized children due to the severity of the traumas. Tom stated, “exhaustion, exhausting mentally and spiritually, just absolutely draining. Because you know this tiny person that's making your life miserable is doing it because of something that happened to them. That was not their fault.”

The rewards of being a foster parent theme also emerged to address this question. Even though foster parents expressed how difficult caring for traumatized children was at times, they all stated there was great reward in making a difference in children’s lives. Many participants talked about watching children grow and heal. Marian stated, “We get to watch children grow and heal and improve in every area of development since we’ve had them.” Karen likewise stated:

Watching them hit their milestones. I mean, we've had some that have been behind on things, and getting in the treatment and the resources they need has always been. I've always felt thankful and grateful that we've been able to get them further like my goal is always when they leave our home to let them be in the best position, they're in or that we can help them get to.

RQ3

The third research question explored, what helped foster parents be resilient in the face of caring for traumatized children? The category of themes that addressed how foster parents can be resilient in providing care for foster children was factors that contribute to foster parents’ resilience. The seven participants all thought that scheduling and routines were essential for the

child and the foster parent. Self-care was also crucial in helping the foster parents remain resilient. The value of exercise was mentioned by three of the participants, and therapy was mentioned as well.

Summary

In this chapter, the results from the inquiry into the lived experiences of seven foster parents were reported. Participants' background information and the themes from data analysis were described. The chapter also addressed how the results aligned with the research questions. The next chapter discusses the study's results in the context of previous literature and provides implications, limitations, delimitations, and suggestions for future research.

CHAPTER FIVE: CONCLUSION

Overview

Seven participants shared their experiences of being foster parents and discussed the challenges and rewards of caring for traumatized children. Sharing their experience was intended to provide insight into the lives of foster parents to inform the foster care system and mental health providers of the foster care parents' needs. This chapter provides a summary of the findings, a discussion of the results in the context of previous literature, and an analysis of implications, limitations, and recommendations for future research. The chapter concludes with a summary of the study.

Summary of Findings

Seven foster parents volunteered to share their experiences as foster parents. A transcendental phenomenological design addressed RQ1, how did foster parents describe their experiences caring for children who have experienced trauma? The sub-questions are RQ2, how has providing care for foster children impacted you and your family. RQ3, what helps foster parents to be resilient in the face of their caring for children who have been traumatized. Four categories of themes emerged to address this question and the three sub-questions.

RQ1 asked how do foster parents describe their experiences caring for children who have experienced trauma? The category that emerged to address this question was the challenges of being a foster parent with three themes. The participants' themes included the lack of support, communication, and training by the Department of Family and Children Services. They also discussed the need for more community support. This support might take the form of people wanting to be part of the children's lives, such as a grandmother-like role.

RQ2 queried how has providing care for foster children impacted you and your family?

The category that emerged to address this question was the impact of caring for traumatized children had two themes. Participants discussed the two themes of the impact of caring for traumatized children on themselves, including the stress of managing the children, and the impact on their biological children and marriages. They also discussed the rewards of being a foster parent, including watching them grow and heal.

The chapter concluded with RQ3: What helps foster parents to be resilient in the face of their caring for children who have been traumatized. The category that emerged was factors that contribute to foster parents' resilience. The participants acknowledged the need for routines, schedules, and self-care for themselves to be resilient. As self-care strategies, most participants benefited from exercising, taking bubble baths, or getting their nails done.

The subtheme that emerged was making sure their marriages were resilient. Six of the seven participants agreed that they make their marriages priorities in their lives. Prioritizing marriage entailed date nights, alone time, or weekend getaways. Jamin remarked that "we have a date night, periodically. It's usually about once a week or once every other week. There are times that we have them, especially on the weekends because we both work." Another category of themes that emerged to answer this research question was recommendations for how to support foster parents. The five themes in this category included the need for childcare, grief therapy, developing, to develop relationships with biological families, support from the community, and training on trauma.

Discussion

Each participant shared the emotions, rewards, difficulties, and impact of fostering traumatized children in detail. They were eager to share their experiences of being foster parents.

The section further discussed the results in implications, a Christian worldview, delimitations, limitations of the research study, and recommendations for further research.

All seven foster parents shared how they felt unsupported by the Department of Family and Children Services (DFCS). They discussed the lack of communication from the DFCS regarding foster children. They especially felt they needed more information about these children's trauma. They also stated they lacked the training to manage the behaviors due to the children's prior trauma. Although two of the participants, Marian and Tracey, did have prior education on addressing behaviors, they did not receive trauma training before becoming foster parents.

Previous research found that when children in the foster system suffer from various issues due to trauma; therefore, foster parents can encounter difficulties in providing care for these children. Caring for behavioral and mental health issues was a significant undertaking for some individuals (Shonkoff, 2012; Sullivan & Knutson, 2000; Taylor et al., 2009; Turney & Wildman, 2016; Zill & Bramlett, 2014). Although various studies examined the impact of childhood trauma and children's symptoms, limited research examined the impact of foster parents caring for traumatized children. Moreover, individuals in the foster care system were educated about trauma or trained on how to help trauma victims.

Foster parents attend formal training, yet they do not receive any additional training or education on advocating or providing therapeutic services for these children. Therefore, foster parents were ill-equipped to address the specific trauma issues the foster child might experience. Some foster parents might seek training opportunities themselves through various methods (Solomon et al., 2017). Due to no literature on the challenges foster parents face in caring for traumatized children, future research was needed to extend and validate these findings.

Regarding the impact of providing care for the children, all seven participants stated that caring for traumatized foster children affected them emotionally. They characterized the experience as “stressful,” “exhausting,” and “rough.” Jamin stated, “It’s not for the weak-minded...Some days, you want to give up.” Karen characterized her state of stress as “I’ve had high highs and low lows. It’s an emotional roller coaster.” These findings were congruent with previous literature that found that foster parents might experience stress because they cannot meet the foster child’s needs emotionally or do not know how to effectively manage the foster child’s behavior and relationship issues (Murray et al., 2010). Such stress was found to cause burnout. Burnout, associated with emotionally demanding occupations, was characterized as physical, emotional, and mental exhaustion (McFadden et al., 2015).

The symptoms foster parents experience can be like those of posttraumatic stress syndrome, varying between depression, anxiety, intrusive memories, and avoidance (Greinacher et al., 2019). The stress involved in caring for traumatized children might also be due to secondhand trauma. Secondhand trauma is described as stress derived from providing care for those traumatized. Research has not explored the extent of secondhand trauma on foster care parents; therefore, this study was needed. This study contributed to researchers’ understanding of the ramifications for foster parents providing care for traumatized children.

Foster parents caring for traumatized children affected the participants individually, their marriages, and their biological children. Although there was limited research on this aspect regarding the impact of trauma on foster parents, the research found that traumatized foster children displayed externalizing, internalizing, and problematic behaviors (Lindhiem & Dozier, 2007). These behavioral issues impacted the foster child and the foster family. Therefore, providing care for foster children could strain the immediate foster family.

This study showed that providing care for traumatized children could be difficult and stressful. Therefore, resiliency was a crucial factor in enabling foster parents to continue to provide care for foster children. Several foster parents shared similar ways of remaining resilient. Irene, Jamin, and Marian shared that routines and schedules helped in their homes. Irene shared, “We have a very strict schedule that we keep the kids on. So, what that means, [is that] bedtime is 7 pm, [so at] 7 pm it is time go to bed.” Michael, Jamin, and Marian shared that exercising was a helpful way to engage in self-care. Marian shared, “I usually lift weights in the morning.” The other participants found ways to be resilient through additional forms of self-care, including taking bubble baths, riding a motorcycle, or getting their nails done. It is essential for foster parents to continuously practice self-care to avoid burnout, stress, vicarious trauma, and compassion fatigue (Smith, 2017).

Six of the seven participants agreed that keeping their marriages resilient was also important. Irene, Tom, Jamin, Karen, Marian, and Tom discussed the importance of having a date night with their spouses. Jamin shared, “we have a date night, periodically. It's usually about once a week or once every other week. There are times that we have them, especially on the weekends because we both work.”

The participants also discussed ways they could be resilient with further support. The participants mentioned childcare, grief therapy, forming relationships with biological parents, and receiving support from the community. Five of the seven participants agreed they needed childcare help. Childcare help allowed them a break for themselves, their marriages, and their families. Participants mentioned that grief therapy would benefit them as well. When the foster child left or returned home to their biological families, it was difficult for families.

Five out of the seven participants recommended that foster parents develop a relationship with the biological family. Such relationships helped with the grieving process were less traumatic for the foster child and added additional support for the biological family. Supporting the biological family benefits everyone involved.

Participants unanimously agreed that support from the community was essential. Several participants mentioned that they could use support from local colleges, hospitals, and churches, potentially providing the structure to conduct such groups. Additional support was mentioned in smaller support groups for foster parents so that they could connect more on a mentoring or resource level.

All participants stated that they had not received any training on trauma before becoming foster parents. Although two participants stated they had attended trauma training, they also said they could use more training in helping traumatized children. In a recent article, foster parents educated on trauma were better equipped to help children cope with the adverse effects of their trauma (Konijn et al., 2020). When foster parents receive no education or training on preventing secondhand trauma, they might become overwhelmed and experience burnout, creating emotional and physical problems for the individual (Whitt-Woosley et al., 2020).

Implications

This study had theoretical, practical, and empirical implications based on the participants' information. These implications benefit foster parents who care for traumatized children. It is important to share these findings. The findings are provided in detail.

Theoretical

Husserl, the founding father of phenomenology, believed that individuals could not separate themselves from their experiences (Davidsen, 2013). He further believed that an

individual's intuition should lead them to be the source of all knowledge. His transcendental phenomenology concept was to understand better the phenomena that the person experienced. This study contributed to this theoretical framework by providing greater insight into the lived experiences of the seven participants. Receiving information directly from the individuals who experienced this phenomenon was invaluable. These participants were able to provide in-depth information about the experience of being a foster parent caring for traumatized foster children. Each participant shared the emotions, rewards, and impacts of caring for foster children. As very few studies asked foster parents what they experienced, this information helped broaden the phenomenological literature. It was important for the seven participants to share their experiences so that changes could occur in the foster care system.

Practical

Information derived from the themes and subthemes of this study demonstrated the challenges of providing care for traumatized foster children. Participants stated they did not receive enough communication from the Department of Family and Children Services regarding the children's needs or trauma background. They all stated they did not receive training on trauma. When foster parents did not receive appropriate information on trauma or education on how to provide care for traumatized foster children, they would experience stress, frustration, secondary trauma stress, and even burnout (Murray et al., 2011; Whitt-Woosley et al., 2020). Therefore, trauma workshops were needed for foster parents to help them avoid burnout.

This study showed that foster parents needed to learn to engage in self-care. Psychoeducation workshops about trauma should include ways to engage in self-care. Self-care is recommended for those providing care for foster children.

One of the most salient recommendations was to have support groups so that foster parents could talk about their challenges and share resources with other foster parents. They indicated that organizations within the community could provide these groups, or mental health providers could facilitate the groups. Another important practical implication would be to encourage foster parents to develop relationships with the biological parents to support the children, foster parents, and the biological parents.

The participants mentioned that more childcare help was needed for foster parents including community members who could become involved in the children's lives while in foster care. Grief therapy was another recommendation for foster parents. Mental health providers should be mindful that when foster children return home to their biological families, the foster parents grieve, especially if they do not have a relationship with the biological family. Therefore, it would be beneficial for foster parents to engage in individual or group therapy to help them grieve.

Empirical

There was an abundance of research on trauma and its impact, much of it focused on defining trauma and examining the various forms of trauma and its effects on individuals. There were also various studies on trauma associated with foster children. However, there was no research on the lived experiences, stressors, impact of trauma, and coping techniques of foster parents. Therefore, research was needed to explore the lived experiences of foster parents. The empirical findings from this study made a substantial contribution to the literature on foster parents. The challenges, impact, rewards, and how foster parents remain resilient were all important to informing administrators within the foster care system, policymakers, mental health providers, and foster parents.

Christian Worldview

The child welfare system is in desperate need of foster parents. More children are brought into care than foster homes available for their care (Howell-Moroney, 2014). The Christian worldview of the findings is that the child welfare system has been flooded with children brought into the foster care system (Howell-Moroney, 2014). Unfortunately, there are not enough homes available for these children. Therefore, they are looking into Christian organizations to help with the overload of children in the foster care system.

Many welfare systems in various states investigate faith-based organizations to recruit foster parents. Altruistic motivation is used to recruit these foster parents. Using this type of motivation has been beneficial in continuing fostering (Howell-Moroney, 2014).

Delimitations and Limitations

Every study has certain delimitations and limitations due to the study's design, which often are informed by the researcher's topic of interest. Delimitations are the boundaries set by the researcher on what would be studied (Theofanidis & Fountouki, 2008). Limitations in the study helps address the study's validity and the extent to which the results can be generalized to the larger population of foster parents.

Delimitations

Delimitations are the boundaries the researcher sets so that the aims and objectives of the study are achievable. These delimitations focus on the study's theoretical background, objectives, and research questions. It also focused on the study's variables and samples (Theofanidis & Fountouki, 2008).

One delimitation is the choice of research design. The researcher chose a qualitative transcendental phenomenological approach rather than a quantitative or another qualitative

approach because qualitative approaches are needed when there is limited literature on the topic (Hill et al., 1997). Phenomenological approaches are beneficial when the researcher is interested in studying the experience of a particular phenomenon. Using transcendental phenomenology in a study gives a true essence of the phenomenon that the participant experienced (Neubauer et al., 2019). Allowing participants to share the phenomena of their experiences as foster parents were intended to provide insight into their experience as foster parents. This sharing of phenomena was why the researcher chose a transcendental phenomenological study for this study rather than another qualitative approach.

Another delimitation of this study was that only foster care parents were surveyed. The researcher chose not to interview administrators in the foster care system because the study involved the experience of dealing with trauma, and foster parents had firsthand experience of that. Therefore, it is important that only foster parents were included in the study.

Limitations

There were several limitations to this phenomenological study. A phenomenological study is based on the phenomena experienced by an individual. Therefore, the information gathered was not statistical or numerical but based on an individual's experience. Qualitative studies tend to have small samples, and the findings cannot be generalized to the larger population of foster parents. In addition, the findings could not be generalized to foster parents living outside a 25-mile radius of Atlanta, Georgia.

Qualitative research is also subjected to bias on the part of the researcher. The researcher used bracketing and journaling to be aware of her biases and set them aside to listen to participants with an open perspective. Each participant reviewed the results for accuracy. It is important that the participants' experiences are free from any biases.

Recommendations for Future Research

There was no research on lived experiences and stresses of foster parents providing care for traumatized foster children, the impact of trauma on themselves as individuals and their families, and the coping techniques utilized. This qualitative transcendental phenomenology research provided information on the experiences of foster parents to determine their needs. Determining foster parents' needs is important so they can provide care for foster children.

The first step in this study was determining the needs of foster parents. When the foster parent's needs are not met, they might close their home due to various issues (Cruse et al., 2000; Gilbertson & Barber, 2003; Kaasboll et al., 2019). Opportunity for future research on how to meet the needs of foster parents remains.

The participants' issues that convinced them to discontinue being foster parents were due to the lack of training and support. The foster parents felt inadequate to meet the foster child's needs. The licensing training required of foster parents was not enough (Cruse et al., 2000; Gilbertson & Barber, 2003; Kaasboll et al., 2019). Therefore, further research is needed on the training foster parents felt was necessary. It is essential to share the experiences of foster parents so their needs can be met.

The participants in this study shared their lived experiences of foster parents and their recommendations for areas that they feel could benefit further research. Trauma training is mentioned as a necessity for foster parents by the participants. Therefore, future research is needed on the benefits of trauma training for foster parents and professionals who provide care and services for foster children.

Additional research is needed on the benefits of grief therapy for foster parents. Grief therapy is not only for the foster parent but also for the foster child. Foster parents have difficulty

letting go of their foster child when the child returns to their biological family, the foster child dies, or the child transitions into another home. Often, foster parents feel that DFCS does not validate their feelings or recognize their grief (Hebert et al., 2013).

Further research could investigate how community support helps foster parents, foster children, and biological families. Community support provides stress relief for foster parents and biological parents. It could also provide foster children with positive role models. Support can come from the community and the DFCS (MacGregor et al., 2006).

Therefore, additional research is needed for DFCS regarding training on effectively communicating, addressing conflict situations, and offering support for those in the child welfare system. Individuals working in the child welfare system would also benefit from training regarding trauma, traumatic situations, and behaviors associated with trauma (MacGregor et al., 2006).

Understanding trauma prevents additional trauma from occurring. This research study provided information on trauma, the impact of trauma, and the effects of trauma on individuals. Additional research on trauma and its impact is needed for those in the child welfare system and the community.

Recommendations for future research on trauma and its impact are important, but further research is also needed from different perspectives of other foster parents from various backgrounds. Foster parents who live in urban areas, different regions, and different countries are also needed for future research.

Summary

The purpose of this phenomenological study was to share the experiences of foster parents. A transcendental phenomenology qualitative approach was used to share the challenges

and impacts of caring for traumatized children on foster parents. It further discussed the resiliency that foster parents used. Foster parents must share their experiences of caring for traumatized children in the foster care system. Even though there was much research on trauma and its impact on children, there was no research on foster parents. Through sharing their experiences, 4 categories emerged with 13 themes, some of which had subthemes.

The findings provided valuable information on the foster parents' experiences. The findings revealed that providing care for traumatized foster children was extremely difficult. Participants described the types of stress they experienced from attempting to manage these children and their behavior due to trauma as exhausting. Based on their information, foster parents must receive support, better communication, and training from the Department of Family and Children Services. The foster parents needed support from the department, but they also needed support from the community. Receiving these services could prevent burnout, stress, compassion fatigue, and additional trauma (Smith, 2017).

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APPENDIX A

Recruitment Email

Dear Foster Parent:

As a doctoral student in the School of Education at Liberty University, I am conducting research as part of a doctoral degree requirement. My research aims to share the experiences of foster parents, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, a foster parent for six months or longer, and, if participants have experienced any past traumas, they must have completed treatment for those past traumas. Names and other identifying information will be requested as part of this study, but the information will remain confidential. Participants, if willing, will be asked to participate in an audio-recorded interview that may last up to two hours.

To participate, please contact me at the phone number included below.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to type your name and the date on the consent document and email it to me prior to participating in the interview.

Sincerely,

Audrey Butler
Doctoral Student at Liberty University
Phone number: ___-___-_____

xxxxx@liberty.edu

APPENDIX B**Screening Questionnaire**

1. Are you 18 years of age or older?
2. Have you been a foster parent for six months or longer?
3. If you have experienced any past traumas, have you completed treatment for those past traumas?

APPENDIX C

Consent Form

Title of the Project: Experiences of Foster Parents in the Foster Care System

Principal Investigator: Audrey Butler, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate in this research study, you must be 18 years of age or older, have been a foster parent for six months or more, and, if you have experienced any past traumas, you must have completed treatment for those past traumas. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research.

What is the study about and why is it being done?

The purpose of the study is to share the experience of a foster parent in the foster care system.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:
Participate in an interview. The interview will take up to two hours to complete and audio record. The interview will be conducted either through a phone call, virtually, or in person.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from this study.

Benefits to society include more support for foster parents. This support could include improved training, education, and support for foster parents in caring for traumatized children.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be used in future research studies or shared with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participants' responses will be kept confidential using pseudonyms.

- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and in a locked filing cabinet. The data may be used in future presentations. After three years, all electronic records will be deleted, and all physical records will be shredded.
- The interview will be recorded and transcribed. Only the researcher will have access to these recordings. Recordings will be stored on a password-locked computer for three years and then erased.

Is study participation voluntary?

Participation in this study is voluntary. Your decision to participate or not will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any questions or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address or phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Audrey Butler. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at _ _ _ _ _ or xxxxxx@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Jeanne Brooks, at xxxxxx@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) ensures that human subjects research will be ethically conducted as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX D

Interview Questions

Introduction

1. Please provide your name for the research.
2. How long have you provided care for foster children?
3. What type of training did you receive to become a foster parent?

Experiences

4. Describe your experiences as a foster parent?
5. What feelings or emotions have you experienced in providing care for foster children?
6. What was the most challenging part of being a foster parent?
7. What was the most rewarding part of being a foster parent?
8. What was it like to care for traumatized children?

Background

9. What type of training have you had in trauma?
10. What prior education have you received to provide care for traumatized children?
11. What type of training or education do you feel you could benefit from?

Self-Care

12. What type of self-care do you incorporate into your life?
13. How would you describe the benefits of self-care?

Support System

14. How would you describe your support system?
15. What other support systems do you feel would be beneficial to foster parents?

Family Dynamics:

16. How has providing care for foster children affected your marriage?
17. What type of things do you do to keep your marriage healthy?
18. How has fostering children affected your children?
19. What type of things do you do to maintain a healthy relationship with your biological children?
20. Describe how fostering children has affected the family as a whole?
21. What type of support or services would you like to see that would strengthen your family?